

*Reviewed with letter dtd  
8/29/91*

YMP-91-04  
Audit Report  
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U.S. DEPARTMENT OF ENERGY

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

OFFICE OF QUALITY ASSURANCE

AUDIT REPORT

OF

RAYTHEON SERVICES NEVADA

AUDIT NO. YMP-91-04

July 29 THROUGH AUGUST 1, 1991

Prepared by:

*Stephen R. Dana*  
Stephen R. Dana  
Audit Team Leader  
Yucca Mountain Quality Assurance Division

Date:

*8/27/91*

Approved by:

*James Blaylock Jr.*  
Donald G. Horton  
Director  
Office of Quality Assurance

Date:

*8/28/91*

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## 1.0 INTRODUCTION

This report contains the results of the Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance (QA) Audit No. YMP-91-04 of Raytheon Services Nevada (RSN), conducted at Las Vegas, Nevada, on July 29 through August 1, 1991. The audit was conducted by an Audit Team from the Yucca Mountain Quality Assurance Division (YMQAD) of the Office of Quality Assurance, in accordance with the approved Audit Plan (reference: Letter OQA:JB-4480, Horton to Bullock, dated July 1, 1991).

## 2.0 AUDIT SCOPE

This audit evaluated the RSN QA Program to determine whether it met the requirements and commitments imposed by the OCRWM, as reflected in the RSN Quality Assurance Program Description (QAPD). This was done by verifying implementation and effectiveness of the system in place, as well as by verifying adequate compliance with requirements.

The programmatic elements audited, as well as those programmatic elements that were not included in the audit, are identified below:

### Programmatic Elements

- 1.0 Organization
- 2.0 Quality Assurance Program
- 3.0 Design Control
- 4.0 Procurement Document Control
- 5.0 Instructions, Procedures, Plans, and Drawings
- 6.0 Document Control
- 7.0 Control of Purchased Items and Services
- 12.0 Control of Measuring and Test Equipment
- 15.0 Control of Nonconforming Items
- 16.0 Corrective Action
- 17.0 Quality Assurance Records
- 18.0 Audits
- 19.0 Computer Software

The following programmatic elements were not audited because RSN currently has no activities to which these elements apply:

- 8.0 Identification and Control of Materials, Parts, and Components
- 9.0 Control of Processes
- 10.0 Inspection
- 11.0 Test Control
- 13.0 Handling, Storage and Shipping
- 14.0 Inspection, Test, and Operating Status
- 20.0 Scientific Investigations

### 3.0 AUDIT TEAM AND OBSERVERS

Audit Team members and observers are listed in Enclosure 1.

### 4.0 SUMMARY OF RESULTS

#### 4.1 Program Effectiveness

Overall, RSN is satisfactorily implementing an effective QA Program in accordance with the RSN QAPD and implementing procedures. No program elements or procedures were found to be ineffective; however, some areas were considered indeterminate due to lack of activity. An effectivity statement for each element audited is provided below.

Criterion 1 - Overall programmatic implementation of this element was found to be effective. However, a Corrective Action Request (CAR) was issued dealing with organizational structure, functional responsibilities, levels of authority, and lines of communication not being documented.

Criterion 2 - In the area of indoctrination and training, RSN is effectively implementing this element of their QA Program. However, two CARs were issued addressing (1) responsibility for identifying individual training needs and (2) lack of documented evidence of training to Administrative Procedures, Quality (APQs) and lack of documented evidence of training for an RSN individual was not available.

Due to lack of procedural implementation, quality control certification, readiness reviews, and management assessments are considered to be indeterminate.

Criterion 3 - It appears that RSN design activities are adequately documented and implemented to the extent necessary for the level of detail currently required for RSN to continue with site characterization activities. However, specific Criterion 3 design controls are not yet fully implemented at this time (i.e., control of design input, traceability of design input to design output, and design verification) due to the preliminary nature of the Exploratory Studies Facility (ESF) design. Therefore, overall, this element of the RSN QA Program is indeterminate.

- Criterion 4 - This element of the RSN QA Program is being effectively implemented.
- Criterion 5 - This element of the RSN QA Program is being effectively implemented.
- Criterion 6 - This element of the RSN QA Program is being effectively implemented. However, a CAR was issued dealing with recall of an obsolete procedure.
- Criterion 7 - This element of the RSN QA Program is being effectively implemented.
- Criterion 12 - This element of the RSN QA Program is indeterminate due to the lack of quality-affecting activities involving Measuring and Test Equipment (M&TE) utilized by RSN for Yucca Mountain Site Characterization Project (YMP) use.
- Criterion 15 - Because no nonconformance reports have been issued by RSN, this element of the RSN QA Program is indeterminate.
- Criterion 16 - The deficiency reporting portion of Criterion 16 was evaluated and found to be effectively implemented. There was no implementation of procedures for CARs or trend analysis. Therefore, this element of the RSN QA Program is indeterminate.
- Criterion 17 - This element of the RSN QA Program is being effectively implemented. However, two CARs were issued addressing (1) the fact that implementing procedures do not specify record packages to be generated and (2) processing of QA Records to the Central Records Facility (CRF) that were not appropriate to the work accomplished.
- Criterion 18 - The surveillance portion of Criterion 18 was evaluated and found to be effectively implemented, but there was limited implementation of the procedure for performance of audits. Therefore, this element of the RSN QA Program is indeterminate.
- Criterion 19 - RSN is effectively implementing the portion of their software program that controls the verification of software packages. RSN is not using any validated models in quality-affecting activities; therefore, the portion of their program that controls the use of verified software and validated models in quality-affecting activities is indeterminate.

#### 4.2 Programmatic Audit Activities

Details of programmatic audit activities are documented in Enclosure 2.

#### 4.3 Summary of Deficiencies

The YMQAD Audit Team identified 12 deficiencies during the audit, all but 7 of which were resolved prior to the post-audit conference. A synopsis of the CARs and the five deficiencies corrected during the audit is presented in Section 6.0 of this report. An information copy of each CAR may be found in Enclosure 5.

### 5.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

The pre-audit conference was held at the RSN facilities in Las Vegas, Nevada, on July 29, 1991. Daily management meetings were held with RSN management and staff to discuss audit results from the previous day. Daily caucus meetings were also held with the Audit Team and observers to discuss audit activities and potential deficiencies. The audit concluded with a post-audit conference held at RSN on August 1, 1991. Enclosure 3 identifies personnel contacted during the audit and those who attended the pre- and post-audit conferences.

### 6.0 SYNOPSIS OF CORRECTIVE ACTION REQUESTS AND DEFICIENCIES CORRECTED DURING THE AUDIT

#### 6.1 Corrective Action Requests

YM-91-067 Contrary to RSN QAPD and procedural requirements, a review of QAPD-002, Revision 0; the RSN Organization Chart (issued April 29, 1991); Project Procedures (PPs); and position descriptions provided evidence that organizational structure, levels of authority, and lines of communication are not clearly documented.

YM-91-068 Contrary to RSN QAPD requirements, a review of training files provided evidence that an RSN individual had not been trained to RSN PPs; RSN personnel had performed required procedural reading after the procedure effective date; and there was no documented evidence of RSN personnel having been trained to Yucca Mountain Site Characterization Project Office (YMPO) APQs.

- YM-91-069 Contrary to RSN QAPD requirements, training assignments are established by the training coordinator and not management/supervisory personnel.
- YM-91-070 Contrary to RSN QAPD requirements, obsolete procedure PP-05-04, Revision 0, was found in controlled RSN Yucca Mountain Operations Project Procedure Manuals, and the procedure was not identified as "obsolete."
- YM-91-071 Contrary to procedural requirements, the Materials Test Lab has not established and, therefore, has not maintained a Calibration History Log.
- YM-91-072 Contrary to procedural requirements, RSN has processed QA Records to the CRF that were not packaged appropriate to the work accomplished.
- YM-91-073 Contrary to procedural requirements, RSN Department Managers are not ensuring that implementing procedures specify the records package to be generated.

## 6.2 Deficiencies Corrected During the Audit

The following deficiencies, which are considered isolated occurrences and required only remedial action, were corrected during the audit:

1. Contrary to the requirements of RSN Quality Assurance Procedure QAP-5.1(Y), Revision 0, Paragraph 6.5, forms were found in issued procedures without the term "TYPICAL" on them. Form LV-405 from procedure QAP-15.1(Y), Revision 0, and Form LV-2038 from procedure QAP-19.1(Y), Revision 0, were corrected during the audit, and controlled distribution of the revised forms was made.
2. Contrary to the requirements of RSN QAP-7.1(Y), Revision 0, Paragraph 6.5, current position descriptions were not available for three individuals on loan from Parsons-Brinckerhoff. New position descriptions were obtained prior to the audit exit.
3. Contrary to the requirements of RSN PP-17-04, Revision 0, Paragraph 6.7.3.c, five out of six "Certificate of Findings" for the methylene blue test of the microfilm had not been signed and dated by an RSN representative to indicate acceptance of the test results. This was corrected immediately by RSN personnel.
4. The RSN audit schedule did not indicate the Audit Team Leader (ATL) for each audit, as is required by RSN QAP-18.1(Y), Revision 0, Paragraph 6.2. During the audit, RSN issued Revision 2 to the audit schedule identifying ATLs.

5. The RSN Manager, Audits did not issue a letter or memorandum of closure to the affected organization for closed surveillance SR(Y)-007, as is required by RSN Procedure QAP-18.2(Y), Revision 0, Paragraph 6.5. During the audit, a memorandum of closure was issued to correct this condition.

## 7.0 REQUIRED ACTIONS

A response to the CARs (delineated in Section 6.0) are due within the time frame stated in Block 10 of each CAR and detailed in the CAR transmittal letter. Upon receipt of acceptable responses and satisfactory verification of all corrective actions, the CARs will be closed and RSN will be notified in writing of closure.

## 8.0 RECOMMENDATIONS

During the audit, several areas were identified within the RSN QA Program where there were opportunities for improvement. The following recommendations are offered for RSN management consideration:

1. Although PP-17-04, Revision 0, "Project Microfilm Center," contains or references acceptance criteria, the procedure could be strengthened by providing examples of accept/reject criteria directly within the procedure. For example, where the procedure calls for inspection of film quality (paragraph 6.6.d), a reference could be made to an attachment that contains a description of defects taken from Paragraph 6.3.3 of ANSI/AIIM MS-23-1983.
2. Procedure PP-03-07, Revision 0, "Development of Specifications," was reviewed, approved and issued effective July 29, 1991. The Review Comment Records indicate comments were resolved prior to issuance of the procedure; however, some of the comments reflected an OPEN status and indicated further action was needed to totally resolve the comment. These OPEN issues were being tracked by a letter. It was unclear whether or not this was a closed-loop tracking system. Consideration should be given to establishing a closed-loop, Project Action Item List to ensure actions such as "OPEN" procedure issues are tracked to completion.
3. The RSN QAPD-002, Revision 0, Section 6, "Document Control," requires that procedures for preparation and revision of plans, manuals, procedures, instructions, and other documents address access by the reviewing organizations to pertinent background data or information to assure a complete review.

QAP-5.1(Y), Revision 0, and PP-03-17, Revision 0, address this requirement by providing space on a form for documenting the reason/justification for a change. These forms become a QA Record. PP-05-01, Revision 0, however, addresses this requirement by having

originators document their justification for a change in a letter that does not become a QA Record. For consistency, RSN should consider revising PP-05-01 to adopt a system similar to QAP-5.1(Y) to document the reason for change.

4. Although objective evidence was found during the audit that Document Control is monitoring the return of receipt acknowledgment forms in compliance with the requirements of PP-05-01, Revision 0, it was noted that status was not readily obtainable. The RSN QA Document Control system uses a log to maintain status of returned receipts. RSN Systems Engineering Document Control should use the RSN QA Document Control system as a benchmark for improving their document control status.
5. During the audit, compliance to procedure PP-17-03, Revision 0, "Record Source Requirements" was verified by reviewing 22 records/records packages that had been submitted to the RSN Records Management Center (RMC), but which had not yet been reviewed by the RMC. Two of the 22 records/records packages had minor errors, Work Request Nos. 91001 and 91002 were had incomplete (i.e., "NA" had not been entered, as required, in certain fields) and letter RSN-YMP-157, (dated July 26, 1991) had an attachment that was not properly identified and paginated. These minor errors were brought to the attention of the RMC to ensure that they were corrected when processed per PP-17-01, Revision 0.

No attempt was made to analyze the number of attributes checked per record to determine if these two minor errors constituted enough data to warrant issuance of a CAR. However, since PP-17-01, Revision 0, provides a form (LV-390 Record Rejection Form) for documenting problems encountered by the RMC when receiving records provided by the records source, an attempt was made to determine if this form would provide evidence of the magnitude of records/record packages with errors provided to the RMC by record sources. Investigation revealed that this form is not always completed when a record does not meet requirements, nor is it being retained as a record; therefore, it was not possible to use this form to determine if the record sources were doing their job.

Although a CAR is not being issued, it is recommended that RSN management review this process to make certain that record resources are in compliance with PP-17-03, Revision 0.

6. During review of Procedure PP-17-04, Revision 0, "Project Microfilm Center," and discussion with Project Microfilm Center (PMC) personnel it was noted that there is no provision within the procedure whereby the PMC has recourse when it receives records that are not acceptable for microfilming. Provisions should be made within the procedure for the PMC to resolve concerns regarding microfilmability with the CRF.



7. The RSN QAPD-002, Revision 0, Section 6, Paragraph 6.1.1, and Section 5, Paragraph 5.3, requires that a procedure be developed for preparation and revision of plans, and that changes to plans be conducted in accordance with approved procedures. During the audit it was noted that RSN had issued several plans: an Engineering Plan, a Health and Safety Plan, and a Management Review Plan. A procedure for preparation and revision of the Engineering Plan and the Management Review Plan was found, however, currently there is no general procedure for preparation and revision of other types of quality affecting plans. Since the Health and Safety Plan is not considered to be a plan that directly affects quality, a CAR is not being issued. RSN should consider issuing a procedure for preparation and revision of plans.

#### 9.0 LIST OF ENCLOSURES

- Enclosure 1: Audit Team Members And Observers
- Enclosure 2: Audit Details
- Enclosure 3: Personnel Contacted During The Audit
- Enclosure 4: Objective Evidence Reviewed During The Audit
- Enclosure 5: Information Copies of CARs

**ENCLOSURE 1**

**AUDIT TEAM MEMBERS AND OBSERVERS**

<u>Responsibility</u>	<u>Individual</u>
Audit Team Leader	Stephen R. Dana
Auditors	Stephen Hans
	Robert H. Klemens
	John S. Martin
	John R. Matras
	Richard E. Powe
	Charles C. Warren
Auditor-in-Training	Cynthia H. Prater
Observers	James Conway (NRC)
	Bruce Mabrito (SRI/NRC)
	George Vaslos (NWMS M&O)

ENCLOSURE 2

## AUDIT DETAILS

The following is a summary of programmatic activities evaluated during the audit. A list of objective evidence reviewed is indicated in Enclosure 4. This list includes the full document identification number, revision number, and title for the procedures referenced below.

### 1.0 Organization

The evaluation of Organization was conducted to determine compliance to Section I of the Raytheon Services Nevada (RSN) Quality Assurance Position Description QAPD-002, Rev. 0, and Quality Assurance Procedures QAP-1.1(Y), Rev. 0; QAP-2.4(Y), Rev. 0; Project Procedures PP-01-00, Rev. 0; and PP-01-01, Rev. 0. The evaluation included questioning of key RSN personnel assigned to the Yucca Mountain Project (YMP) to determine their degree of awareness and understanding of the organizational structure, lines of communication, authority, duties, and responsibilities. It was found that personnel had a clear understanding of the requirements for the RSN YMP organization.

One area was found to be deficient and deals with organizational structure, functional responsibilities, levels of authority, and lines of communication not being clearly documented.

The following RSN personnel were interviewed:

R. L. Bullock, Technical Project Officer  
R.L. Schreiner, Systems Engineering Manager  
B.R. Chytrowski, Site Characterization Design Department Manager  
M.J. Regenda, Quality Assurance Manager  
A. Ali, Audits and Surveillance Manager  
D.J. Tunney, Quality Assurance Engineering Manager  
N. Dierson, Senior Personnel Specialist  
J.L. Rue, Quality Engineering Chief  
K.D. Kirwan, Clerk II  
H.R. Tuthill, Quality Control Manager

### 2.0 Quality Assurance Program

The following aspects of the RSN Quality Assurance (QA) Program were evaluated during the audit:

- o Development of the QA Program in accordance with QAP-2.1(Y), Rev. 0.
- o Training and Indoctrination of QA personnel in accordance with QAP-2.2(Y), Rev. 0.
- o Qualification of audit personnel in accordance with QAP-2.3(Y), Rev. 0.

- o Indoctrination/Training in accordance with PP-02-01, Rev. 0.
- o Personnel selection in accordance with PP-02-02, Rev. 0.
- o QA grading in accordance with PP-02-05, Rev. 0.

During the course of the audit, it was found that no implementation of the following procedures had been performed by RSN; therefore, an evaluation of Revision 0 of these procedures could not be determined: QAP-2.6(Y), PP-02-03, PP-02-04, PP-02-06, and PP-02-07.

Evaluation of indoctrination and training, and qualification of personnel was performed by review of personnel records to verify compliance with procedural requirements. A total of 15 files were reviewed. The results of this evaluation identified two deficiencies dealing with: (1) lack of documented evidence of training to Yucca Mountain Site Characterization Project Office (YMP0) Administrative Procedures-Quality (APQs) and the lack of documented evidence of training for one individual; and (2) training assignments are established by the training coordinator, not management/supervisory personnel, as required by the QAPD.

### 3.0 Design Control

Evaluation of design control activities included an examination of design drawings YMP-025-1-STRU--GA06, Rev. B, and YMP-025-1-STRU-GA01, Rev. B, in accordance with QAP-3.1(Y), PP-03-01, PP-03-02, and PP-03-09; and design analysis packages ST-SA-001, Rev. 0, and ST-MN-007, Rev. 0, in accordance with QAP-3.1(Y) and PP-03-03. Grading Reports RSN-GR-013, Rev. 0, RSN-GR-016, Rev. 0, and RSN-GR-017, Rev. 1, were examined in accordance with PP-05-02. The following procedures associated with design control had not been implemented: PP-03-06, PP-03-12, PP-03-13, and PP-03-18.

### 4.0 Procurement Document Control

Evaluation of procurement document control activities was performed to determine compliance with QAP-4.1(Y), Rev. 0. A total of two procurement document packages were reviewed and found to be reviewed, approved, and issued in accordance with QAP requirements.

### 5.0 Instructions, Procedures, Plans, and Drawings

At the time of the audit RSN had issued 43 Project Procedures (PPs) and 22 Quality Assurance Procedures (QAPs). All procedures were at revision level 0 and there were a total of 13 Procedure Interim Changes (PICs) issued against PPs and 8 PICs issued against QAPs. A representative sample of 36 PPs, 13 QAPs, and 8 PICs were reviewed to ensure compliance with various aspects of PP-05-01, Rev. 0, and QAP-5.1(Y), Rev. 0. In addition, review comment records associated with 3 PPs and Review of

Documents forms associated with 3 QAPs were reviewed for appropriate resolution of comments. One minor deficiency concerning identification of forms as "TYPICAL" was identified and corrected during the audit. See Paragraph 6.2 of this report for details.

#### 6.0 Document Control

RSN had a total of 97 controlled sets of PPs and 43 controlled sets of QAPs at the time of the audit. A representative sample of 9 sets of PPs and 6 sets of QAPs were reviewed for compliance with PP-06-01, Rev. 0 and QAP-6.1(Y), Rev. 0. In addition, proper distribution of the Engineering Plan and proper follow-up regarding return of receipt acknowledgments was verified. One deficiency was identified during the audit. See Paragraph 6.1 of this report for details.

#### 7.0 Control of Purchased Items and Services

Establishment and maintenance of the Supplier Evaluation Package, approved Suppliers List, and related documentation for qualification of suppliers was reviewed for compliance to QAP-7.1(Y), Rev. 0. Procedural requirements were found to be fully implemented for controls of purchased services. At the time of the audit, RSN had not purchased any items.

#### 12.0 Control of Measuring and Test Equipment

Evaluation of control of measuring and test equipment was performed by review of the Materials Test Lab (MTL) Calibrated Equipment Use Log, and identification of calibrated equipment to determine compliance with PP-12-01, Rev. 0. The Calibration History Log had not been established and a CAR was written to document the deficiency. At the time of the audit, no measuring and test equipment was being utilized by RSN for YMP related quality-affecting activities.

#### 15.0 Control of Nonconforming Items

QAP-15-1(Y), Rev. 0, was reviewed and found to reflect the requirements of the QAPD-002, Rev. 0, Section 15. However, no additional evaluation could be performed for this criterion because RSN has not yet issued any nonconformance reports.

#### 16.0 Corrective Action

An evaluation of compliance to QAP-16.1(Y), Rev. 0 was performed. The evaluation included review of a sample of 10 deficiency reports for initiation, response, response evaluation, verification, and closure. All activities evaluated were found to be in compliance with QAP-16.1(Y),

Rev. 0. Evaluation of implementation of procedure QAP-16.2(Y), Rev. 0 and QAP-16.3(Y), Rev. 0, could not be performed because RSN has not yet issued any Corrective Action Reports (CARs) or Trend Reports. Evaluation in these areas was limited to review of the identified procedures for compliance to the requirements of QAPD-002, Rev. 0.

#### 17.0 Quality Assurance Records

Compliance with PP-17-01, Rev. 0, was verified by checking various aspects of procedural implementation, i.e., record receipt control, use of Special Instruction Sheets during preparation of records for microfilming, completion of Record Rejection forms, and review of 12 records sent to the Central Records facility (CRF) to ensure attributes such as legibility, completeness, pagination and identification, WBS number and QA designator present, and proper authentication. Some records that had been sent to the CRF were found to be illegible; however, no car was issued since the deficiency is being handled under CAR YM-91-065.

Compliance with PP-17-02, Rev. 0, was verified by checking on various aspects of procedural compliance such as posting of approved access lists, appropriate fire rating on storage containers, and retrieval of records.

Compliance with PP-17-03, Rev. 0, was verified by checking incoming records at the Records Management Center (RMC) for various attributes such as legibility, completeness, pagination and identification, WBS number and QA designator present, and proper authentication. Protection of records during processing and proper use of record packaging was also checked.

Compliance with PP-17-04, Rev. 0, was verified by checking on the following: availability of reference standards and procedures; document preparation; general filming in accordance with 10CFR36, Part 1230; errors found during 16mm microfilming; visual inspection after microfilming; calibration of densitometer; and methylene blue testing.

Three deficiencies were identified in the area of QA Records (see Paragraph 6.0 of this report for details).

#### 18.0 Audits

Compliance to QAP-18.1(Y), Rev. 0, and QAP-18.2(Y), Rev. 0, was evaluated. The evaluation included review of audit and surveillance schedules, logs, planning documents, the one audit report that has been issued, a sample of five surveillance reports, and deficiency reports associated with the reviewed audit and surveillance reports. With the exception of two minor deficiencies that were corrected during the audit, all activities performed under Criterion 18 were found to be in compliance with procedural requirements.



#### 19.0 Software Quality Assurance

RSN is not using any software in quality-affecting activities. However, RSN has qualified three software packages to perform non-quality affecting calculations. One of these three packages was selected to be audited for compliance to RSN procedures. The name of this package is FLAC, Version 2.2TC, Fast Lagrangian Analysis of Continua. Revision 0 of the following procedures audited were: PP-19-01, PP-19-02, PP-19-03, PP-19-04, and PP-19-05.

Twenty different documents and one set of floppy discs were examined during the audit. In addition, the Software Configuration Log, Hardware Configuration Log, and Certified Run Log were examined for compliance with documentation and media as described in the procedures.

Compliance of the documentation to the procedures was verified. This included the traceability of requirements from the Software Requirements Specification, to the Software Design Document to the Test Document, to the Used Document, and finally the Verification Document and report. The final step in qualifying software is verification. Because Model Validation, the final step in qualifying an analysis, had not been completed, it was not audited.

During the course of audit, no deficiencies were identified in this criterion; however, one minor deficiency was corrected with the labeling of the User Document and Software design document. The remainder of the documentation and media were clearly labeled and design waivers and validation waivers were clearly identified as described in the procedures.

**ENCLOSURE 3**

PERSONNEL CONTACTED DURING THE AUDIT

NAME	ORGANIZATION/ LOCATION	PRE-AUDIT MEETING	DURING AUDIT	POST-AUDIT MEETING
A. Ali	RSN	X	X	X
A. Bessent	RSN	X		
J. Blaylock	DOE/YMQAD			X
R. Bullock	RSN	X	X	X
J. Calovini	RSN	X	X	X
B. Chytrowski	RSN		X	
R. Coppage	RSN		X	
P. Dalberg	RSN	X		
R. DeKlever	RSN	X	X	X
N. Diersen	RSN	X	X	
J. Douglass	RSN	X	X	X
J. Ferguson	RSN	X	X	X
J. Grenia	RSN	X	X	
P. Hale	RSN		X	
R. Hilsinger	RSN	X	X	X
M. Ishii	RSN		X	
H. Jacocks	RSN	X		X
J. Jacoby	RSN		X	
A. Kalia	RSN		X	
K. Kirwan	RSN		X	
B. Kopatich	RSN			X
M. Madison	RSN		X	
J. McNeely	RSN	X	X	
S. Moore	RSN		X	
M. Regenda	RSN	X	X	X
J. Rue	RSN	X	X	X
R. Sabol	RSN	X	X	
R. Schreiner	RSN	X	X	X
R. Singal	RSN		X	
H. Straight	RSN	X	X	
N. Tamondong	RSN		X	
D. Thomas	RSN		X	
D. Tunney	RSN	X	X	X
H. Tuthill	RSN	X	X	
M. Wilson	RSN	X		X

**ENCLOSURE 4**

OBJECTIVE EVIDENCE REVIEWED DURING THE AUDIT

Criterion 1

Quality Assurance Procedures:

QAP-1.1(Y), Rev. 0                      Organization

QAP-1.1(Y), Rev. 0, PIC 1

QAP-2.4(Y), Rev. 0                      Stop Work Order

Project Procedures:

PP-01-00, Rev. 0                      Transition of Quality assurance Programs

PP-01-01, Rev. 0                      Geology/Hydrology Organizational Interface

Miscellaneous Records:

Organization chart issued 4/19/91

Criterion 2

Quality Assurance Procedures:

QAP-2.1(Y), Rev. 0                      Development of Quality Assurance Program  
Description

QAP-2.1(Y), Rev. 0, PIC 1

QAP-2.2(Y), Rev. 0                      Training and Indoctrination of Quality Assurance  
Personnel

QAP-2.2(Y), Rev. 0, PIC 1

QAP-2.3(Y), Rev. 0                      Qualification of Audit Personnel

Project Procedures:

PP-02-01, Rev. 0                      Indoctrination and Training

PP-02-02, Rev. 0                      Personnel Selection

PP-02-03, Rev. 0                      Management Assessment

PP-02-04, Rev. 0                      Readiness Review

PP-02-05, Rev. 0                      Quality Assurance Grading

Grading Reports:

RSN-GR-013, Rev. 0

RSN-GR-016, Rev. 0

RSN-GR-017, Rev. 0

Miscellaneous Records:

Quality Assurance Program Quarterly Report, issued 5/9/91

Proposed PWBS 1.2.6 Correlation, Existing ESF Configuration vs. Reference Design Concept

RSN QA Requirements Matrices

Qualification files for 10 RSN Personnel

Auditor Qualification Files for 4 RSN Personnel

Technical Specialist Training File for 1 RSN individual

**Criterion 3**

Quality Assurance Procedure:

QAP-3.1(Y), Rev. 0                      QA Review of Design Output Documents

Project Procedures:

PP-03-01, Rev. 0                      Design Inputs and Informational Data to Outside organizations

PP-03-02, Rev. 0                      Design Methodology

PP-03-02, Rev. 0, PIC 1

PP-03-03, Rev. 0                      Analysis and Studies

PP-03-03, Rev. 0, PIC 1

PP-03-09, Rev. 0                      Interdiscipline Review

PP-03-09, Rev. 0, PICs 1 & 2

Administrative Procedures, Quality:

AP-5.3Q, Rev. 1

Information Flow Into the Project Reference  
Information Base

Drawings:

YMP-025-1-STRU-GA01, Rev. B

YMP-025-1-STRU-GA06, Rev B

Design Analysis Packages:

ST-SA-001, Rev. 0

ST-MN-007, Rev. 0

Document Review Notice:

DRN No. 533

DRN No. 539

DRN No. 541

DRN No. 553

Miscellaneous Records:

Letter RSN-YMP-154, dated 7/23/91

**Criterion 4**

Quality Assurance Procedures:

QAP-4.1(Y), Rev. 0

QA Review of Procurement Documents

QAP-4.19Y), Rev. 0, PIC 1

Procurement Documents:

YMP-91-756

SC-LV-88-139

Miscellaneous Records:

QA Procurement Document Log

QA Procurement Document Review Checklist (LV-353)

## Criterion 5

### Quality Assurance Procedures:

QAP-1.1(Y), Rev. 0	Organization
QAP-2.3(Y), Rev. 0	Qualification of Audit Personnel
QAP-4.1(Y), Rev. 0	QA Review of Procurement Documents
QAP-5.1(Y), Rev. 0	Development of Quality Assurance Procedures
QAP-6.1(Y), Rev. 0	QA Controlled Document Distribution
QAP-6.2(Y), Rev. 0	Review of Documents
QAP-15.1(Y), Rev. 0	Control of Nonconforming Items
QAP-16.2(Y), Rev. 0	Corrective Action
PIC 1 to QAP-2.1(Y), Rev. 0	
PIC 1 to QAP-3.1(Y), Rev. 0	
PIC 1 to QAP-7.1(Y), Rev. 0	
PIC 2 to QAP-7.1(Y), Rev. 0	

### Project Procedures:

PP-01-00, Rev. 0	Transition of Quality Assurance Programs
PIC 1 to PP-01-00, Rev. 0	
PP-01-01, Rev. 0	Geology/Hydrology Organizational Interface
PP-01-03, Rev. 0	Survey Department Work Functions
PP-01-04, Rev. 0	Survey Department Document Control and Distribution
PP-02-01, Rev. 0	Indoctrination and Training
PIC 1 to PP-02-01, Rev. 0	
PP-02-02, Rev. 0	Personnel Selection



PP-02-03, Rev. 0	Management Assessment
PP-02-04, Rev. 0	Readiness Review
PP-02-05, Rev. 0	Quality Assurance Grading
PP-02-06, Rev. 0	Determination of Importance of Items and Activities
PP-02-07, Rev. 0	Qualification of Data or Data Analyses Not Developed Under the YMP QA Program
PP-03-01, Rev. 0	Design Inputs and Informational Data to Outside Organizations
PP-03-02, Rev. 0	Design Methodology
PIC 1 to PP-03-02, Rev. 0	
PP-03-03, Rev. 0	Analysis and Studies
PP-03-04, Rev. 0	Design Verification
PP-03-05, Rev. 0	Interface Control
PP-03-06, Rev. 0	Hold Control
PP-03-07, Rev. 0	Preparation and Control of Specifications
PP-03-09, Rev. 0	Interdiscipline Review
PIC 1 & 2 to PP-03-08, Rev. 0	
PP-03-10, Rev. 0	Engineering Plan
PP-03-12, Rev. 0	Preparation and Control of Drawings
PIC 1 & 2 to PP-03-12, Rev. 0	
PP-03-13, Rev. 0	Basis for Design
PIC 1 to PP-03-12, Rev 0	
PP-03-15, Rev. 0	Configuration Identification and Documentation
PIC 1 to PP-03-15, Rev 0	

PP-03-16, Rev. 0	Configuration Status Reporting
PP-03-17, Rev. 0	Configuration Change Control
PP-03-18, Rev. 0	Technical Information Flow To and From The YMP Technical Data Base
PP-03-19, Rev. 0	Information Flow Into The Project Reference Information Base
PP-03-21, Rev. 0	Management and Independent Technical Reviews
PIC 1 to PP-03-21, Rev. 0	
PP-04-01, Rev. 0	Purchasing (Services)
PIC 1 to PP-04-01, Rev. 0	
PP-05-01, Rev. 0	Preparation and Control of Procedures
PIC 1 to PP-05-01, Rev. 0	
PP-05-02, Rev. 0	Desk Instructions
PP-06-01, Rev. 0	Controlled Document Distribution
PIC 1 to PP-06-01, Rev. 0	
PP-12-01, Rev. 0	Control of Measuring and Test Equipment
PP-17-01, Rev. 0	Records Management
PIC 1 to PP-17-01, Rev. 0	
PP-17-02, Rev. 0	Records Storage
PIC 1 to PP-17-02, Rev. 0	
PP-17-03, Rev. 0	Records Source Requirements
PP-17-04, Rev. 0	Project Microfilm Center

Miscellaneous Records:

Review Comment Records

Review of Documents forms

Criterion 6

Quality Assurance Procedures:

QAP-1.1(Y), Rev. 0	Organization
PIC 1 to QAP-1.1(Y), Rev. 0	
QAP-2.1(Y), Rev. 0	Development of the Quality Assurance Program Description
PIC 1 to QAP-2.1(Y), Rev. 0	
QAP-2.2(Y), Rev. 0	Training and Indoctrination of Quality Assurance Personnel
PIC 1 to QAP-2.2(Y), Rev. 0	
QAP-2.3(Y), Rev. 0	Qualification of Audit Personnel
QAP-2.4(Y), Rev. 0	Stop Work Order
QAP-2.6(Y), Rev. 0	Training, Qualification and Certification of QC Inspection Personnel
QAP-3.1(Y), Rev. 0	QA Review of Design Output Documents
PIC 1 to QAP-3.1(Y), Rev. 0	
QAP-4.1(Y), Rev. 0	QA Review of Procurement Documents
QAP-5.1(Y), Rev. 0	Development of Quality Assurance Procedures
QAP-6.1(Y), Rev. 0	QA Controlled Document Distribution
QAP-6.2(Y), Rev. 0	Review of Documents
QAP-7.1(Y), Rev. 0	Supplier Selection
PIC 1 & 2 to QAP-7.1(Y), Rev 0	
QAP-7.2(Y), Rev. 0	Source Verification
QAP-7.4(Y), Rev. 0	Supplier Deviation Report
QAP-10.1(Y), Rev. 0	Field Inspection
QAP-15.1(Y), Rev. 0	Control of Nonconforming Items

QAP-16.1(Y), Rev. 0                      Deficiency Reporting

PIC 1 to QAP-16.1(Y), Rev 0

QAP-16.2(Y), Rev. 0                      Corrective Action

PIC 1 to QAP-16.2(Y), Rev. 0

QAP-16.3(Y), Rev. 0                      Trend Analysis

QAP-18.1(Y), Rev. 0                      Audits

QAP-18.2(Y), Rev. 0                      Surveillance

QAP-19.1(Y), Rev. 0                      Computer Software

Project Procedures (same PPs as shown in Criterion 5 plus the following):

PP-19-01, Rev. 0                      Design Engineering Computer Hardware and  
Software Configuration Management

PP-19-02, Rev. 0                      Design Engineering Software Authorization and  
Classification

PP-19-03, Rev. 0                      Design Engineering Computer Hardware and  
Software Procurement

PP-19-04, Rev. 0                      Design Engineering Computer Hardware and  
Software Certification

PIC 1 to PP-19-04, Rev. 0

PP-19-05, Rev. 0                      Design Engineering Certified Run Operation

PIC 1 & 2 to PP-19-05, Rev. 0

PP-19-06, Rev. 0                      Design Engineering Documentation Review and  
Software Maintenance

Miscellaneous Records:

Distribution Lists for PPs, QAPs, Engineering Plan, and Health & Safety Plan

Engineering Plan for the Design Study Needed for the Revision of Title I Design  
Summary Report, Revision 2, May, 1991

Criterion 7

Quality Assurance Procedures:

QAP-7.1(Y), Rev. 0                      Supplier Selection

QAP-7.1(Y), Rev. 0, PIC 1 & 2

Miscellaneous Records:

QA Manual Review Checklist (LV-2026)

QA Review Log

Supplier Survey Checklist (LV-415)

Transmittal Letter, dated 5/3/91

Approval Letter, dated 5/13/91

Supplier Evaluation Summary (LV-219)

RSN Approved Suppliers List for YMP, Rev. 1

Criterion 12

Project Procedure:

PP-12-01, Rev. 0                      Control of Measuring and Test Equipment

Miscellaneous Records:

MTL Calibrated Equipment List, dated 4/30/91

MTL calibrated Equipment use Log, dated 3/7/91

Calibration Service Requests

Criterion 15

Quality Assurance Procedure:

QAP-15.1(Y), Rev. 0                      Control of Nonconforming Items

**Criterion 16**

Quality Assurance Procedure:

QAP-16.1(Y), Rev. 0                      Deficiency Reporting

QAP-16.1(Y), Rev. 0, PIC 1

QAP-16.2(Y), Rev. 0                      Corrective Action

QAP-16.2(Y), Rev. 0, PIC 1

QAP-16.3(Y), Rev. 0                      Trend Analysis

Deficiency Reports:

91-S-001

91-S-002

91-S-003

91-S-007

91-S-008

91-S-009

91-S-010

91-S-011

91-S-017

91-S-018

**Criterion 17**

Project Procedures:

PP-17-01, Rev. 0                      Records Management

PP-17-02, Rev. 0                      Records Storage

PP-17-03, Rev. 0                      Records Source Requirements

PP-17-04, Rev. 0                      Project Microfilm Center

Miscellaneous Records:

Letter RSN-YMP-157, 1990 Management Assessment of Fenix & Scisson of Nevada (FSN)

FE:W1:91-011, Field Survey Study for construction at Trench 14

FE:W1:91-015, Midway Valley Trench A-2 Soils Testing

FS:YMP-5207, Pre Siting Analysis

Work Request No. 91001, Midway Valley Trench, Trench A-1, North Wall

Work Request No. 91002, Midway Valley Trench, Trench A-1, South Wall

ANSI/AIIM MS-23-1983, Practice for Operational Procedures/Inspection and Quality Control of First Generation, Silver-Gelatin Microfilm of Documents

Certificate of Findings (Reference: PP-17-04)

Procurement Document Review Checklists

Services of S-Cubed

Services of RSN MSD IDS Personnel

**Criterion 18**

Quality Assurance Procedures:

QAP-18.1(Y), Rev. 0                      Audits

QAP-18.1(Y), Rev. 0, PIC 1

QAP-18.2(Y), Rev. 0                      Surveillance

QAP-18.2(Y), Rev. 0, PIC 1

Audit Report:

QA(Y) 91-01

Surveillance Reports:

SR(Y)-001

SR(Y)-002

SR(Y)-004

SR(Y)-007

SR(Y)-009

Miscellaneous Records:

RSN Audit Schedule

RSN Surveillance Schedule

Audit Log

Surveillance Log

Criterion 19

Project Procedures:

PP-19-01, Rev. 0	Design Engineering Computer Hardware and Software Configuration Management
PP-19-02, Rev. 0	Design Engineering Software Authorization and Classification
PP-19-03, Rev. 0	Design Engineering Computer Hardware and Software Procurement
PP-19-04, Rev. 0	Design Engineering Computer hardware and Software Certification
PP-19-05, Rev. 0	Design Engineering Certified Run Operation

Software Package:

FLAC, Version 2.27TC, Fast Lagrangian Analysis of Continua



Software Documents:

SVW-001

SVVR-01

SDD-01

TDRR-01

SRRRR-01

SRS-01

SPF-01

UDRR-01

SRRP-01

SDDW-01

SDTFRC-01

SICR-01

SVVP-01

SVVPRR-01

SVVRRR-01

SCF-01

UDRCR

SDDRCR

TDRCR

Procurement Document:

Fenix & Scisson, SCML-01-00, WBS 1.2.6.1.1

Miscellaneous Records:

Configuration Management Log

Certification Log

Software Environmental Management Log, HCR-01-00

Configuration Status Report

ENCLOSURE 5

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

14CAR NO YM-91-067  
DATE 08/08/91  
SHEET 1 OF 2  
QA  
WBS No: 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN QAPD-002, Rev. 0		2 Related Report No. Audit YMP-91-04	
3 Responsible Organization RSN		4 Discussed With R.L. Bullock & A. Ali	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No	
5 Requirement: RSN QAPD-002, Rev. 0, Para. 1.1, states in part, "...The overall organizational structure, lines of communication, authority and duties of persons and organizations affecting quality is established in this document."			
6 Adverse Condition: Review of RSN QAPD-002, Rev. 0, the RSN Organizational Chart, issued 4/29/91; Project Procedures (PPs); and position descriptions, provide evidence that organizational structure, levels of authority, and lines of communication are not clearly documented. Examples include the following:  1. PP-02-01, Rev. 0, identifies that the Training Coordinator is responsible for, "...identifying training needs; provides assistance in the development, scheduling, and presentation of training assignments; and maintains the project training records." However, the title of the Training Coordinator does not appear in the QAPD nor the Organizational Chart.  2. QAPD-002, Rev. 0, Figure 1-1, shows the "Site Characterization Facility Design Manager," who is responsible for: analyses, drawings and specifications as appropriate to the assigned project. Review of PPs shows that the functional title responsible for these activities is the "Site Characterization Design Manager."			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator J.S Martin	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OOA Catherine [Signature] 8-12-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OOA _____	

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

CAR NO. YM-91-067  
DATE 08.08.91  
SHEET 2 OF 2

CORRECTIVE ACTION REQUEST  
(continuation sheet)

6 Adverse Condition (continued)

3. RSN Organizational Chart shows the titles for the following personnel:

S.J. Loftfield - Sr. Engineering Technician  
P.R. Dahlberg - Sr. Quality Assurance Engineer

However, the position descriptions read that S.J. Loftfield is a Computer Analyst and that P.R. Dahlberg is a Sr. QA Specialist.

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14 CAR NO.: YM-91-06E  
DATE: 08 08 91  
SHEET: 1 OF 1  
QA  
WBS No.: 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document QAPD-002, Rev. 0		2 Related Report No. Audit YMP-91-04	
3 Responsible Organization RSN		4 Discussed With R.L. Bullock & J.L. Rue	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No	
5 Requirement: QAPD-002, Rev. 0, Para. 2.2.12, "Personnel Selection, Indoctrination and Training," states in part, "Personnel assigned to perform activities that affect quality will receive appropriate indoctrination and training prior to performing work...Proficiency shall be maintained."			
6 Adverse Condition: Review of training files provided the following deficiencies: 1. Nickie Diersen - no training to project procedures for activities performed. 2. No documented evidence of personnel being trained to Administrative Procedures, Quality, (eg. AP-5.28Q). 3. Personnel not performing required reading prior to effective date of procedure or Procedure Interim Change notice. Examples included: a. Scott Nordick - PP-03-21 effective date 6/3/91 date read 6/14/91 b. John McNeely - PP-02-07 effective date 4/29/91 date read 5/3/91			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator J.S. Martin	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <i>Catherine Long</i> 8-12-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

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

14 CAR NO.: YM-91-069  
DATE: 08/08/91  
SHEET: 1 OF 1  
QA  
WBS No.: 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN QAPD-002, Rev. 0		2 Related Report No. Audit YMP-91-04	
3 Responsible Organization RSN		4 Discussed With R.L. Bullock & J.L. Rue	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock		12 Stop Work Order Y or N No
5 Requirement: QAPD-002, Rev. 0, Para. 2.2.12, "Personnel Selection, Indoctrination and Training," states in part, "Management and Supervisory personnel determine the extent and need of training for personnel based on the scope, competency and nature of the activity and on education, experience and proficiency of the person."			
6 Adverse Condition: Contrary to the above Project Procedure PP-02-01, Rev. 0, "Indoctrination and Training," Para. 6.1.1. states in part, "... Assignments may be identified by Managers/Line Supervisors."  DISCUSSION During the course of this audit it was found that training requirements were established by the Training Coordinator for personnel involved in activities affecting quality without input from Managers/Supervisors. As was stated in interviews, the methodology employed in establishing the training requirements was accomplished by a review of old H&N and FSN procedures against the procedures issued by RSN. As a result, Managers/Supervisors have had no direct input into training requirements for those individuals assigned to them as required by the RSN QAPD. In review of PP-02-01, Rev. 0, it was found that the procedure indicated that Managers/Supervisors may provide input to personnel for which they are responsible. To comply with the RSN QAPD, the word "may" should read "shall."			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator J.S. Martin	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <u>Catherine J. H. [Signature]</u> Date: <u>8/12/91</u>
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.**

14 CAR NO.: YM-91-070  
DATE 08/08/91  
SHEET 1 OF 1  
QA  
WBS No. 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN QAPD-002, Rev. 0	2 Related Report No. Audit YMP-91-04
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3 Responsible Organization RSN	4 Discussed With J.L. Rue
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10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No
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5 Requirement:  
RSN QAPD-002, Rev. 0, Sect. 6, Para. 6.1.3, states in part, "Controlled document recipients are responsible for acknowledging document receipt; ensuring that latest authorized documents are available at the workplace; and that obsolete or superseded documents are so identified, destroyed, or returned."

6 Adverse Condition:  
Obsolete Project Procedure PP-05-04, Rev. 0 was found in controlled Yucca Mountain Operations Project Procedure Manuals and the procedure was not identified as "obsolete."

DISCUSSION  
Six out of nine controlled manuals checked contained obsolete procedure PP-05-04. In each case the document holder had acknowledged receipt of instructions to remove procedure PP-05-04. The document holders were informed and the controlled manuals were corrected. The following controlled manuals were checked: 2, 12, 16, 23, 25, 57, 72, 78, and 87.

NOTE: Document Transmittal dated 7/22/91 provided instructions to delete PP-05-04 and provided a Table of Contents dated 7/26/91 that indicated PP-05-04 was deleted. The current Table of Contents dated 7/29/91 does not show PP-05-04 as an issued procedure. As of 7/22/91 there were 97 individual controlled sets of PPs.

7 Recommended Action(s):  
Take action to assure obsolete Project Procedure PP-05-04 is identified as obsolete, destroyed, or returned to Document Control

8 Initiator R.E. Pove	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	13 Approved By: OQA <i>Catherine Thompson</i>	Date: 8-12-91
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15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted: OAR _____ Date _____	17 Closure Approved By: OQA _____
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RADIOACTIVE WASTE MANAGEMENT  
U.S. DEPARTMENT OF ENERGY  
WASHINGTON, D.C.**

14CAR NO. YM-91-071  
DATE: 08/08/91  
SHEET: 1 OF 1  
QA  
WBS No.: 1-1-9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN PP-12-01, Rev. 0	2 Related Report No. Audit YMP-91-04
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3 Responsible Organization RSN Materials Test Lab	4 Discussed With Raj Singal
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10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No
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5 Requirement:  
PP-12-01, Rev. 0, Para. 6.2.1 states in part, "a Calibration History Log (Attachment 1) shall be established and maintained."

6 Adverse Condition:  
Contrary to the above requirement, the Materials Test Lab has not established and therefore has not maintained a Calibration History Log.

7 Recommended Action(s):  
Identify the remedial action(s) to be taken to correct the deficiency noted in Block 6.

8 Initiator R.E. Klemens	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/>	13 Approved By: OQA <u>[Signature]</u>	Date: 8-12-91
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15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted: OAR _____ Date _____	17 Closure Approved By: OQA _____
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U.S. DEPARTMENT OF ENERGY  
WASHINGTON, D.C.**

14 CAR NO. YM-91-072  
DATE: 08/08/91  
SHEET 1 OF 1  
QA  
WBS No.: 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN PF-17-03, Rev. 0		2 Related Report No. Audit YMP-91-04	
3 Responsible Organization RSN		4 Discussed With J.E. Ferguson	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock	12 Stop Work Order Y or N No	
5 Requirement: RSN PF-17-03, Rev. 0, Para. 6.3.13, "Authentication," states in part, "...QA records and record packages must be authenticated by authorized personnel by stamping, signing, or initialing and dating the record or record package."  OCRWM QARD, Appendix E, "Glossary," states in part, "...Authentication (QA Records): Authentication is the act of attesting that the information contained within a document is accurate, complete, and appropriate to the work accomplished."			
6 Adverse Condition:  RSN has processed QA Records to the Central Records Facility that were not packaged appropriate to the work accomplished.  DISCUSSION For example: The record package titled "Training File for Carolyn Aiello" contained records that had nothing to do with the training of Carolyn Aiello.			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator R.E. Fove	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OOA <u>Catherine Thompson</u> <u>8-12-91</u>
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted:  OAR _____ Date _____		17 Closure Approved By:  OOA _____	

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14CAR NO: YM-91-073  
DATE 08/08/91  
SHEET: 1 OF 1  
QA  
WBS No.: 1.2.9.3

**CORRECTIVE ACTION REQUEST**

1 Controlling Document RSN PP-17-03, Rev. 0		2 Related Report No. Audit YMP-91-04	
3 Responsible Organization RSN		4 Discussed With J.L. Rue	
10 Response Due 20 days from issue	11 Responsibility for Corrective Action R.L. Bullock		12 Stop Work Order Y or N No
5 Requirement: RSN PP-17-03, Rev. 0, Para. 5.1 states in part, "RSN Department managers are responsible for: A. Ensuring that all design specifications, procurement documents, task plans, study plans, test procedures, implementing procedures, instructions, statements of work, or other documents specify the QA records and records package to be generated, supplied, or maintained as a result of that process, and that personnel who generate, receive or approve these records submit them to the RMC.			
6 Adverse Condition:  RSN Department Managers are not ensuring that implementing procedures specify the records package to be generated.  DISCUSSION Objective evidence was found that implementing procedures are identifying QA records to be generated; however, no procedures were found that addressed records packages.			
7 Recommended Action(s): Correct the deficiency identified. Investigate to determine if there are other similar deficiencies. Take action to prevent recurrence.			
8 Initiator R.E. Powe	Date: 08/08/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: Date: OQA <u>Cathleen Hampton</u> <u>8-12-91</u>
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted:  OAR _____ Date _____		17 Closure Approved By:  OQA _____	