



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

APR 05 1996

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Technical Project Officer
for Yucca Mountain
Site Characterization Project
TRW Environmental Safety Systems, Inc.
Bank of America Center, Suite P-110
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Las Vegas, NV 89109

VERIFICATION OF CORRECTIVE ACTION AND CLOSURE OF DEFICIENCY
REPORT (DR) YMQAD-96-D026 RESULTING FROM YUCCA MOUNTAIN
QUALITY ASSURANCE DIVISION'S (YMQAD) AUDIT YM-ARC-96-03 OF
KIEWIT/PARSONS BRINCKERHOFF (SCPB: N/A)

The YMQAD staff has verified the corrective action to
DR YMQAD-96-D026 and determined the results to be satisfactory.
As a result, the DR is considered closed.

If you have any questions, please contact either
Robert B. Constable at 794-7945 or Kristi A. Hodges at
794-7807.

Robert B. Constable

YMQAD:RBC-1483

Richard E. Spence, Director
Yucca Mountain Quality Assurance Division

Enclosure:
YMQAD-96-D026

cc w/encl:

T. A. Wood, HQ (RW-14) FORS
J. G. Spraul, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
R. L. Strickler, M&O, Vienna, VA
R. P. Ruth, M&O, Las Vegas, NV

cc w/o encl:

W. L. Belke, NRC, Las Vegas, NV
D. G. Sult, YMQAD/QATSS, Las Vegas, NV
K. A. Hodges, YMQAD/QATSS, Las Vegas, NV

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WM-11 PDR

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RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.8 ☐ Performance Report
☒ Deficiency Report

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PERFORMANCE/DEFICIENCY REPORT

1 Controlling Document:
MCP-17.0, Revision 92 Related Report No.
YM-ARC-96-033 Responsible Organization:
Kiewit/Parsons Brinckerhoff (Kiewit/PB)4 Discussed With:
Jon Christensen

5 Requirement/Measurement Criteria:

Paragraph 3.2.3, states, in part: "Responsible record sources shall ensure the following elements are followed:

A. Legibility

1. Verify that records/record packages are legible."

6 Description of Condition:

Contrary to the above, completed Work Package 1.12, Section B, "Steel Set Fabrication" contains stamped Quality Control Inspector numbers and inspection dates that are illegible. Affected records include Steel Set Installation Inspection Forms within Line Items B-214, B-215, and B-216, some being originals and others copies of originals.

7 Initiator

Kristi A. Hodges

Date 12/21/95

9 QA Review

QAR *K. A. Hodges*

Date 12/21/95

10 Response Due Date

20 Working Days from Issuance

11 QA Issuance Approval

QAR (PRI)/AOQAM (DRI)

Date 12-21-95

12 Remedial Actions:

SEE PAGE 3

13 Remedial Action Response By:

Jon Christensen

Date

1/23/96

14 Remedial Action Due Date

Completed

Date

15 Remedial Action Response Acceptance

QAR

K. A. Hodges

Date

1/31/96

16 PR Verification/Closure

QAR

N/A

Date

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WASHINGTON, D.C.

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DEFICIENCY REPORT

17 Recommended Actions:

1. Evaluate the identified records to determine appropriate action: e.g., deduction of information or regeneration of the record with documented justification.
2. Investigate the extent of the deficiency to determine whether other records that have been turned over to the DRC or in-process records are affected by the same condition.
3. Re-evaluate the use of these stamps and/or the size of the stamps used.

18 Investigative Actions:

SEE PAGE 3

19 Root Cause Determination:

SEE PAGE 3

20 Action to Preclude Recurrence:

SEE PAGE 3

21 Response by: <i>[Signature]</i> Date 1/23/96	22 Corrective Action Completion Due Date: Jan 26, 1996
23 Response Accepted QAR <i>[Signature]</i> Date 1/31/96	24 Response Accepted AOQAM <i>[Signature]</i> Date 2-15-96
25 Amended Response Accepted QAR Date	26 Amended Response Accepted AOQAM Date
27 Corrective Actions Verified QAR <i>[Signature]</i> Date 3/29/96	28 Closure Approved by: AOQAM <i>[Signature]</i> Date 4-4-96

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PR/DR CONTINUATION PAGE

K/PB agrees that the stated deficiency existed.

Remedial Actions:

The problem of illegible QC and date stamps was identified in August, 1995 and was addressed via QC memo 95-67 (copy attached) on August 25, 1995. Additionally, steps were taken for the Quality Coordination group to monitor QC reports generated after issuance of the memo to ascertain directive effectiveness.

Work package 1.12 was developed prior to the identification of the problem, and issuance of the memo mentioned above, and contained illegible or missing stamps and/or dates. These problems, however, were not detected during initial review of the Work Package. Work Package 1.12 has been re-reviewed to correct illegible or missing data.

Remedial Action Due Date:

See Corrective Action Completion Due Date

Investigative Actions:

Monitoring for illegible or missing data in quality documentation has been an ongoing activity since discovery in August, 1995. Documentation contained in Work Packages generated prior to August, 1995 are being reviewed or re-reviewed, as the case may be, to detect and correct any documentation that is illegible or missing.

Root Cause Determination:

QC inspector and document review personnel lack of attention to records requirements details.

Action to Preclude Recurrence:

QC inspectors were instructed in the importance of legible documentation via QC memo 95-67.

Subsequent to this audit finding each Quality Coordinator has been verbally instructed, by the QC Manager, to review records with an eye toward legibility and completeness. This verbal instruction will be reinforced via a memo to all QC personnel on the importance of complete and legible documentation. Generated QC reports are being monitored for compliance.

Corrective Action Completion Due Date:

Jan. 26, 1996

**KIEWIT/PB****YUCCA MOUNTAIN PROJECT**

INTEROFFICE MEMO

QA: N/A
SCPb: N/A
QC:MEM:95-67

To: All QC Inspectors**From: Howard R. Cox** *H. Cox***Date: August 25, 1995****SUBJECT: ILLEGIBILITY OF INSPECTION AND DATE STAMPS**

An inordinate amount of reports are being submitted without legible date and/or QC inspection stamps. This practice must cease immediately. All inspectors are responsible for the reports they generate. Besides not meeting Project requirements, illegible documentation is unprofessional.

If reports are not turned in with legible date and/or QC stamps, they will be returned for correction. Repetitive conditions will result in stamps being revoked and written signature and date required.

HRC:kck

cy: Thomas J. Tomek
Wesley C. Pugmire
Job File

YMQAD-96-D026: Verification of Corrective Action

Remedial Actions:

As stated, the problem with illegible date and/or QC stamps was noted in an August 25, 1995 Kiewit/PB memorandum (H. R. Cox to all QC inspectors). Work Package (WP) 1.12 was developed prior to that memorandum and contained illegible entries that were not detected in its review prior to submittal to the DRC. It was verified that corrections were made to enhance the legibility of the entries with an added initial/date to indicate the source of the correction. This remedial action is acceptable.

Investigative Action:

The illegible entries are considered by Kiewit/PB to be isolated incidents. It is, however, not apparent that Kiewit/PB performed the re-review of records generated before August 1995 that was committed in the DR response. Rather than to reject the corrective action upon verification, additional submitted WPs were retrieved to determine whether the condition existed in other WPs. Based upon review of additional WPs; e.g., WP 2.21 1E, stamp entries are straight (contained within the appropriate blocks) and not smudged, as was noted in the deficient entries.

There remained a concern about the faintness of several WP entries. Copies of suspect records were presented to RPC personnel to determine if legibility was still at issue. It was agreed that not all information on the records will scan properly in the imaging process due to the lightness of some of the stamps. It was, however, stated that the RPC would probably not reject the records on that basis, because the correct information can be deduced from surrounding information. In this case, the dates in the column were all consistent, therefore, it is possible to deduce one that is illegible.

It is the determination that the investigative action, although not performed by Kiewit/PB personnel, is adequate for resolution of this DR. Further evaluation for legibility will be performed upon submittal of the records to the RPC.

Root Cause Determination & Action to Preclude Recurrence:

Cited was lack of attention to records requirements/details as a root cause for the subject deficiency. To address the root cause, QC inspectors were instructed per the August 1995 memorandum of the importance of complete and legible documentation. To reinforce the issue upon discovery of the deficient records in December 1995, an additional memorandum, dated January 25, 1996, was generated and issued to QC personnel. Generated documentation is still monitored for compliance by QC personnel.

Based upon the above, DR YMQAD-96-026 is closed.

QAR:



Date:

