

Re: Jim Kennedy



Department of Energy

Nevada Operations Office
P. O. Box 98518
Las Vegas, NV 89193-8518
NOV 06 1989

WBS 1.2.9.3
QA

Carl P. Gertz, Project Manager, YMP, NV

ACCEPTANCE OF RESPONSES TO STANDARD DEFICIENCY REPORTS (SDR) 231, REVISION 1, SDRS 355, AND 389, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE (PROJECT OFFICE) QUALITY ASSURANCE (QA) AUDIT 88-05 OF LAWRENCE LIVERMORE NATIONAL LABORATORY (LLNL) SUPPORT OF THE YUCCA MOUNTAIN PROJECT

The Project Office QA staff has evaluated and accepted your responses to SDR 231, Revision 1, SDRs 355, and 389, Revision 0, generated as a result of Project Office QA Audit 88-05 of LLNL support of the Yucca Mountain Project. The SDRs will be closed after verification of satisfactory completion of the specified corrective actions. Copies of the SDRs are enclosed for your information.

Verification of completion of your corrective action will be performed after the effective dates that were provided. Any extension to these due dates must be requested in writing with appropriate justification prior to the due date. Please send copies of the extension request to Juanita Brogan, Science Applications International Corporation, 101 Convention Center Drive, Las Vegas, Nevada 89109, and Ralph W. Gray, U.S. Department of Energy, P.O. Box 98518, Las Vegas, Nevada 89193.

If you have any questions, please contact James Blaylock of my staff at 794-7913, or Frank J. Kratzinger of Science Applications International Corporation at 794-7163.

James Blaylock for
Donald G. Horton, Director
Quality Assurance Division
Yucca Mountain Project Office

YMP:JB-662

Enclosures:
SDR 231, Revision 1, SDRs 355, 389,
Revision 0

*102.7
WM-11
NHD311*

Carl P. Gertz

-2-

NOV 06 1989

cc w/encls:

Ralph Stein, HQ (RW-30) FORS
D. E. Shelor, HQ (RW-3) FORS
J. J. Brogan, SAIC, Las Vegas, NV, 517/T-12
K. A. Hodges, SAIC, Las Vegas, NV, 517/T-06
F. J. Kratzinger, SAIC, Las Vegas, NV, 517/T-06
J. H. Nelson, SAIC, Las Vegas, NV, 517/T-04
S. W. Zimmerman, NWPO, Carson City, NV
J. E. Kennedy, NRC, Washington, DC ←

cc w/o encls:

A. L. Temple, SAIC, Las Vegas, NV, 517/T-38
J. W. Gilray, NRC, Las Vegas, NV

YMPC STANDARD DEFICIENCY REPORT

N-QA-038
12/88

Completed by Originating QA Organization	1 Date Nov 7, 1988		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 88-05		3a Identified By M. Mitchell	3b Branch Chief Concurrence Date	4 SDR No. 231 Rev. 1
	5 Organization YMP (Project Office)		6 Persons(s) Contacted J. Kass/W. Halsey		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (Audit checklist item T-108 - T-112) NVO 196-17 Rev. 4., Section 3.0, "Scientific Investigation Control and Design Control" part A., para. 3A.1.5. states in part, "A peer review of the plan				
	9 Deficiency Contrary to the above requirement, SIP 1.2.2.3.2 activity E-20-15 which includes a peer review, was approved by the WMPO on 3 Nov 1987. The WMPO internal procedures for peer review were not provided to LLNL as the				
Completed by Organization In Block 5	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Determine if other peer reviews have been completed or are in process with out appropriate procedural controls.				
	11 QAE/Lead Auditor Date <i>J. J. Friend</i> 11/31/89		12 Branch Manager Date <i>H. H. Caldwell</i> 11/31/89		13 Project Quality Mgr. Date <i>Michael H. Halsey</i> 11/31/89
	14 Remedial/Investigative Action(s) Remedial: The Project Office will direct LLNL to conduct the Peer Review required by SIP 1.2.2.3.2 activity E-20-15 in accordance with the current Peer Review requirements identified in NNWSI 88-9, Rev. 2, Para. 1.3.3 and 4.0 Peer Review.				
	15 Effective Date 11/15/89				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Cause: This lack of procedural compliance was caused by the lack of understanding of the current Peer Review requirements on the part of the Field Engineering Branch. From the time that the Peer Review was first authorized by the approval of the SIP in question, the requirements of the Quality Assurance Program (i.e. NVO 196-17, Rev. 4) changed significantly. The requirements of the previous QAP required that only the Project				
Comp. by Org. QA Org.	17 Effective Date 01/19/90				
	18 Signature/Date <i>W. Boninger</i> 10/06/89				
	19 Response Accepted	QAE/Lead Auditor/Date <i>Frank M. ...</i> 10/20/89	Division Manager/Date <i>W. Halsey</i> 10-20-89	Project Quality Mgr./Date <i>...</i> 10/20/89	
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
	21 Remarks				
22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date		

ENCLOSURE

YMPO STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
12/88

SDR No. 231

Rev. 1

Page 2 of 2

14 Investigative Action (continued)

The Project Office will direct LLNL to conduct an investigation to determine if actions already taken by LLNL to conduct the Peer Review in question, comply with the current NNWSI 88-9, Rev. 2, requirements. Additionally, the Project Office will direct LLNL to investigate to determine if any other Peer Reviews are in progress, and if so, to determine that all actions taken meet the current requirements of NNWSI 88-9, Rev. 2.

16 Cause (continued)

Office could conduct a Peer Review, in compliance with Project Office procedures. The current QA Program allows the Project Participant to conduct Peer Reviews in compliance with their own internal procedures.

Correction Action to Prevent Recurrence: All Field Engineering Branch personnel and support personnel will be directed to conduct all future Peer Reviews in accordance with the current QA Program requirements in place at the time of the Peer Review. Additionally, all Field Engineering Branch personnel and support personnel will receive project proficiency training in the current Peer Review requirements. By receiving proficiency training, personnel are assured of being notified of changes to requirements by the Project Training Office.



Department of Energy

Nevada Operations Office
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WBS #1.2.9
QA: N/A

OCT 13 1989

QA RECEIVED

OCT 16 1989

Edwin L. Wilmot, Acting Director, Quality Assurance, YMP, NV

REVISED RESPONSE TO STANDARD DEFICIENCY REPORT (SDR) 231, REVISION (REV.) 1;
355, REV. 0; AND 389, REV. 0

Enclosed are amended responses to SDRs 231, Rev. 1; 355, Rev. 0; and 389, Rev. 0. My earlier responses, sent to you six days ago, did not include "effective dates" for items 15 and 17. Please replace those responses with the enclosed.

The originals of the responses have been sent to Juanita J. Brogan of Science Applications International Corporation.

If you have any questions, please contact me at 794-7847.

Michael O. Cloninger, Chief
Field Engineering Branch
Engineering & Development Division
Yucca Mountain Project Office

YMP:MOC-281

Enclosures:

1. SDR 231
2. SDR 355
3. SDR 389

cc w/original encls:

J. J. Brogan, SAIC, Las Vegas, NV 

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
489

Completed by Originating QA Organization	1 Date 6/13/89		2 Severity Level <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 88-05		3a Identified By M. Mitchell		4 SDR No. 355 Rev. 0
	5 Organization YMP (Project Office)		6 Person(s) Contacted J. Kass/W. Balsey/M. Cloninger		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) MMSI Project QA Plan 88-9, Revision 2, Section XVI, Para. 1.0, states in part, "that conditions adverse or potentially adverse to quality are identified and corrected as soon as practical."				
	9 Deficiency Failure to respond to SDR 231, Revision 1 rejected response by the established due date of 5/31/89. SDR 231 was originally issued 11/23/88 and a satisfactory response to the original deficiency has not been received.				
Completed by Org. QA Org.	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective. 1. Respond to SDR 231, Revision 1. 2. Determine why actions in regards to SDR 231 have not been taken.				
	11 QAE/Lead Auditor/Date <i>G. Finley 6/15/89</i>		12 Division Manager/Date <i>A. A. Smith 15 Jan 89</i>		13 Project Quality Mgr./Date <i>James Blumel 4/19/89</i>
	14 Remedial/Investigative Action(s) Remedial: SDR 231, Rev. 1 has been responded to, the 15 Effective Date <u>N/A</u> condition adverse to quality identified therein is currently being corrected. Investigative Actions: None required at this time.				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Cause: The cause of this procedure violation was two- fold. First, schedule commitments prevented proper handling of the original SDR. Second, the Field Engineering Branch lack of training and experience in Quality Assurance caused a lack of awareness as to the importance of procedural compliance. 17 Effective Date <u>01/19/90</u>				
	18 Signature/Date <i>M. Cloninger 10/06/89</i>				
Comp. by Org. QA Org.	19 Response Accepted	QAE/Lead Auditor/Date <i>Finley 10/2/89</i>	Division Manager/Date <i>Smith 10/20/89</i>	Project Quality Mgr./Date <i>Blumel 10/30/89</i>	
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date	
	21 Remarks				
22 QA CLOSURE		QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date	

STANDARD DEFICIENCY REPORT
CONTINUATION SHEET

N-QA-038
12/88

SDR No. 355

Rev. 0

Page 2 of 2

- 16 Corrective Action to Prevent Recurrence: The addition of branch and staff technical personnel has resolved the schedule commitments problem. The lack of training in Quality Assurance will be resolved by branch and staff personnel receiving additional project orientation in Quality Assurance as it applies to the YMP. Additionally, the Field Engineering Branch now has access to a full time dedicated staff QA coordinator. This position has enhanced the QA experience capability of the Field Engineering Branch such that this type of procedural violation will not occur again in the Field Engineering Branch.



Department of Energy

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WBS #1.2.9

QA: N/A

OCT 13 1989

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OCT 16 1989

Edwin L. Wilmot, Acting Director, Quality Assurance, YMP, NV

REVISED RESPONSE TO STANDARD DEFICIENCY REPORT (SDR) 231, REVISION (REV.) 1;
355, REV. 0; AND 389, REV. 0

Enclosed are amended responses to SDRs 231, Rev. 1; 355, Rev. 0; and 389, Rev. 0. My earlier responses, sent to you six days ago, did not include "effective dates" for items 15 and 17. Please replace those responses with the enclosed.

The originals of the responses have been sent to Juanita J. Brogan of Science Applications International Corporation.

If you have any questions, please contact me at 794-7847.


Michael O. Cloninger, Chief
Field Engineering Branch
Engineering & Development Division
Yucca Mountain Project Office

YMP:MOC-281

Enclosures:

1. SDR 231
2. SDR 355
3. SDR 389

cc w/original encls:

J. J. Brogan, SAIC, Las Vegas, NV 

YMPO STANDARD DEFICIENCY REPORT

N-QA-038
4/89

Completed by Originating QA Organization	1 Date 7/31/89		2 Severity Level <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2
	3 Discovered During Audit 85-05		3a Identified By M. Mitchell		4 SDR No. 389 Rev. 0
	5 Organization YMP Project Office		6 Person(s) Contacted J. Kass/W. Halsey/M. Cloninger		7 Response Due Date is <input checked="" type="checkbox"/> Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) MNWSI project QA Plan 88-9, Revision 2, Section XVI, Para. 1.0, states in part, "that conditions adverse or potentially adverse to quality are identified and corrected as soon as practical."				
	9 Deficiency Failure to respond to SDR 231, Revision 1, rejected response by the established due date of 5/31/89, and failure to respond to SDR 355, Revision 0, by the established due date of 7/28/89, issued as a result of the 231				
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Respond to SDR 231, Revision 1, SDR 355, Revision 0, and this SDR. 2. Determine why actions in regards to SDR 231 and 355 have not been taken.					

Apr. 5	11 QAE/Lead Auditor/Date <i>[Signature]</i> 8/1/89	12 Division Manager/Date <i>[Signature]</i> 8-1-89	13 Project Quality Mgr./Date James Black 8/2/89
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Completed by Organization in Block 5	14 Remedial/Investigative Action(s) See SDR 355 for all remedial and investigative actions concerning this procedural violation. SDR 355 also identifies the cause and action to prevent recurrence of this procedural violation. **		15 Effective Date N/A
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Completed by Organization in Block 5	16 Cause of the Condition & Corrective Action to Prevent Recurrence ** See above		17 Effective Date 01/18/90 <i>[Signature]</i> 10/06/89
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Completed by Org. QA Org.	18 Signature/Date <i>[Signature]</i> 10/06/89		
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Completed by Org. QA Org.	19 Response Accepted	QAE/Lead Auditor/Date <i>[Signature]</i> 10/25/89	Division Manager/Date <i>[Signature]</i> 10-20-89	Project Quality Mgr./Date <i>[Signature]</i> 10-20-89
	20 Corrective Action Verif. Satisfactory	QAE/Lead Auditor/Date	Division Manager/Date	Project Quality Mgr./Date

Completed by Org. QA Org.	21 Remarks			
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Completed by Org. QA Org.	22 QA CLOSURE	QAE/Lead Auditor/Date	Division Manager/Date	PQM/Date
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