



Department of Energy
Yucca Mountain Site Characterization
Project Office
P. O. Box 98608
Las Vegas, NV 89193-8608

WBS 1.2.9.3
QA

MAR 14 1991

Robert F. Pritchett
Technical Project Officer
for Yucca Mountain
Site Characterization Project
Reynolds Electrical &
Engineering Co., Inc.
P.O. Box 98521
Las Vegas, NV 89193-8521

ISSUANCE OF CORRECTIVE ACTION REQUESTS (CARs) YM-91-025 THROUGH YM-91-038
RESULTING FROM YUCCA MOUNTAIN QUALITY ASSURANCE DIVISION (YMQAD) AUDIT 91-02
OF REYNOLDS ELECTRICAL & ENGINEERING CO., INC.

Enclosed are CARs YM-91-025 through YM-91-038 generated as a result of YMQAD
Audit 91-02.

Please identify the corrective actions to be taken and implemented to correct
the deficiencies. CAR continuation sheets and instructions for completion
have been provided. Send the originals of your responses to Nita J. Brogan,
Science Applications International Corporation, Las Vegas, Nevada. Responses
to the CARs are due by the date indicated in Block 10 of the CAR. Extensions
to due dates must be requested in writing with appropriate justification
prior to the due dates.

If you have any questions, please contact either Catherine E. Hampton at
794-7973 or Robert H. Klemens at 794-7734.

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

YMQAD:CEH-2621

Enclosure:
CARs YM-91-025 through YM-91-038

cc w/encl:
K. R. Hooks, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
Steve Bradhurst, Nye County, NV
W. J. Glasser, REEC, Las Vegas, NV
H. C. Stafford, MACTEC, Las Vegas, NV
N. J. Brogan, SAIC, Las Vegas, NV, 517/T-08

cc w/o encl:
J. W. Gilray, NRC, Las Vegas, NV

YMP-5

9103210178 910314
PDR WASTE
WM-11 PDR

ADD: Ken Hooks

102.7
WM-11
NH0311

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CRK 3/12/91

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-025
DATE: 3/7/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document 568-DOC-115 QAPP		2 Related Report No. Audit 91-02	
3 Responsible Organization REECo Quality Assurance		4 Discussed With M. Fox	
10 Response Due 30 days after issue	11 Responsibility for Corrective Action R.F. Pritchett	12 Stop Work Order Y or N N	
5 Requirement: <p>QAPP, Revision 8, Section 1, Paragraph 2.1 states in part, "Full-time dedicated QA positions have been established by REECo. Personnel in these positions shall have the responsibility and authority to verify the adequacy and effectiveness of QA plans, requirements, and QA program implementation by REECo and its subordinate organizations."</p> <p>QP 1.0, Revision 7, Paragraph 6.1.3, "The REECo Organizational Chart, Exhibit 1, denotes the lines of authority, communication, and responsibility assigned to key quality-related Project functions for the YMP."</p>			
6 Adverse Condition: <p>REECo has failed to assign adequate amount of full-time dedicated QA personnel to ensure that the required support for activities that affect quality is achieved accordingly.</p> <p>Organizational charts issued in January 1, 1990 and updated during the audit indicated that a minimum of 4 full-time dedicated QA positions are required for the Quality Assurance Department. This was also stated by the QA Manager. However, at the time of the audit, only one full-time dedicated QA individual was in place.</p>			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions of the CAR. (Con't)</p>			
8 Initiator Mario R. Diaz 2/25/91 <i>Mario R. Diaz</i>		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OOA <i>Catherine H. [Signature]</i> 3-11-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OOA _____	

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
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WASHINGTON, D.C.**

RWR 5/12/91
CAR NO.: YF-91-025
DATE: 3/7/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-026
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 2.4		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo, Logistic Support Dept.		4 Discussed With S. Straub, C. Barker	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: <p>QP 2.4, Rev. 1, Para. 7.1 states, "Records of Personnel Qualifications, Indoctrination, Training, and Proficiency Evaluations shall be retained as lifetime QA Records and shall be maintained and processed in accordance with QP 17.0."</p> <p>QP 17.0, Rev. 4, Paras. 5.4 and 5.4.5 state, "Each organization generating records is responsible for the control, authentication and distribution of its own records, including transmitting the original, or best available copy to the LRC for processing."</p>			
6 Adverse Condition: <p>Records of Personnel Qualification Evaluations, Indoctrination, Training, and Proficiency Evaluations have not been transmitted to the LRC for processing.</p>			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the</p>			
8 Initiator M. R. Diaz <i>Mario Diaz</i>		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	
Date: 02/26/91		13 Approved By: OQA <i>Edith H. Hester</i> 3-8-91	
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YH-91-026

DATE: 03/07/91

SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document Investigative action and identify the extent of the deficient condition.]

- B. Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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WASHINGTON, D.C.**

14CAR NO.: YM-91-027

DATE: 03/07/91

SHEET: 1 OF 2

QA

WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
568-DOC-115 QAPP

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
REECo, Logistical Support Dept.

4 Discussed With
S. Straub, C. Barker

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:

QAPP, Rev. 8, Para. 5.1.6.2, states, "Records of indoctrination which include the objective and content of the indoctrination, date or dates of indoctrination, and other applicable information."

QAPP, Rev. 8, Para. 5.1.3, states in part, "Prior to assigning personnel to perform activities affecting quality, they shall be indoctrinated as to the purpose, scope, method of implementation, and applicability of the following documents:

- o QAPPs
- o Implementing Procedures and Work Instructions (applicable to the individual's responsibilities)
- o Regulations
- o Project level documents

6 Adverse Condition:

Documented evidence of indoctrination for some personnel who had performed quality affecting activities does not exist. In some other cases, the indoctrination has been performed after the individuals have been assigned to perform those activities.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
M. R. Diaz
Mario Diaz

Date:
02/26/91

9 Severity Level -
1 ☐ 2 ☒ 3 ☐

13 Approved By: _____ Date: _____

ooh Catherine H. [Signature] 3-2-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:

QAR _____ Date _____

17 Closure Approved By:

OQA _____

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-027
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
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WASHINGTON, D.C.**

14CAR NO.: YM-91-028
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document Quality Procedure 9.1		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECO QSD		4 Discussed With S. Archuleta, J. Donaldson	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: QP-9.1, Rev. 3, "Welding Procedure Qualification," Para. 6.2.3 states, "when required by the applicable code, arrange for nondestructive testing of the sample weld, (i.e., ultrasonic, radiographic, etc.) and attach a copy of the nondestructive evaluation report to the original PQR for retention."			
6 Adverse Condition: Contrary to the above requirement, NDE reports were not attached to the PQRs for those weld procedure qualifications for which NDE was performed.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiated By: J. S. MacIsaac		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	
Date: 02/26/91		13 Approved By: OQA <i>Catherine H. [Signature]</i> 3-8-91	
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

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CAR NO.: YM-91-028
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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WASHINGTON, D.C.**

14 CAR NO.: YH-91-029
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QAPP 568-DOC-115		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo QSD		4 Discussed With S. Archuleta, J. Donaldson	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: Quality Assurance Program Plan (QAPP), Revision 8, Section V, Para. 1.0 states in part, "Documents shall include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished."			
6 Adverse Condition: Typically the MNWSI Volumes I through III reference that the governing codes (i.e., ASME, ANS, ANSI,...) be utilized and consulted for further information and applicable criteria. The deficiency that exists is that no code of record has been established within the procedures to designate which year or addenda is applicable.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator J. S. Martin	Date: 02/26/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OOA <i>Cathy Thompson</i> 98-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OOA _____	

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-029
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

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14CAR NO.: YM-91-030
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document American Society of Mechanical Engineers, Sec. IX		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REEC Co QSD		4 Discussed With S. Archuleta, J. Donaldson	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett	12 Stop Work Order Y or N No	
5 Requirement: <p>Procedure NWP, Revision 0 "NWWSI Standard Welder, Welding Operator, Brazier and Brazing Operator, Certification Specification," Para. 2.2 references that "ANSI/AIME, Section IX (American Society of Mechanical Engineers), "Welding and Brazing Qualifications." be utilized for welder certification. ASME Section IX, Part QW, "Welding," paragraph QW-322, "Renewal of Qualification," states, "The performance qualifications of a welder or welding operator shall be affected under the following conditions: (a) when he has not welded with a process during a period of 3 months or more, his qualifications or that process shall be expired; except when he is welding with another process, the period may be extended to 6 months; (b) when he has not welded with any process during a period of 3 months, all his qualifications shall be expired including any which may extend beyond 3 months by virtue of (a) above;..."</p>			
6 Adverse Condition: <p>Contrary to the above, welder with stamp No. 2-001 had his qualifications renewed for weld procedures N-1112, N-1117G, and N-3914, without the performance of any welding process for a period greater than 3 months.</p>			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the</p>			
8 Initiator <i>J. S. Hartman</i> Date: <u>02/26/91</u>	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: <i>Colin H. ...</i> OQA <u>3-11-91</u> Date:	
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
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WASHINGTON, D.C.**

CAR NO.: YM-91-030
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

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[Determine and identify the root cause for the deficient condition.]

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- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-031
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 5.1, and QP 5.3		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo		4 Discussed With R. Lykens and S. Archuleta	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: QP 5.1, Rev. 2, Para. 6.1.3.3 and QP 5.3, Rev. 1, Para. 6.3.4 state, "The organization developing the procedures shall assure that the procedure being developed does not conflict with existing procedures and, if so, that such conflicts are resolved." QP 5.1, Rev. 2, Para. 6.3.2.4 states, "Procedures shall be reviewed for possible revisions at least annually as a minimum."			
6 Adverse Condition: No objective evidence of compliance with the above referenced requirements was available.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator A. Z. Cocoros <i>A. Z. Cocoros</i> 2/26/91	Date: 02/26/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <i>Catherine H. Hupf</i> 3891 Date:
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-031
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
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**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. **Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. **Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. **Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. **Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14 CAR NO.: YM-91-032
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
REECo QAPP, 568-DOC-115

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
REECo QA

4 Discussed With
M. Fox, D. Hackbert

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:

QAPP, Rev. 8, Sect. 18, Para. 1.1.1 states in part, " REEC Co shall conduct internal audits (covering their entire QAPP, on an annual basis) and external (direct subcontractor) audits of activities under its direct control."

6 Adverse Condition:

1. Only 4 of their 11 scheduled audits were performed by REEC Co in 1990.
2. The QA Department and Criteria 16 and 18 were not scheduled for an audit in 1990 and are not scheduled for an audit on the 1991 Revision 0 Audit Schedule.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
T. W. Noland
T.W. Noland 02/27/91

9 Severity Level -
1 ☐ 2 ☒ 3 ☐

13 Approved By: *Robert Hampton* Date: 3-11-91
OQA

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:

QAR _____ Date _____

17 Closure Approved By:

OQA _____

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-032
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-033
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
QP-12.0, Rev. 6 and MQA-IP-QS-5.0, Rev. 0

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
REECO QSD

4 Discussed With
S. Archuleta, E. Kress

10 Response Due
20 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:

1. Quality Procedure 12.0, Rev. 6, Para. 6.2.2 states, "Prior to installing M&TE into service, it shall be entered into a tracking system log which shall contain as a minimum: item, S/N, model number, user assigned number, data calibrated, date calibration day, date put into service, date removed from service, date used and where used."
2. MQA-IP-QS-5.0, Rev. 0, Para. 1.3 states in part, "All support provided to the YMP shall be governed by internal Implementing Procedures." In addition, Paragraph 2.1 states in part, "This procedure shall apply to all implementing instructions, procedures and drawings developed for use in the YMP support."

6 Adverse Condition:

Contrary to the above requirements, the following discrepancies were found:

1. Tracking system utilized by the Physical Standards and Calibration Lab (PSCL) does not contain the following prerequisites: serial number, user assigned number, date calibrated, date put into service, date removed from service, dates utilized or location of utilization.
2. As stated within MQA-IP-QS-5.0, Rev. 0, the procedures developed for utilization by the Quality Systems Division are for internal use only. However, MQA-IP-CP-GEN-1, Rev. 3, contains requirements for the user organizations (i.e., USGS, SAIC, LANL, etc....) in the following paragraphs 6.3, 6.3.1, 6.3.2, 6.3.3, 6.4.1, 6.12, and 6.12.1.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
J. S. Martin
Date: 02/27/91

9 Severity Level -
1 ☐ 2 ☒ 3 ☐

13 Approved By:
OQA Cathy H. [Signature] Date: 3-11-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:

OAR _____ Date _____

17 Closure Approved By:

OQA _____

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-033
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-034
DATE: 3/7/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 2.4		2 Related Report No. Audit 91-02	
3 Responsible Organization REECo		4 Discussed With R. Pritchett	
10 Response Due 30 days after issue	11 Responsibility for Corrective Action R.F. Pritchett		12 Stop Work Order Y or N N
5 Requirement: QP 2.4, Revision 1, Paragraphs 6.6.1 and 6.6.3 state, "The TPO shall periodically, annually as a minimum, initiate an evaluation of the overall training program for the REECo Yucca Mountain Project Division." The TPO shall document the evaluation and include the following information: <ul style="list-style-type: none">o Names of evaluatorso Dates of evaluationo Scope of evaluationo Methodologyo Resultso Recommendations for changes, (if any) (Con't)			
6 Adverse Condition: Documented evidence of the overall training program evaluation for the years 1989 and 1990 does not exist.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. (Con't)			
8 Initiator M. R. Diaz 2/27/91 <i>Mario Diaz</i>		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <i>Cathie Humphreys</i> 3-8-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-034
DATE: 3/7/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)

- o Signature of TPO

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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WASHINGTON, D.C.

14 CAR NO.: YM-91-035
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 18.0, Rev.7		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REEC Co QA		4 Discussed With M. Fox	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett	12 Stop Work Order Y or N No	
5 Requirement: QP 18.0, Rev. 7, Para. 6.3.2.1 states, "Qualification of audit personnel shall be in accordance with QAPP 568-DOC-115, Appendix F, Paras. 1.2.1 and 1.2.3." <ul style="list-style-type: none">o Para. 1.2.1 states, "The prospective Lead Auditor shall have the capacity to communicate effectively both orally and in writing. Those skills shall be attested to in writing by the Lead Auditor's employer."o Para. 1.2.3 states, "The prospective Lead Auditor shall have participated in a minimum of five (5) QA audits within a time not to exceed three (3) years prior to the date of qualification."			
6 Adverse Condition: No objective evidence of compliance with the above referenced requirements was available.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator A. E. Cocoros <i>[Signature]</i>	Date: 02/28/91 2/28/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: <i>[Signature]</i> OOA <i>[Signature]</i> 38-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-035
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

ORIGINAL**THIS IS A RED STAMP**14CAR NO.: YM-91-036DATE: 03/07/91SHEET: 1 OF 2

QA

WBS No.: 1.2.9.3

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CORRECTIVE ACTION REQUEST

1 Controlling Document 568-DOC-155 QAPP		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo		4 Discussed With R. Pritchett	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: <p>QAPP-568-DOC-115, Rev. 8, Sect. XVI, Para. 1.2 states, "The PQA organization shall document concurrence of the adequacy of proposed corrective actions to assure that QA requirements will be satisfied. Follow-up action shall be taken by the PQA organization to verify proper implementation of this corrective action and to close out the corrective action. The organization responsible for implementing the corrective action shall assure that the corrective action is completed in a timely manner."</p> <p>In addition, Sect. XVIII, Paras. 1.6 through 1.7 state, "Management of the audited organization shall investigate adverse audit findings; determine root cause; schedule corrective action, including measures to prevent recurrence; and, within thirty calendar days of receipt of the audit report, notify the appropriate organizations in writing of action taken or planned. The adequacy of audit responses shall be evaluated by or for the auditing organization."</p>			
6 Adverse Condition: <p>Contrary to the above requirements, AFR No. 3 of Audit No. 001-90 has had corrective action accepted and the subsequent closure of subject AFR without full corrective action being implemented or a date for completion of the proposed corrective action being given.</p>			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the</p>			
8 Initiator J. S. Martin		9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	
Date: 02/28/91		13 Approved By OQA <u>Cathy H. [Signature]</u> 30-91	
Date: _____			
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-036
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)

"Follow-up action shall be taken to determine whether or not corrective action has been accomplished as scheduled and shall be verified by the auditing organization. An analysis of audit results shall be performed by the PQA organization to identify quality trends. The results of the analysis shall be reported to responsible management for review, assessment, and appropriate action."

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date]

- D. Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
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WASHINGTON, D.C.**

14CAR NO.: YM-91-037
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 17.0		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo		4 Discussed With C. Thompson, R. Pritchett, M. Fox	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action P. F. Pritchett		12 Stop Work Order Y or N No
5 Requirement: <p>QP 17.0, Rev. 4, Paras. 5.4 and 5.4.5 state, "Each organization generating records is responsible for the control, authentication and distribution of its own records, including transmitting the original, or best available copy to the LRC for processing."</p> <p>Para. 6.1.1 states in part, "As a minimum, QA records shall include documents which specify, verify, or affect quality, i.e., results or reviews, audits monitoring of work performance and closely related documents such as qualifications of personnel, procedures."</p> <p>IM-LRC-IP-01, Rev. 0, Para. 6.1.4.2 states in part, "Each Record Package shall contain a Table of Contents and be listed on the Records Administrator Submittal Form. Upon completion of Submittal Form, the completed record package, along with the Submittal Form and the Table of Contents, shall be transmitted to the LRC within 10 working days after the closeout of the</p>			
6 Adverse Condition: <p>Contrary to the above requirements, QA Record Packages for procedures and their revisions, plus QA Record Packages described in REECOA Implementing Procedures, cannot be found within the QA Records System, or have not been transmitted to the LRC in a timely manner. Examples of this are as follows:</p> <ol style="list-style-type: none">1. No documented evidence was found that the QA, IP, QS, Calibration and Welding procedures were received by the LRC as QA Record Packages. NOTE: REECOA Internal Audit No. REECOA-001-90, AFR-5, previously reported that the Physical Standards Laboratory and Weld Laboratory records have not been transmitted to the LRC. Reference Updated Responses to AFR-5, dated 02/20/91.2. The Management Assessment for 1990 and the Readiness Review for Midway Valley activities			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the</p>			
8 Initiator M. R. Diaz <i>Mario Diaz</i>		Date: 02/28/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>
13 Approved By: <i>J. B. Blaylock</i>		Date: 3/12/91	
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OOA _____	

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO.: YM-91-037
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)
record package."

6 Adverse Condition (continued)
have not been transmitted as a QA record package.

3. Audit REEC0-004-90, report was issued on May 29, 1990 and the last finding was closed on July 7, 1990. However, it was transmitted to the LRC on November 7, 1990.

4. Audit REEC0-005-90, report was issued on June 6, 1990 and the last finding was closed on June 26, 1990. However, it was transmitted to the LRC on November 7, 1990.

7 Recommended Action(s) (continued)
measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency: (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause: (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action: (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence: (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: *YMP-91-038*
DATE: *3/7/91*
SHEET: *1* OF *2*
QA
WBS No.: *1.2.9.3*

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 17.0		2 Related Report No. Audit 91-02	
3 Responsible Organization REECo		4 Discussed With C. Thompson/R. Pritchett/M. Fox	
10 Response Due 30 days after issue	11 Responsibility for Corrective Action R.F. Pritchett		12 Stop Work Order Y or N N
5 Requirement: <p>QP 17.0, Revision 4, Paragraph 6.1.3.1 states, "Documents designated as records shall be completed and processed in accordance with this procedure and the REECo/YMP approved Records Management procedure."</p> <p>IM-LRC-IP-01, Revision 0, Paragraph 6.1.1.12 and 6.1.1.12.1 state, "Prior to transmittal to the LRC, records shall be reviewed to ensure the record is complete and all of its attachments or enclosures are included."</p> <p>QAPP, Revision 8, Section XVII, Paragraph 1.1 states in part, "Quality Assurance Records include (1) individual documents that have been executed, completed, and approved and that furnish evidence of the...activities affecting quality; (2) documents prepared and maintained to demonstrate implementation of quality assurance programs. A completed record is a (Con't)</p>			
6 Adverse Condition: <p>Documents maintained as records are incomplete and do not contain all of the records generated by the implementation of the applicable procedures. Examples are:</p> <ol style="list-style-type: none">1. Management Assessment for year 1990: Completed checklists and Corrective Action Requests are missing (Reference QP 2.3, Revision 1, Paragraph 7.1)2. QP, IP, QS, Calibration, and Welding procedures: Document Review Record, Document Review Continuation Sheets, and Quality Procedure Change Notices are missing (Reference QP 5.1, Revision 2, Paragraph 7.1)			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions of the CAR. (Con't)</p>			
8 Initiator <i>Marlo R. Diaz</i> <i>Marlo Diaz</i>	Date: 2/28/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: <i>John L. [Signature]</i> OQA <i>3/1/91</i>
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

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RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

RRK 2/12/91
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DATE: 3/7/91
SHEET: 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

5 Requirements (continued)

document that will either receive no more entries or whose revision would normally consist of the reissue of the document; and is signed and dated by the originator and, as applicable, by personnel authorized to approve the document."

QP 2.3, Revision 1, paragraph 7.1 states, "The completed Management Assessment Report, Checklist, Memorandum, and Corrective Action Requests shall be considered QA Records, and shall be maintained in accordance with QP 17.0."

QP 5.1, Revision 2, paragraph 7.1 states, "Procedures and their revisions, Document Review Record, Document Review Record Continuation Sheets, and the Quality Procedure Change Notices, when applicable, generated by the implementation of this procedure are QA Records and shall be packaged together and processed in accordance with QP 17.0."

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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CAR NO. _____
DATE: _____
SHEET: _____ OF _____

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

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WASHINGTON, D.C.

CAR NO. _____
DATE: _____
SHEET: _____ OF _____

CORRECTIVE ACTION REQUEST
(continuation sheet)

(PREFERRED FORMAT)

CORRECTIVE ACTION RESPONSE:

1. CORRECTIVE ACTION FOR DEFICIENT CONDITION # _____

- A. Extent of Deficiency:** (required for Severity Level 1 - also for Severity Level 2 if requested by OQA)

[Document investigative action and identify the extent of the deficient condition.]

- B. Root Cause:** (required for Severity Levels 1 & 2)

[Determine and identify the root cause for the deficient condition.]

- C. Remedial Action:** (action to correct the deficient condition - required for all CARs)

[Provide concise statement of each specific remedial corrective action with name of responsible individual and scheduled completion date.]

- D. Corrective Action to Prevent Recurrence:** (action taken to address the root cause and prevent recurrence of the deficient condition - required for Severity Levels 1 & 2)

[Provide concise statement of each specific action with name of responsible individual and scheduled completion date.]

2. [Repeat 1 above for each deficient condition.]

Response Approved: _____
Responsible Manager Date