



Department of Energy

Nevada Operations Office
P. O. Box 98518
Las Vegas, NV 89193-8518

WBS 1.2.9.3
"QA"

NN1.881026.0034

OCT 26 1988

Richard L. Bullock
Technical Project Officer for Yucca Mountain Project
Fenix & Scisson, Inc.
101 Convention Center Drive
Phase II, Suite P-250
M/S 403
Las Vegas, NV 89109

YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) EVALUATION OF FENIX & SCISSON, INC. (F&S), RESPONSES TO THE QUALITY ASSURANCE (QA) STANDARD DEFICIENCY REPORTS (SDRs) AND OBSERVATIONS RESULTING FROM AUDIT 88-1 OF F&S

References: (1) Letter, Cross to Gertz, dtd. 4/29/88
(2) Letter, Cross to Gertz, dtd. 5/11/88

The Project Office has evaluated the F&S responses to the thirteen SDRs (104-116) and six observations that were generated as a result of the Project Office QA Audit 88-1 of F&S.

The status of the SDRs, based on the Project Office evaluation of the responses (see referenced letter 1), is as follows:

SDRs 104, 107, 109, 110 and 111 and 116

Responses acceptable, SDRs closed. No further action required. Copies are enclosed.

SDRs 105, 106, 108, 112, 114, and 115

Responses acceptable, requires follow-up verification of completed corrective action.

SDR 113

Response partially acceptable, will require an amended response within 10 days of receipt of this letter. The basis for the partial acceptance is enclosed with SDR-113.

The responses to the six observations (see reference letter 2), are acceptable. No further action is required.

8811020166 881026
PDR WASTE
WM-11 PDC

102.7
WM-11
RH03 1/1

Richard L. Bullock

-2-

OCT 26 1988

If you have any questions, please contact Royce E. Monks of my staff at 794-7944 or Henry H. Caldwell of Science Applications International Corporation at 794-7740.


Royce Monks
for James Blaylock
Project Quality Manager
Yucca Mountain Project Office

YMP:REM-384

Enclosures:

SDRs No. 104, 107, 109, 110,
111, 116 and 113

cc w/encls:

L. H. Barrett, HQ (RW-3) FORS
R. W. Clark, Weston, Washington, D.C.
J. P. Donnelly, NRC, Washington, D.C. 
S. W. Zimmerman, NWPO, Carson City, NV
M. J. Regenda, F&S, Las Vegas, NV
S. H. Klein, SAIC, Las Vegas, NV
H. H. Caldwell, SAIC, Las Vegas, NV
J. A. Ulseth, SAIC, Las Vegas, NV
F. J. Ruth, SAIC, Las Vegas, NV
B. A. Tabaka, SAIC, Las Vegas, NV
J. J. Brogan, SAIC, Las Vegas, NV
R. W. Gray, MED, NV
C. P. Gertz, YMP, NV
M. B. Blanchard, YMP, NV
W. R. Dixon, YMP, NV
L. P. Skousen, YMP, NV
R. E. Monks, YMP, NV
E. L. Wilmot, YMP, NV

10/26/88

W. PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 2/25/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
	3 Discovered During WMPD Audit 88-1		3a Identified By G. Dymmel G. Heaney		3b Branch Chief Concurrence Date N/A	
	4 SDR No. 104		Rev. 0			
	5 Organization Fenix & Scission		6 Person(s) Contacted L. Weyand		7 Response Due Date is 20 Working Days from Date of Transmittal	
Completed by Organization in Block 5	8 Requirement (Audit Checklist Reference, if Applicable) F&S Design Control Procedure NNWSI-DC-09 "Interdiscipline Checking," Rev. 4, Para. 6.1.2 states "All work products shall have undergone review in accordance with the DCP NNWSI-DC-04, "Design Verifications before commencement of the interdiscipline review activities."					
	9 Deficiency Contrary to the above requirement, the interdiscipline reviews for F&S Study No. 11 "ESF Structural Design Study Report" Part I and Part II commenced prior to the verifications being accepted and released for the interdiscipline (cont'd) review.					
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input type="checkbox"/> Corrective 1) Revise NNWSI-DC-04 to permit a non-sequential design verification and interdiscipline review as may be determined by the ESF Design Manager or his designee. (cont'd)					
	11 QAE/Lead Auditor Date MAR 14 1988		12 Branch Manager Date 3/16/88		13 Project Quality Mgr. Date 7/19/88	
Comp. by Orig. QA Org.	14 Remedial/Investigative Action(s) See Attachment No. 1.				15 Effective Date April 20, 1988	
	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				17 Effective Date April 20, 1988	
	18 Signature/Date M. J. ... 4/29/88					
	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amend <input type="checkbox"/> Reject		QAE/Lead Auditor/Date MAY 27 1988		Branch Manager/Date 5/2/88	
20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date		
21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date 27 1988		Branch Manager/Date 5/2/88		
22 Remarks See WMPD Surveillance Report SR-88-008 and attached Remarks continuation page for verification activities.						
23 QA CLOSURE		QAE/Lead Auditor/Date MAY 27 1988		Branch Manager/Date 5/2/88		

Received w/Ltr Dated 10/26/88 ENCLOSURE 102.7



WI O STANDARD DEFICIENCY EPORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No.

104

Rev. 0

Page 2 of 2

Block 9 Deficiency (cont'd)

The WMPO recognizes that this same deficiency was previously reported by F&S on Audit Deficiency Report No. QA(N)-87-01-4. However, this SDR is being written because no actions were taken or committed in the referred ADR to prevent recurrence of this deficiency. As a minimum, personnel involved with the activity should be reinstructed to procedural requirements and a review should be made to assess any adverse impacts on the final work product.

Block 10 Recommended Action(s) (cont'd)

2. Reinstruct appropriate personnel to procedural requirements. Provide objective evidence with response to the SDR.
3. Perform a review to assess any adverse impacts on the final work product caused by the identified deficiency.
4. Annotate the file for Study No. 11 and other files with similar deficiencies to indicate that the deficiency described in Block 9 has been identified in WMPO SDR-104 (Audit 88-01).

Block 22 Remarks (Continued)

The following corrective actions were verified to be satisfactorily complete:

- 1) F&S has performed a review and annotated the files for design study nos. 3, 11 Part I, and 11 Part II to indicate the deficiency identified by this SDR. The review determined that the identified deficiency had no adverse impact on the final work products.
- 2) Project personnel have been reinstructed to requirements for the proper sequence in performing design reviews.
- 3) F&S has chosen not to revise present requirements in procedure NNWSI-DC-04 for the sequence of design verifications and interdiscipline reviews.

14. Remedial/Investigative Action(s)

F&S has reviewed interdiscipline checks and design verifications to determine whether the proper sequence was followed. The reviews were performed out of sequence only in the three cases which were identified by F&S Audit Deficiency Report No. QA(N)-87-01-4: Study Nos. 3, 11 Part I and 11 Part II.

A review of these studies has determined that the deficiency has no adverse impact on the final work products.

The files for Study Nos. 3, 11 Part I and 11 Part II have been annotated to indicate that the deficiency was identified in WMPO SDR-104 (Audit 88-01).

Since F&S will comply with Design Control Procedure NNWSI-DC-04, the recommendation to revise NNWSI-DC-04 to permit non-sequential design verifications and interdiscipline reviews is not applicable.

15. Effective Date April 20, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

The cause of this deficiency was a failure to follow the procedure. Memo IC #432, dated April 20, 1988, (attached) advised project personnel of the proper order for performing reviews.

17. Effective Date April 20, 1988

PERIA & SCIBSON, INC.

1401 SOUTH BOULDER
TULSA, OKLAHOMA 74119

NEW ADDRESS
6150 SOUTH LEWIS AVENUE
BRIDGEPORT III, SUITE 800
TULSA, OKLAHOMA 74136-1807
918-748-8800

INTER-OFFICE MEMO

ATTACHMENT TO SDR
104 REV-0

IC #432

PROJECT STAFF

DATE

APRIL 20, 1988

FROM

LOREN WEYAND

SUBJECT

INTERDISCIPLINE CHECKING

(REFERENCE WMPO SDR #104, AUDIT 88-01)

The procedures require that interdiscipline review must occur after design verification. Please be informed that it is essential that we follow this procedural requirement.

When you receive an assignment to perform an interdiscipline review, it will be accompanied by form 508-TUL-14 "Document Review Notice". This form must indicate it is for an interdiscipline review and that the verification is complete. Boxes will be checked to indicate this (see attached).

sn

attachment

By initialling below, I acknowledge receipt of this memo.

L. WEYAND *fw*

H. FORSHAW *ff*

P. HALE *PH*

F. HOLBROOK *ah*

I. LANGE *IL*

N. TAMONDONG *NT*

J. GRENI *JG*

M. MIRZA *mm*

R. JURANI *jr*

R. GAST *rg*

L. BARTO *LB*

D. COPPAGE *DC*

B. STANLEY *BS*

B. SMITH *BS*

H. GLESER *HG*

J. MCKENZIE *JM*

T. GREINER *TG*

J. HILL *JH*

S. CROWDER *SC*

Speed Letter.

ATTACHMENT TO
SDR - 104 REV. 0

To HARRY FORSHAW

From PAUL HALE

Subject _____

MESSAGE

Date 4-25 1988

A REVIEW OF OUR STUDY FILES INDICATES THAT A DESIGN
VERIFICATION WAS PERFORMED AFTER AN INTERDISCIPLINE CHECK
FOR STUDIES 3, II PART I & II. (AS INDICATED IN QA(N) 87-01-04.)
ALL OTHER STUDIES ARE IN COMPLIANCE WITH OUR DCP'S.

Signed

Paul B Hale

REPLY

Date 4/26 1988

THANKS PAUL.
SEE ATTACHED

Signed

Harry Forshaw

F S

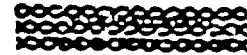


Engineering
Construction
Management

FENIX & SCISSON, INC.

1401 SOUTH BOULDER
TULSA, OKLAHOMA 74119

NEW ADDRESS
8450 SOUTH LEWIS AVENUE
BRIDGEPORT III, SUITE 300
TULSA, OKLAHOMA 74138-1007
918-748-5000



INTER-OFFICE MEMO

ATTACHMENT TO
SDR-104 REV. 0

IC #437

TO FILE *[Signature]* DATE APRIL 25, 1988
FROM LOREN WEYAND
SUBJECT SDR NO. 104, WMPD AUDIT 88-01
INTERDISCIPLINE REVIEW AND VERIFICATION OF STUDY #3

Jim McKenzie and Loren Weyand have reviewed the impact of performing interdisciplinary review and the verification of Study No. 3 out of the procedurally required sequence.

It is mutually agreed that completing the interdisciplinary review prior to final verification of Study No. 3 did not affect the technical results or conclusions of the study.

Jim McKenzie 4-25-88

Jim McKenzie Date
Loren Weyand 4-25-88

Loren Weyand Date

sn

FENIX & SCISSON, INC.

1401 SOUTH BOULDER

TULSA, OKLAHOMA 74119

NEW ADDRESS

8450 SOUTH LEWIS AVENUE
BRIDGEPORT III, SUITE 800
TULSA, OKLAHOMA 74138-1007
918-748-8000

F S



engineering
government
management

INTER-OFFICE MEMO

IC #434

ATTACHMENT TO
SDR-104 REV.0

TO FILE DATE APRIL 21, 1988

FROM LOREN WEYAND

SUBJECT SDR NO. 104, WMPO AUDIT 88-01
INTERDISCIPLINE REVIEW AND VERIFICATION OF STUDY #11

Jim McKenzie and Loren Weyand have reviewed the impact of performing interdiscipline review and the verification of Study No. 11 out of the procedurally required sequence.

It is mutually agreed that completing the interdiscipline review prior to final verification for Study No. 11 did not affect the technical results or conclusions of the study.

Jim McKenzie 4-21-88
Jim McKenzie Date

Loren Weyand 4-21-88
Loren Weyand Date

sn

DOCUMENT REVIEW NOTICE

DRN NO. 10

TITLE Study #11, "Structural Designs Study" Part 1 **DATE** 2/27/87 **

DOCUMENT NO(S) _____ REVISION _____ ORIGINATOR R. Mudd

WBS NO. 2.6.4.1.3 ISSUE DATE

* USE SEPARATE SHEET IF NECESSARY

SEPARATE SHEET USED ☐

REVIEW OF: ☐ DRAWINGS ☒ ENGINEERING STUDIES ☐ DESIGN REPORTS
☐ SPECIFICATIONS ☐ CALCULATIONS ☐ OTHER

VERIFICATION COMPLETE

☐ YES☐ NO

DUE DATE	REVIEWERS	REVIEW		COMMENTS		BACKCHECK		COMMENTS	
		SIGNATURE	DATE	YES	NO	SIGNATURE	DATE	YES	NO
3-4-87	McKenzie	Jim McKenzie	3-4-87	✓		Jim McKenzie	3-16-87	✓	
	QA	Paul B Hale	3/13/87	✓		Paul B Hale	3-16-87	✓	
<p>* Approved: [Signature] 3/17/87</p>									
<p>* This DRN signed and dated in accordance with QA(N) 87-01-3 response.</p>									
<p>** A review has determined no adverse impacts exist from performing this review out of sequence. Refer to SUR #104, Audit 88-01 and F&S IC #434 dated 4/21/88.</p>									

DOCUMENT REVIEW NOTICE

DRN NO. 14

TITLE STRUCTURAL DESIGN STUDY, PART II DATE 4/7/87 **

DOCUMENT NO(S) _____ REVISION _____ ORIGINATOR R. MUDD

WBS NO. 2.6.4.1.3 ISSUE DATE

* USE SEPARATE SHEET IF NECESSARY

SEPARATE SHEET USED ☐

REVIEW OF: ☐ DRAWINGS ☒ ENGINEERING STUDIES ☐ DESIGN REPORTS
☐ SPECIFICATIONS ☐ CALCULATIONS ☐ OTHER

VERIFICATION COMPLETE

☒ YES

☐ NO[illegible]

W PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization

1 Date 2/25/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
3 Discovered During WMPD Audit 88-01		3a Identified By R.F. Cote		3b Branch Chief Concurrence Date N/A	
4 SDR No. 107		Rev. 0			
5 Organization F&S Tulsa, OK		6 Person(s) Contacted Harry Forshaw, Paul Hale		7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) Checklist reference 1-5, NRC checklist element (2). Requirement No. 1 - F&S QAPP-002, Rev. 2, Sec. 2.0 "Quality Assurance Program", Para. 2.4 "Personnel Selection, Indoctrination and Training Procedures" (cont'd)					
9 Deficiency Contrary to the above requirements, F&S Tulsa has not identified those activities which would be considered complex in nature, where training as described in Requirement No. 1 would be deemed necessary.					
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Evaluate and identify activities which would be considered complex and where initial proficiency must be demonstrated, e.g., shaft drilling design and blast engineers. (cont'd)					

Aprvl.

Completed by Organization in Block 5

Completed by Orig. QA Org.

11 QAE/Lead Auditor Date MAR 14 1988		12 Branch Manager Date 3/16/88		13 Project Quality Mgr. Date 7/13/88	
14 Remedial/Investigative Action(s) See Attachment No. 1.				15 Effective Date April 21, 1988	
16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				17 Effective Date April 21, 1988	
18 Signature/Date M. J. Resende, Director of QA 4/29/88					
19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended <input type="checkbox"/> Reject Response		QAE/Lead Auditor/Date JUL 1 1988		Branch Manager/Date 7/16/88	
20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date	
21 Verifi- cation <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date JUL 1 1988		Branch Manager/Date 7/16/88	
22 Remarks FOR VERIFICATION, SEE ATTACHED IC 435 DATED 4-21-88					
23 QA CLOSURE JUL 1 1988		QAE/Lead Auditor/Date JUL 1 1988		Branch Manager/Date 7/16/88	
		PQM/Date 08/15/88		B. Manuel Fer-	

ENCLOSURE



W 'O STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No. 107

Rev. 0

Page 2 of 2

Block 8 Requirement (cont'd)

Sub Para. 2.4.1 states in part: Establishment of requirements-F&S has established requirements for the selection, indoctrination, and training of personnel performing or verifying activities that affect quality. The requirements establish position descriptions that set forth minimum personnel qualifications and provide for appropriate indoctrination or training or both, prior to initiation of activities that effect quality.

Requirement No. 2-F&S QAPP-002, Rev. 2, Sec. 2.0 "Quality Assurance Program", Par. 2.4 "Personnel Selection, Indoctrination, and Training Procedures", Sub. Para. 2.4.1.4 states in part: Training. Prior to assigning personnel to perform quality affecting activities that are complex in nature (i.e., assignments where it is deemed necessary to demonstrate initial proficiency), training will be conducted to gain the required proficiency. The training (in-depth instruction) will include the principles, techniques, and requirements of the activity. Such in depth instructions may be internal or external classroom sessions supplemented by hands on workshops, on-the-job training, other instructional methods, or combinations thereof.

Block 10 Recommended Action(s) (cont'd)

Develop training procedures and train (in-depth instruction) as deemed necessary the subject personnel in the unique requirements associated with identified complex activities prior to the performing the subject task.

FENIX & SCISSON, INC.

1401 SOUTH BOULDER

TULSA, OKLAHOMA 74119

SDR 107, REV. 0

NEW ADDRESS ATTACHMENT No.

6450 SOUTH LEWIS AVENUE
BRIDGEPORT, TX SUITE 300
TULSA, OKLAHOMA 74136-1000
918-741-5000

pg 1 of 1

F S

engineering
construction
management

INTER-OFFICE MEMO

IC #435

TO _____ FILE _____ DATE _____ APRIL 21, 1988

FROM _____ LOREN WEYAND *LW*

SUBJECT _____ SDR NO. 107, WMPO AUDIT 88-01
TRAINING FOR ACTIVITIES OF A COMPLEX NATURE

The Project Design Manager, the Lead Design Engineer, and the Lead Mining Engineer have reviewed the scope of engineering and design functions that are to be performed by the F&S design organization.

It is their opinion that, none of the required ESF engineering and design functions to be performed by the F&S design organization are of such a "complex nature" that special training to supplement initial proficiency is required. While some of the engineering procedures may appear complex to laymen, the design procedures for the mining type ESF project are basic and routine for properly educated and experienced engineers in the various required disciplines.

Loren Weyand 4-21-88
Project Design Manager Date

John M. Gremia 4-21-88
Lead Design Engineer Date

Bruce T. Stanley 4-21-88
Lead Mining Engineer Date

sn

W PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

13550

Completed by Originating QA Organization

Aprvl.

Completed by Organization in Block 5

Comp. by Orig. QA Org.

1 Date 3/1/88		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of
3 Discovered During WMPO Audit 88-01		3a Identified By D. Klimas		3b Branch Chief Concurrence Date N/A
4 SDR No. 109		Rev. 0		
5 Organization Fenix & Scisson		6 Person(s) Contacted Dan Tunney		7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, if Applicable) QAP-18.1 (n), Rev. 2, Para. 3-13. The Lead Auditor or a designated team auditor shall perform a follow-up audit or surveillance to verify implementation of corrective action as stated in the Audit Deficiency Report. The auditor shall document on the ADR the action (cont'd)				
9 Deficiency Contrary to the above requirements F&S ADR 87-06 was signed on November 30, 1987 indicating acceptance and closeout prior to completion of corrective action. The corrective action was to revise F&S procedure DC-12 to comply with NNWSI-SOP-03-02. DC-12 was approved on December 11, 1987.				
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Reinstruct audit personnel as to procedure requirements regarding closeout of Audit Deficiency Reports.				
11 QAE/Lead Auditor Date <i>[Signature]</i> MAR 14 1988		12 Branch Manager Date <i>[Signature]</i> 3/16/88		13 Project Quality Mgr. Date <i>[Signature]</i> 7/18/88
14 Remedial/Investigative Action(s) See Attachment No. 1.				15 Effective Date April 22, 1988
16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				17 Effective Date April 22, 1988
18 Signature/Date <i>[Signature]</i> Director of QA, 4/29/88				
19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response <input type="checkbox"/> Reject		QAE/Lead Auditor/Date <i>[Signature]</i> 7/7/88		Branch Manager/Date
20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date
21 Verifi- cation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date <i>[Signature]</i> 8/30/88		Branch Manager/Date <i>[Signature]</i> 8/30/88
22 Remarks After further consideration, approval date is effective date for procedure approval has no impact on this deficiency, therefore this deficiency is closed. block 21 is not applicable.				
23 QA CLOSURE		QAE/Lead Auditor/Date <i>[Signature]</i> 8/30/88		Branch Manager/Date <i>[Signature]</i> 8/30/88
		PQM/Date <i>[Signature]</i> 8/24/88		

ENCLOSURE



WFO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No.

109

Rev. 0

Page 2 of 2

Block 8 Requirement (cont'd)

or documentation viewed as evidence of corrective action implementation. The Lead Auditor shall then sign the ADR indicating acceptance and closeout.

14. Remedial/Investigative Action(s)

Block 9 of SDR-109 is in error in stating that the approval date of Procedure NNWSI-DC-12, Revision 2 was December 11, 1987. Procedure NNWSI-DC-08, "Preparation of Procedures", Paragraph 6.1.1 c. indicates that the entry in the DATE Block in the upper-right hand corner of the cover page denotes the effective date. The actual approval date, as shown on the attached Review and Approval sheet, is November 20, 1987. The date December 11, 1987, is the date the procedure is effective.

In addressing what actions are required to demonstrate participant completion of corrective action taken for a Standard Deficiency Report when a procedure must be revised, WMPO Letter WMPO:JB-1691, dated April 12, 1988, states:

"When a commitment is made to review and revise a procedure, the revision must have final approval by the date provided in Block 15 or 17 of the SDR."

It is agreed that finding QA(N)-87-01-6 was closed prior to the effective date of procedure NNWSI-DC-12, Rev. 2; however, if the above logic from Letter WMPO:JB-1691 is applied in closing F&S findings, then SDR-109 would not be valid because QA(N)-87-01-6 was closed after the final approval date. Regardless, the F&S response is based on the auditors' interpretation of corrective action completion, i.e., requiring the procedure to be in effect prior to closing the finding. The closure date for ADR QA(N)-87-01-6 and the audit will be modified to a date after 12-11-87.

15. Effective Date April 22, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

The finding was caused by miscommunication between the F&S Audit Team Leader and the individual who verified the corrective action. The Audit Team Leader has been advised of the requirements for closing deficiencies.

17. Effective Date April 22, 1988



FENIX & SCILSON, INC.
TULSA OFFICE

**REVIEW AND APPROVAL
OF
COMPUTER PROGRAM VERIFICATION PROCEDURE**

ORIGINATOR:

H. Forshaw

DATE:

11/12/87

TITLE: NNWSI-DC-12 "Computer Program Verification"

CHECK ☒ APPROVAL ☒ COMMENT

A	C	REVIEW BY:	REVIEWER	
			NAME	DATE
X		L. WEYAND	<i>L. Weyand</i>	11-12-87
X		F. HOLBROOK	<i>F. Holbrook</i>	11-12-87
X		H. FORSHAW	<i>H. Forshaw</i>	11-12-87
<i>✓</i>		M. REGENDA	<i>M. Regenda</i>	11/12/87
<i>✓</i>		D. BULLOCK	<i>D. Bullock</i>	11/19/87
X		J. CROSS	<i>J. Cross</i>	11-20-87
		PROJECT MANAGER/DESIGNEE		

COMMENTS: _____

COMPLETED ORIGINAL TO PROJECT FILES



FENIX & SCISSON, INC.
ENGINEERS - CONTRACTORS

ATTACHMENT TO
SDR NO. 109 REV.0

LETTER NO: FS-NNWSI-1113
TO: L. W. Weyand
FROM: M. J. Regenda *M. J. Regenda*
SUBJECT: AUDIT DEFICIENCY REPORT QA(N)-87-01
REFERENCE: Letter FS-NNWSI-1072, dated December 2, 1987
DATE: April 22, 1988

WMPO Standard Deficiency Report SDR No. 109 indicates that F&S Audit Deficiency Report QA(N)-87-01-6 was closed prior to completing the required corrective action, i.e., approving Procedure NNWSI-DC-12 "Computer Program Verification."

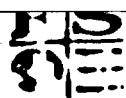
Strictly speaking, the Standard Deficiency Report was in error since the procedure was approved on November 20, 1987, and the F&S Finding was not closed until November 30, 1987. However, the procedure did not become effective until December 11, 1987. This may be construed as a finding by an auditor in the future. To prevent future questioning, the close date of this finding and the audit is hereby modified to the date of this letter.

If you have any questions, please contact D. J. Tunney at 295-7799.

MJR:DJT:sjs

Enclosure: Audit Finding QA(N)-87-01-6

cc: D. L. Lockwood
J. A. Cross
P. K. Ortego
R. L. Bullock
A. F. Holbrook
J. M. Johnson
T. L. McCracken
D. J. Tunney
Audit File QA(N)-87-01
Audit File WMPO 88-01
F&S NNWSI QA Files
F&S NNWSI Central Files, WBS 1.2.9



FENIX & E. J. SON, INC.
LAS VEGAS RANCH

AUDIT EFFICIENCY REPORT
ATTACHMENT TO SDR NO. 109 REV. 0

1 ACTIVITY Computer Program Verification	2 REPORT NO QA(N)-87-01-6	3 DATE June 10, 1987
4 AUDITOR D. J. Tunney	5 AUDIT CONTACT D. Coppage	
6 AUDITED MANAGER L. W. Weyand	7 LOCATION F&S - Tulsa	
8 REQUIREMENT NNWSI-DC-12, Rev. 1, Para. 6.1.1 states, "All computer programs used for Quality Assurance I and II, design analysis applications on the ESF project, shall be qualified in accordance with NNWSI-SOP-03-02 which uses the guidance of NUREG-0856."		
9 FINDING		

Study Report No. 6 of 11 "ESF Ventilation" indicates on Page 6-B-3 that a computer program was used to verify calculations.

See attachment.

REPLY REQUESTED BY: July 8, 1987

10 REPLY

CAUSE Failed to follow procedures.

ACTION TAKEN TO CORRECT No action to be taken since the reference calculations are no longer valid because of programmatic changes to the Basis for Design.

ACTION TO PREVENT RECURRENCE All future computer programs will be qualified in accordance with NNWSI-SOP-03-02. NNWSI-DC-12 will be revised to comply with NNWSI-SOP-03-02.

DATE FOR FULL COMPLIANCE * See below

L. Weyand
DIVISION MANAGER

7-1987

DATE

11 VERIFICATION

See Surveillance Report SR(N)-87-06, letter FS-NNWSI-1071 dated November 30, 1987

REPLY BY ADDRESSEE IS SATISFACTORY
Close date modified per WMPD SDR No. 109
of Audit 88-01 Dr. Tunney - 4-22-88

D. J. Tunney
AUDITOR

July 21, 1987
DATE

ACTION TAKEN IS SATISFACTORY

D. J. Tunney
AUDITOR

April 22, 1988
November 30, 1987
DATE

Procedure will be revised after consultation with WMPD, in which it is hoped a practical accommodation to SOP-03-02 for the validation of commercial or proprietary software use for QA level II and III can be obtained.

PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 3/1/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of
	3 Discovered During WMPO Audit 88-01		3a Identified By D. Klimas		3b Branch Chief Concurrence Date N/A
	4 SDR No. 110		Rev. 0		
	5 Organization Fenix & Scisson		6 Person(s) Contacted Dan Tunney		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) F&S QAP 16-1, Para. 4.1, Conditions for Initiating a CAR - CARs shall be initiated by Quality Assurance after all reasonable means for obtaining corrective action have been exhausted and one or more of the following conditions still exists: (cont'd)				
Completed by Organization in Block 5	9 Deficiency Contrary to the above requirements F&S AFR 87-02-04 was initiated for not having an approved procedure to accomplish surveillance activities when a Corrective Action Request (CAR) should have been issued.				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Initiate a CAR procedure requirement. Investigate to determine if all activities have approved procedures in place. Reinstruct personnel to procedure requirements in QAP 16.1(N), Rev. 0				
	11 QAE/Lead Auditor Date MAR 14 1988		12 Branch Manager Date 3/16/88		13 Project Quality Mgr. Date 3/18/88
	14 Remedial/Investigative Action(s) See Attachment No. 1.				
	15 Effective Date April 25, 1988				
Completed by Org. QA Org.	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				
	17 Effective Date June 30, 1988				
	18 Signature/Date M. Regenda, Director of QA 4/29/88				
	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response		QAE/Lead Auditor/Date Dan Klimas 7-7-88		Branch Manager/Date 30 Aug 88
	20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date
21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date Dan Klimas 7-7-88		Branch Manager/Date 30 Aug 88	
Comp. by Orig. QA Org.	22 Remarks Closed based on Approval and subsequent training to Surveillance procedure 18.3 Rev. 0. The auditor disagree's with F&S opinion that the deficiency is not valid.				
	23 QA CLOSURE	QAE/Lead Auditor/Date Dan Klimas 8-30-88	Branch Manager/Date 30 Aug 88	PQM/Date 8/31/88	

ENCLOSURE



WFO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No. 110

Rev. 0

Page 2 of 2

Block 8 Requirement (cont'd)

1. An organization is not following or does not have approved procedures to accomplish it's assigned tasks; as in the case of the subject surveillance.

14. Remedial/Investigative Action(s)

In F&S's opinion, this deficiency is not valid. A Corrective Action Request should not have been issued in lieu of an Audit Finding Report. Please note the requirement quoted states, "...after all reasonable means for obtaining corrective action have been exhausted and one or more of the following conditions still exist..." At the time that audit deficiency QA(N)-87-02-4 was issued, all reasonable means for obtaining corrective action had not been exhausted. "Reasonable means" includes issuance of an audit finding report. Our procedure describes CARs as escalated actions where usual means have been unsuccessful in correcting/ preventing recurrence of deficiencies.

It is not necessary for F&S to make an additional special investigation to determine whether all activities have approved procedures in place since these investigations are a routine part of audits, surveillances and management assessments. Based on open items identified by these reviews, it has been determined that ongoing QA Level I or II activities are conducted in accordance with approved procedures.



It is not necessary to issue a Corrective Action Request for the failure of F&S to have a surveillance procedure, since this deficiency has already been escalated beyond internal corrective action in the form of SDR-111, which is in essence a reiteration of F&S ADR QA(N)-87-02-4. Moreover, Procedure QAP-18.3(N), Rev. 0, "Surveillance" (attached) has been approved, has been distributed and has an effective date of April 25, 1988.

15. Effective Date April 25, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

The SAIC auditor interpreted Procedure QAP-16.1(N) differently from F&S Quality Assurance. Procedure QAP-16.1(N) will be revised to clarify the conditions which require issuance of a Corrective Action Request.

17. Effective Date June 30, 1988

	FENIX & SCISSON, INC. LAS VEGAS BRANCH	QUALITY ASSURANCE PROCEDURE		
SUBJECT: SURVEILLANCE	PREPARED BY: DJT	EFFECTIVE DATE: 04-25-88	NUMBER: QAP-18.3(N)	
	SUPERSEDES:		REVISION: 0	
<p>1.0 <u>PURPOSE</u></p> <p>The purpose of this procedure is to establish the method for conducting Quality Assurance (QA) Surveillances of Fenix & Scisson, Inc., (F&S), Nevada Nuclear Waste Storage Investigations (NNWSI) Project Activities. This includes activities performed by F&S Subcontractors. This procedure is based on the requirements of NVO-196-17 and the Quality Assurance Program Plan (QAPP).</p> <p>2.0 <u>APPLICABILITY</u></p> <p>This procedure applies to Quality Assurance personnel performing surveillances and to F&S Division Managers required to respond to surveillances.</p> <p>3.0 <u>REFERENCES</u></p> <p>3.1 NVO-196-17, Nevada Nuclear Waste Storage Investigations Quality Assurance Plan.</p> <p>3.2 QAPP-002, Fenix & Scisson, Inc., Quality Assurance Program Plan.</p> <p>3.3 PP-50-01, NNWSI Records Management.</p> <p>4.0 <u>DEFINITIONS</u></p> <p><u>Deficiency</u> - A noncompliance to a procedural or programmatic requirement.</p> <p>5.0 <u>RESPONSIBILITIES</u></p> <p>5.1 <u>Director of Quality Assurance</u> has the overall responsibility for Quality Assurance Surveillances.</p> <p>5.2 <u>Quality Assurance Engineers and Specialists</u> are responsible to conduct surveillances of NNWSI Project Activities.</p> <p>5.3 <u>F&S Division Managers</u> when required, are responsible to respond to surveillance reports and to correct any deficiencies or nonconformances assigned to them, including those assigned to subcontractors under their cognizance.</p>				
APPROVED		<i>G.R. McKay for</i> <i>m. J. Reynolds</i> Director of Quality Assurance		 Vice President & General Mgr.
APPROVED		APPROVED 3/25/88		APPROVED 3-31-88

6.0 PROCEDURE

6.1 Schedule

The Director of QA has the responsibility for the preparation of a surveillance schedule for the succeeding year. The schedule shall be based on work schedules, results of previous surveillances or audits, the QA Levels of the Operation, Corrective Action Reports, or other pertinent information. The Director of QA and QA Engineers and QA Specialists will perform scheduled and unscheduled surveillances. The schedule will be reviewed semi-annually by the Director of QA, and if necessary, it will be updated.

6.2 Planning

Checklists (See Attachment 1 for the format) will be developed for each surveillance to be performed. This provides for identification of characteristics, methods and acceptance criteria and provides for recording evidence of results and identification of personnel. When personnel performing an activity under surveillance are required to be qualified, the checklist will include provisions for verification of qualifications. When precision equipment is used to perform a surveillance, the identification, accuracy and calibration of the equipment will be on the checklist. Additional comments or investigations required to complete the scope of the surveillance may be added to the checklist during the surveillance.

6.3 Performance

During the surveillance, the QA Representative shall examine objective evidence of compliance to programs, procedures or other documents. Examples of objective evidence reviewed shall be recorded on the checklists. The surveillance shall be performed to the depth necessary to determine whether or not the elements affecting the Quality Assurance Program are implemented. Nonconformances noted shall be reported and tracked in accordance with QAP-15.2(N), Control of Nonconforming Items. Deficiencies in the Quality Assurance Program and observations will be reported and tracked in accordance with QAP-16.2(N), Deficiency Reporting.

If the deficiency is not a hardware nonconformance and is a minor deficiency which can be corrected on-the-spot (i.e., missing signatures, missing dates, incorrect log entries, etc.) and the correction is verified, the issuance of a Deficiency Report is not necessary. The deficiency and remedial action taken will be documented on the surveillance checklist.

6.4 Reporting

QA shall issue to the cognizant F&S Manager a report (memo) which includes:

- a. Completed Surveillance Checklists (Form LV-230, Attachment 1).
- b. Nonconformances, Deficiency Reports, or Observations (if applicable).
- c. The report shall be approved by the Director of QA unless the surveillance is of activities performed by QA. In this case the report shall be signed by the individual who performed the surveillance.

6.5 Follow-up

The surveillance shall remain open until the surveillance report is issued. The close-out of nonconformances is described in QAP-15.2(N); the close-out of deficiencies and observations is described in QAP-16.2(N).

6.6 Log

Quality Assurance shall maintain a log which identifies the Surveillance Number (see Attachment 2), the date(s) of the surveillance, the individual who performed the surveillance, and the status of the surveillance.

7.0 QUALITY ASSURANCE RECORDS

The following documents generated during the implementation of this procedure are QA Records:

- a. Surveillance Reports
- b. Responses to Surveillance Reports

These are handled in accordance with Procedure PP-50-01, NNWSI Records Management.

FENIX & SCISSON, INC.		SURVEILLANCE CHECKLIST		PAGE _____ of _____
REPORT NO:	SURVEILLANCE DATE(S):	ORGANIZATION:	VERIFIED BY:	
ACTIVITY(ES):	<input type="checkbox"/> NIWSI <input type="checkbox"/> NTBO		PERSONNEL CONTACTED:	
REQUIREMENT SOURCE: DOC. NO., REV., PARAGRAPH	QUESTION / REQUIREMENT / CHARACTERISTIC	COMMENT / CONCLUSION		



F&S NNWSI SURVEILLANCE REPORT NUMBERING SYSTEM

SR(N)-87-001

Surveillance Report

NNWSI Project

Current Year

Sequential, in order
of assignment

W. PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 3/1/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 1
	3 Discovered During WMPD Audit 88-01		3a Identified By D. Klimas		3b Branch Chief Concurrence Date N/A
	4 SDR No. 111		Rev. 0		
	5 Organization Fenix & Scisson		6 Person(s) Contacted Dan Tunney		7 Response Due Date is 20 Working Days from Date of Transmittal
Completed by Organization in Block 5	8 Requirement (Audit Checklist Reference, if Applicable) F&S QAPP-002, Rev. 2, Sec. 18, Para. 18.10, 2nd Para. states in part: "Measures for the surveillance of site investigations will be established and executed in accordance with procedures prepared by F&S."				
	9 Deficiency Contrary to the above requirements, F&S personnel are performing surveillance activities without an approved surveillance procedure. Reference F&S surveillances SR-88-001, SR-87-06.				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Initiate, approve and publish a surveillance procedure for the conduct of surveillance activities. Provide training to personnel performing surveillance activities.				
	11 QAE/Lead Auditor Date MAR 14 1988		12 Branch Manager Date 3/16/88		13 Project Quality Mgr. Date 3/10/88
Completed by Org. QA Org.	14 Remedial/Investigative Action(s) See Attachment No. 1.		15 Effective Date April 25, 1988		
	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.		17 Effective Date April 25, 1988		
	18 Signature/Date M. J. Serrano, Director of QA 4/29/88				
	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amend <input type="checkbox"/> Reject		QAE/Lead Auditor/Date Dan Klimas 3/16/88		Branch Manager/Date 3/16/88
Completed by Org. QA Org.	20 Amend Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date
	21 Verifi- cation <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date Dan Klimas 3/16/88		Branch Manager/Date 3/16/88
	22 Remarks See attached training to Surveillance Procedure QAP 18.3 1-20 approved 3/31/88				
23 QA CLOSURE		QAE/Lead Auditor/Date 3/16/88		Branch Manager/Date 3/16/88	PQM/Date 3/15/88

ENCLOSURE

14. Remedial/Investigative Action(s)

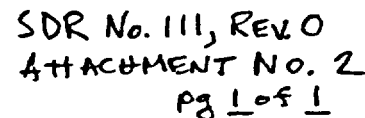
Procedure QAP-18.3(N), Rev. 0 "Surveillance" has been approved and issued and has an effective date of April 15, 1988. Training has been provided on this procedure to personnel performing surveillance activities. (See attachment.)

15. Effective Date April 25, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

This condition was caused by an oversight by F&S Quality Assurance. Future surveillances of NNWSI activities will be performed in accordance with Procedure QAP-18.3(N), "Surveillance."

17. Effective Date April 25, 1988

**Personnel Attendance (Attach additional sheet if necessary.)**[illegible]

Instructor's Signature David G. King Date April 7, 1938

W...PO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 3/8/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During WMPQ Audit 28-01		3a Identified By G. Heaney		3b Branch Chief Concurrence Date N/A
	4 SDR No. 116		Rev. 0		
	5 Organization F&S		6 Person(s) Contacted M. Regenda, T. McCracken		7 Response Due Date is 20 Working Days from Date of Transmittal
Completed by Organization In Block 5	8 Requirement (Audit Checklist Reference, if Applicable) F&S procedure NNWSI-DC-17, "Quality Assurance Records," Rev. 3, establishes requirements for the administration of F&S QA records generated by the Tulsa Design Office including the identification, storage, retention, and transmittal of appropriate (cont'd)				
	9 Deficiency Contrary to the above requirements, F&S Tulsa is not complying with the stated requirements in NNWSI-DC-17. "Review and Comment Records" (form 508-TUL-29) could not be located in the F&S Nevada Test Site (NTS) Records Center for any of the F&S Tulsa NNWSI-Design Control Procedures.				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Transmit F&S Tulsa Design Office completed QA records to the NTS Records Center in accordance with procedural requirements. (cont'd)				
	11 QAE/Lead Auditor Date <i>W. Regenda</i> MAR 11 1988				
Comp. by Orig. QA Org.	12 Branch Manager <i>W. Regenda</i> 3/11/88		13 Project Quality Mgr. Date <i>W. Regenda</i> 3/11/88		
	14 Remedial/Investigative Action(s) See Attachment No. 1.				
	15 Effective Date June 30, 1988				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				
Comp. by Orig. QA Org.	17 Effective Date June 30, 1988				
	18 Signature/Date <i>W. Regenda, Director of QA</i> 4/29/88				
	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amend <input type="checkbox"/> Reject		QAE/Lead Auditor/Date <i>W. Regenda</i> MAY 26 1988		
	20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		Branch Manager/Date <i>W. Regenda</i> 5/26/88		
Comp. by Orig. QA Org.	21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date <i>G. Heaney</i> 8-15-88		
	22 Remarks FOR VERIFICATION - Reviewed document transmittal forms for review/comment sheets for DC procedures. The records were sent to central files. The records coordinator was trained to the procedures (DC). (see attachment 2 for objective evidence)		Branch Manager/Date <i>W. Regenda</i> 15 Aug 88		
	23 QA CLOSURE		QAE/Lead Auditor/Date <i>G. Heaney</i> 8-15-88		
		Branch Manager/Date <i>W. Regenda</i> 15 Aug 88			
		PQM/Date <i>W. Regenda</i> 08/15/88			

ENCLOSURE



W O STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No. 116 Rev. 0

Page 2 of 2

Block 8 Requirement (cont'd)

records to permanent storage.

Paragraph 6.2.2 of the procedure requires that F&S QA records generated in Tulsa be transmitted to Las Vegas within 30 days after the record becomes complete.

Block 9 Deficiency (cont'd)

Discussion:

During follow-up of corrective actions committed to previously generated SDR No. 066, Rev. 0, which stated that no QA records had been generated by the F&S Tulsa Design Office, it was observed during the audit that QA records had been previously generated by the Tulsa Design Office and were transmitted to the NTS Records Center for further processing prior to the date of the F&S response (9/16/87) to SDR-066.

Examples:

F&S Transmittals FS-NNWSI-0250 dated 7/6/87
 FS-NNWSI-0235 dated 6/22/87
 FS-NNWSI-0127 dated 4/3/87
 FS-NNWSI-0192 dated 5/12/87
 FS-NNWSI-0191 dated 5/12/87

Block 10 Recommended Action(s) (cont'd)

- 2) Revise the time frame established in NNWSI-DC-17 if 30 days is not a realistic time frame to transmit completed QA records to the NTS Records Center.
- 3) Reinstruct appropriate personnel to procedural requirements. Provide objective evidence.

14. Remedial/Investigative Action(s)

Completed QA Records in Tulsa, including Review and Comment Records, will be transmitted to the Records Center in accordance with F&S Project Procedure PP-50-01, "NNWSI Records Management." Block 10, Item 2 of SDR No. 116 recommends that the time frame established in NNWSI-DC-17 be revised if 30 days is not a realistic time to transmit these to the Records Center. We agree that this is not a realistic time frame; however, since this requirement is imposed by NNWSI-SOP-17-01, Section 5.4.4, F&S must comply with the 30-day restriction unless it is waived by WMPO.

The F&S response to SDR-066 was incorrect in stating that no QA Records have been generated in the Tulsa Office.

15. Effective Date June 30, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

The original F&S Records Management Procedure, TESOP-004-03, Revision 0, did not specify the 30-day transmittal requirement. This procedure was submitted to WMPO for review and approval. WMPO comment 5A in Letter WMPO:JB-1431, dated April 17, 1987, indicated that the procedure did not address the 30-day requirement. Realizing that this time requirement was not practical, F&S tried to obtain a relaxation of requirements but was unsuccessful. Currently, F&S is moving the ESF Design Office from Tulsa to Las Vegas. This will eliminate the problem of transmitting records from a distant location.

However, it is probable that there will be future problems in meeting the transmittal requirements proposed in Section 5.2.7 of DRAFT NNWSI Administrative Procedure AP-1.7Q, Revision 0, "NNWSI Project Records Management." This section requires participants to process records through their local records center and forward these to the central records facility no later than 14 days after the completion date shown on the record. Additional training will be given on records procedures.

17. Effective Date June 30, 1988

NO. 2
ATTACHMENT TO
SDR 116 REV. 0

FENIX & SCISSON, INC.

LAS VEGAS BRANCH

DOCUMENT TRANSMITTAL

TYPO: SHOULD BE 88
↓TO: Central Files DATE: 08/11/87STREET: Mail Stop 940 P.O. BOX CITY: Mercury, Nevada ZIP:


Please acknowledge receipt of the transmittal listed below by signing this distribution form and returning it to Fenix & Scisson, Inc., P.O. Box 93265, Las Vegas, Nevada 89193-3265.

DESCRIPTION	DATE
Review and Approval Sheets and marked up procedures on: NNWSI-DC-06,	
NNWSI-DC-13 (03/11/87), NNWSI-DC-18 (07/10/87), NNWSI-DC-01, 02, 03, 04,	
05, 06, 07, 08, 09, 11, 12, 14, 15, 16, 19, 20 and 23 (10/12/87), NNWSI-	
DC-13, NNWSI-DC-14, and Project Management Plan (11/10/87), NNWSI-DC-17	
(12/18/87), NNWSI-DC-22 (10/28/87), NNWSI-DC-22 (12/18/87)	

Received By:

Respectfully yours,

Signature


R. L. Bullock
Project Manager, NNWSI
Fenix & Scisson, Inc.

Date

ATTACHMENT^{NO. 2} TO

SDR 116 REV.0

FENIX & SCISSON, INC.

LAS VEGAS BRANCH

DOCUMENT TRANSMITTAL

TYPO: SHOULD BE 88
↓TO: Central Files DATE: 08/11/87STREET: Mail Stop 940 P.O. BOX CITY: Mercury, Nevada ZIP:

Please acknowledge receipt of the transmittal listed below by signing this distribution form and returning it to Fenix & Scisson, Inc., P.O. Box 93265, Las Vegas, Nevada 89193-3265.

DESCRIPTION	DATE
NNWSI-DC-13 (02/05/88), NNWSI-DC-01, 02, 03, 04 (05/18/88), NNWSI-DC-05 (05/16/88), NNWSI-DC-06, 07, 08, 09, 11 (06/03/88), NNWSI-DC-12, 13, 14, 15 (05/19/88), NNWSI-DC-18 (05/20/88), NNWSI-DC-20 (05/26/88)	

Received By:

Respectfully yours,

Signature

R. L. Bullock
 Project Manager, NNWSI
 Fenix & Scisson, Inc.

Date

FENIX & SCISSON, INC.
TRAINING ON DESIGN CONTROL PROCEDURES

Training Instructor HARRY FORSHAW Telephone 794-7017
Procedure Title(s) SEE ATTACHED LISTING Number(s) _____
Method of Instruction VERBAL
Material Read by Trainees PROJECT CONTROL MANUAL
Other Instructional Material Used _____
Location of Training 101 CONVENTION CENTER- P-250 Date of Training 05-18-1988
Remarks _____

Personnel Attendance (Attach additional pages if necessary)

Name	Title	Signature
<u>SCOTT A. NORDICK</u>	<u>STRUCT. ENGINEER</u>	<u>Scott A. Nordick</u>
<u>THOMAS H. FRANK</u>	<u>LEAD STRUCTURAL ENGR.</u>	<u>Thomas H. Frank</u>
<u>MAREK J. MRUGALA</u>	<u>LEAD GEOTECH. ENG.</u>	<u>Marek J. Mrugala</u>
<u>P. HANSEN VACCA</u>	<u>ENG. DESIGN RECORDS ADM.</u>	<u>P. Hansen Vacca</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Instructor's Signature

Harry Forshaw

Date

5/18/88

PART II
DESIGN CONTROL PROCEDURES
TABLE OF CONTENTS

PROCEDURE NUMBER	TITLE	REV	EFFECTIVE DATE
NNWSI-DC-01	Design Inputs & Informational Data to Outside Organizations	4	11/2/87
NNWSI-DC-02	Design Methodology	4	11/2/87
NNWSI-DC-03	Design Analysis	4	11/2/87
NNWSI-DC-04	Design Verification	4	11/2/87
NNWSI-DC-05	External Interface Control	3	11/2/87
NNWSI-DC-06	Change Control	2	11/2/87
NNWSI-DC-07	Development of Technical Specification	3	11/2/87
NNWSI-DC-08	Preparation of Procedures	3	11/2/87
NNWSI-DC-09	Interdiscipline Checking	4	11/2/87
NNWSI-DC-11	External Comment Control	3	11/2/87
NNWSI-DC-12	Computer Program Verification	2	12/11/87
NNWSI-DC-13	Drafting Procedures and Standards	3	2/24/88
NNWSI-DC-14	Technical Studies	3	12/11/87
NNWSI-DC-15	Basis for Design Control	3	11/2/87
NNWSI-DC-16	Document Control	3	11/2/87
NNWSI-DC-17	Quality Assurance Records	3	1/22/88
NNWSI-DC-18	Training on Tulsa Design Control Procedures	0	7/24/87
NNWSI-DC-19	Cost & Scheduling	2	11/2/87
NNWSI-DC-20	Project File System	3	11/2/87
NNWSI-DC-21	Development of Project Management Plan	0	12/11/87
NNWSI-DC-22	Purchasing Procedure	0	1/22/88
NNWSI-DC-23	Authorized Signature	2	11/2/87

WM. O STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 3/1/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 88-01		3a Identified By R. F. Cote		3b Branch Chief Concurrence Date N/A
	4 SDR No. 113		Rev. 0		
	5 Organization F&S		6 Person(s) Contacted D. Tunney, T. McCracken		7 Response Due Date is 20 Working Days from Date of Transmittal
Completed by Organization in Block 5	8 Requirement (Audit Checklist Reference, if Applicable) 1. PP-10-02, Rev. 0, "Training on NNWSI Procedures," Para. 4.0, Definitions, Subparagraph 4.1, Training, states "In depth instruction provided to (cont'd)"				
	9 Deficiency Contrary to the above requirements a review of the personnel file does not provide objective evidence of the standard training the subject individual is required to receive. (cont'd)				
	10 Recommended Action(s): <input type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Establish training course applicable to the subject individuals discipline as required in Requirement No. 3. Provide objective evidence that the individual has completed the aforementioned training. (cont'd)				
	11 QAE/Lead Auditor Date MAR 11 1988		12 Branch Manager Date 3/11/88		13 Project Quality Mgr. Date 3/11/88
Completed by Orig. QA Org.	14 Remedial/Investigative Action(s) See Attachment No. 1.				15 Effective Date August 1, 1988
	16 Cause of the Condition & Corrective Action to Prevent Recurrence See Attachment No. 1.				17 Effective Date August 1, 1988
	18 Signature/Date M. J. Regan, Director of QA, 4/25/88				
	19 JAU 9-19-88 <input type="checkbox"/> Accept <input checked="" type="checkbox"/> Amended Response <input type="checkbox"/> Reject Response		QAE/Lead Auditor/Date J. E. HMC 30 Aug 88 9/23/88		Branch Manager/Date J. E. HMC 30 Aug 88 9/23/88
20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date	
21 Verifi- cation <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date		Branch Manager/Date	
22 Remarks 1) Did not respond to the deficiency--certified by F&S Project Manager as having met a fore mentioned training requirements but no objective evidence of such training. 2) Comment on Part 15 of the SDR, 1. Why the effective date of August 1, 1988, when the items of Part 14 were completed? JAU 9-19-88 SEE ATTACHMENT No. 2					
23 QA CLOSURE		QAE/Lead Auditor/Date		Branch Manager/Date	PQM/Date

ENCLOSURE



WM) STANDARD DEFICIENCY I. PORT
CONTINUATION SHEET

N-QA-038
10/86

SDR No. 113

Rev. 0

Page 2 of 2

Block 8 Requirement (cont'd)

personnel to develop and demonstrate initial proficiency in the application of selected requirements, methods, and procedures, and to adapt to changes in technology, methods, or job responsibilities (NVO-196-17)."

2. PP-10-02, Rev. 0, "Training on NNWSI Procedures," Para. 5.2, states "Each Department Manager is responsible for training his subordinates or in the case of the staff who report to the Project Manager, the PM shall be responsible for training those personnel."

3. PP-10-02, Rev. 0, "Training on NNWSI Procedures," Para. 6.1.1, Standard Training, states "A standard course of training shall be given on all the NNWSI procedures that are applicable to individual disciplines within each department, that are at the time enforced in the NNWSI Project Procedures Manual."

Block 9 Deficiency (cont'd)

Contrary to the above requirement a review of the Senior Mining Engineer's training file does not indicate by objective evidence that the subject individual was trained in NNWSI procedures applicable to the individual's discipline as stated in requirement No. 3, nor is there a method in place throughout the F&S organization (e.g., Tulsa, LV, and the NTS) which identifies the required standard training applicable to the individual disciplines.

It should be noted that the subject individual was certified by the F&S NNWSI Project Manager on 11/2/87 as having met the aforementioned training requirements.

Block 10 Recommended Action(s) (cont'd)

Evaluate and determine the extent of this condition.

Evaluate and determine what standard training courses are appropriate to individual disciplines within each department as stated in Requirement No. 3. Identify to the WMPO, by F&S department, the applicable training course requirements and content.

Identify to WMPO how F&S will correct this condition, and prevent its recurrence.

After the individual has completed the required training, re-certify the individual by the appropriate manager or supervisor.

14. Remedial/Investigative Action(s)

The Senior Mining Engineer had not received training because he had not performed any quality-affecting activities. His specific assignment is related to estimating and scheduling. Section 2.0 of Procedure PP-10-02, Rev. 0 "Training on NNWSI Procedure" requires training only for personnel performing activities related to project procedures that affect quality on this project. Prior to his performance of any quality-affecting activities, he will be appropriately trained and this training will be documented.

Quality Assurance personnel who perform quality-affecting work had received training as required by the following procedures:

QAP-2.2(N), Training and Indoctrination of QA Personnel
QAP-2.3(N), Qualification of Auditors

Project personnel who perform quality-affecting work had received the training required by Procedure PP-10-02, "Training on NNWSI Procedures."

ESF Design personnel who perform quality-affecting work had received the training required by Procedure NNWSI-DC-18, "Training on Tulsa Design Control Procedures."

15. Effective Date August 1, 1988

16. Cause of the Condition and Corrective Action to Prevent Recurrence

This deficiency was caused by Procedure PP-10-02, Paragraph 6.1.1 not taking in account that individuals of a specific position may not be performing quality-affecting activities. Procedure PP-10-02, Paragraph 6.1.1 will be revised to indicate that training is only required for those quality-affecting activities which the individual is performing.

17. Effective Date August 1, 1988

22. Remarks

The response from F&S does not adequately address the identified deficiency, which is a lack of objective evidence (training records) supporting the certification of the subject Senior Mining Engineer. The documented certification by the F&S Project Manager apparently has no basis, nor was the certification necessary, per the initial response from F&S. The amended response should address how the false certification occurred and indicate remedial/investigative actions undertaken to identify and correct the problem. In addition, the effective date should reflect the date when all actions were complete or the scheduled completion date.

PF 2 ==> PRINT LISTING OF SUBJECT CODES
PF 3 ==> PRINT LISTING OF REVIEW LEVEL CODES
PF 4 ==> PRINT LISTING OF REVIEW SCOPE CODES
PF 5 ==> PRINT LISTING OF VALID KEY WORDS

PF 6 ==> PRINT LISTING OF DOCUMENTS BY SUBJECT CODE

PF 8 ==> PRINT LISTING OF ADDED DOCUMENTS
PF 9 ==> RESET LABELS AFTER PRINTING

PF11 ==> SELECT ROUTING OF PRINTED OUTPUT

==>