



Department of Energy

Nevada Operations Office

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WBS 1.2.9.3

QA

NOV 09 1989

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CLOSURE OF STANDARD DEFICIENCY REPORTS (SDRs) 205 AND 218, REVISION 0, RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 88-08 OF LOS ALAMOS NATIONAL LABORATORY

SDRs 205 and 218, Revision 0, have been closed based on satisfactory verification of completed corrective actions. A copy of the SDRs are enclosed for your files.

If you have any questions, please contact James Blaylock of my staff at FTS 544-7913 or (702) 794-7913, or William H. Camp of Science Applications International Corporation at FTS 544-7166 or (702) 794-7166.

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

YMP:JB-704

Enclosure:
SDRs 205 and 218, Revision 0

cc w/encl:
Ralph Stein, HQ (RW-30) FORS
D. E. Shelor, HQ (RW-3) FORS
H. P. Nunes, LANL, Los Alamos, NM
J. J. Brogan, SAIC, Las Vegas, NV, 517/T-12
W. H. Camp, SAIC, Las Vegas, NV, 517/T-06
K. A. Hodges, 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 encl:
H. E. Valencia, LAAO
J. W. Hines, NWQA, AL
A. R. Chernoff, MSD, AL
A. L. Temple, SAIC, Las Vegas, NV, 517/T-38
J. W. Gilray, NRC, Las Vegas, NV

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PDR WASTE
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PDC

FINAL REVIEW 10/27/89

NH03
WM-11
102.7

W APO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization	1 Date 10/5/88		2 Severity Level <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 23
	3 Discovered During Audit 88-08	3a Identified By E. Bryant	3b Branch Chief Concurrence Date		4 SDR No. 205 Rev. 0
	5 Organization LANL		6 Person(s) Contacted H. Nunes/L. Maassen		7 Response Due Date is 20 Working Days from Date of Transmittal
	8 Requirement (Audit Checklist Reference, if Applicable) (Audit Checklist Items 3-7 and 3-8) LANL QAPP R2, Para 3.1.6, requires interface control procedures to be written for scientific investigations. LANL CAR 043 has identified TWS-QAS-QP-01.1 and - 03.2 to be written but no				
Completed by Organization in Block 5	9 Deficiency No interface controlling procedures are in existence for scientific investigation.				
	10 Recommended Action(s): <input type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Investigation should be made to determine required scope of procedure - LANL Site Specific - and implementive schedule established.				
	11 QAE/Lead Auditor Date C. Williams + Camp 11/14/88	12 Branch Manager Date T. W. Nelson 4 Nov 88	13 Project Quality Mgr. Date James Blaylock 11/14/88		
	14 Remedial/Investigative Action(s) Refer to Page 3 of 3				
Comp. by Org. QA Org.	15 Effective Date N/A				
	16 Cause of the Condition & Corrective Action to Prevent Recurrence Refer to Page 3 of 3				
	17 Effective Date N/A				
	18 Signature/Date H. Nunes 12/21/88				
Comp. by Org. QA Org.	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response <input type="checkbox"/> Reject	QAE/Lead Auditor/Date C. Williams + Camp 3/20/89	Branch Manager/Date T. W. Nelson 31 Mar 89		
	20 Amended Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	QAE/Lead Auditor/Date C. Williams + Camp 3/30/89	Branch Manager/Date T. W. Nelson 30 Mar 89		
	21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	QAE/Lead Auditor/Date C. Williams + Camp 10/30/89	Branch Manager/Date T. W. Nelson for D. Hedges 10/30/89		
	22 Remarks VERIFIED RESOLUTION OF COMMENTS AND ISSUANCE OF QP 1.1, R1, "PROCEDURE FOR INTERFACE CONTROL". VERIFIED QP 1.1, R1 HAS BEEN SENT TO LANL FOR REQUIRED READING TRAINING. (SEE LETTER TWS-EES-13-10-89-019).				
Comp. by Org. QA Org.	23 QA CLOSURE				
	QAE/Lead Auditor/Date C. Williams + Camp 10/30/89	Branch Manager/Date T. W. Nelson for D. Hedges 10/30/89	PQM/Date James Blaylock 10/30/89		

ENCLOSURE



WMPO STANDARD DEFICIENCY REPORT
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8 Requirement (continued)

date has been established for their issuance.

December 21, 1988

14. Remedial/Investigative Actions

An interface control procedure (CWS-QAS-QP-01.1, R0) will be developed when APQ guidance is received from the Project Office. Additional information is needed for LANL to fully implement this requirement. LANL staff has not identified any inter-group interface for which procedural control is needed.

Finding 205 incorrectly referenced CAR 043 rather than CAR 046. CAR 046 stipulates that an interface procedure will be prepared but does not specify procedure titles or numbers.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: No procedure was in place at the time.

Corrective Action: Develop and issue procedure upon receipt of additional Project Office guidance.

14. Remedial/Investigative Actions

An interface control procedure (TWS-QAS-QP-01.1, R0) will be developed when APQ guidance is received from the Project Office. Additional information is needed for LANL to fully implement this requirement. LANL staff has not identified any inter-group interface for which procedural control is needed.

Finding 205 incorrectly referenced CAR 043 rather than CAR 046. CAR 046 stipulates that an interface procedure will be prepared but does not specify procedure titles or numbers.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: No procedure was in place at the time.

Corrective Action: LANL will issue and hold training for QP-01.1 by March 24, 1989, with training conducted in accordance with QP-02.2, Procedure for Personnel Training.

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3/87

1 Date 10/7/88

2 Severity Level ☐ 1 ☐ 2 ☒ 3

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3 Discovered During Audit 88-08

3a Identified By E. Bryant

3b Branch Chief Concurrence Date

4 SDR No. 218

Rev. 0

5 Organization LANL

6 Person(s) Contacted A. Pendergrass/S. Dye

7 Response Due Date is 20 Working Days from Date of Transmittal

8 Requirement (Audit Checklist Reference, if Applicable)
(Audit Checklist Item 3-14) LANL responses to Observation No. 5, WMPO Audit 87-01, regarding counting methodologies, was not fully implemented. The commitment was to acquire procedures already written by the Weapons Counting

9 Deficiency
Action requirement addressed in Block 8 has not been accomplished. The deficiency is an untimely response to audit corrective action requirement.

10 Recommended Action(s): ☒ Remedial ☒ Investigative ☐ Corrective

1. Implement the actions to Observation No. 5 of Audit Report 87-01

11 QAE/Lead Auditor Date

12 Branch Manager Date

13 Project Quality Mgr. Date

William H. Camp 11/14/88

7/2/89

9 Mar 90

James Blaylock 11/14/88

14 Remedial/Investigative Action(s)

15 Effective Date 4/30/89

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16 Cause of the Condition & Corrective Action to Prevent Recurrence

17 Effective Date 4/30/89

Refer to Page 3 of 3

18 Signature/Date

DD Jones 12/21/88

19 Response ☐ Accept ☒ Amended Response

QAE/Lead Auditor/Date

Branch Manager/Date

William H. Camp 2-10-89

James Blaylock 10 Feb 89

20 Amended Response ☒ Accept ☐ Reject

QAE/Lead Auditor/Date

Branch Manager/Date

William H. Camp 4-19-89

James Blaylock 20 Apr 89

21 Verification ☒ Satisfactory ☐ Unsatisfactory

QAE/Lead Auditor/Date

Branch Manager/Date

William H. Camp 10-30-89

James Blaylock 10/30/89

22 Remarks REF. MEMO YMP: JB-6036 10-5-89
VERIFIED THAT PREVIOUSLY TWO-INC-2202 WAS CANCELLED AND PREVIOUSLY TWO-INC-2204, RI AND DP-79, 20 FOR COUNTING METHODOLOGIES WERE ISSUED. VERIFIED BY REVIEW OF LANL YMP SURVEY REPORT NO. 070 THAT QA CONTROLS HAVE BEEN IN PLACE THROUGHOUT THE PERIOD THAT THE LABORATORY HAS GENERATED DATA. VERIFIED THAT QA PROGRAM ACTION ITEMS ARE TRACKED AND TRANSMITTED TO AFFECTED GROUPS.

23 QA CLOSURE

QAE/Lead Auditor/Date

Branch Manager/Date

PQM/Date

William H. Camp 10-30-89

James Blaylock 10/30/89

James Blaylock 10/30/89



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8 Requirement (continued)

Laboratory to address Counting Methodologies and place them in the INC Resident Files.

10 Recommended Actions (continued)

2. Investigate to determine the cause of failure to implement and take necessary actions to comply.

December 21, 1988

14. Remedial/Investigative Action(s)

Commitments made in Observation No. 10 were not fulfilled in a timely manner.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Inadequate tracking of action items by the QA organization and improper assignment of action responsibilities to the affected groups.

Corrective Action: The procedure that uses the counting methodologies of the Weapons Counting Laboratory is currently being revised and will respond to the noted deficiency.

As part of developing a fully qualified QA program, all action items are being formally tracked by the QAS and N-5 personnel. Copies of these action items will be transmitted to each affected group.

March 20, 1989

14. Remedial/Investigative Action(s)

Commitments made in Observation No. 10 were not fulfilled in a timely manner.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Inadequate tracking of action items by the QA organization and improper assignment of action responsibilities to the affected groups.

Corrective Action: The procedure that uses the counting methodologies of the Weapons Counting Laboratory is currently being revised and will respond to the noted deficiency. The QA program of the Weapons Counting Laboratory will be surveyed to document the QA controls that have been in place throughout the period that the Laboratory has generated Project data.

As part of developing a fully qualified QA program, all action items are being formally tracked by the QAS and N-5 personnel. Copies of these action items will be transmitted to each affected group. Should the survey of the Counting Laboratory QA program identify any deficiencies, an evaluation will be performed of the impact of those deficiencies on completed work, if it is determined that the work is required for licensing purposes. The evaluation will be conducted in accordance with NUREG 1298 and the associated LANL implementing procedures.