

**U.S. DEPARTMENT OF ENERGY  
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT  
OFFICE OF QUALITY ASSURANCE**

**AUDIT REPORT**

**OF**

**YUCCA MOUNTAIN SITE CHARACTERIZATION OFFICE**

**AT**

**LAS VEGAS, NEVADA**

**AUDIT NUMBER YM-ARP-96-08  
MARCH 18 THROUGH 22, 1996**

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## **1.0 EXECUTIVE SUMMARY**

As a result of Performance-Based Quality Assurance (QA) Audit YM-ARP-96-08, the audit team determined that the Yucca Mountain Site Characterization Office (YMSCO) is satisfactorily implementing an adequate and effective QA program and process controls with regard to the processes YMSCO uses for Implementing Documents, Document Control, Training, and QA Records. The YMSCO program evaluated during this audit is in accordance with the U.S. Department of Energy (DOE) Office of Civilian Radioactive Waste Management Quality Assurance Requirements and Description (QARD) document DOE/RW-0333P, Revision 5.

The audit team identified one deficiency during the audit that resulted in the issuance of one Deficiency Report (DR). DR Yucca Mountain Quality Assurance Division (YMQAD)-96-D047 documents that records of training could not be retrieved for several individuals identified as requiring maintenance of proficiency in selected procedures.

One deficiency identified by the audit team was corrected prior to the postaudit meeting, as described in Section 5.5.4 of this report. In addition, there were eight recommendations resulting from the audit, which are detailed in Section 6.0 of this report.

Noted was the cooperation extended to the audit team by YMSCO and the Civilian Radioactive Waste Management System Management and Operating Contractor (CRWMS M&O) direct support personnel during the preparation as well as performance of the audit.

## **2.0 SCOPE**

The audit was conducted to evaluate the adequacy and effectiveness of the YMSCO controls for performing four processes:

1. Generation of Implementing Documents in accordance with QARD Section 5.0;
2. Document Control in accordance with QARD Section 6.0;
3. Training on Implementing Documents in accordance with QARD Section 2.0; and
4. Records Management of the Implementing Documents in accordance with QARD Section 17.0.

The processes/activities/end-products evaluated during the audit, in accordance with the approved audit plan, are as follows:

### PROCESS/ACTIVITY/END-PRODUCTS

The end-products selected to evaluate the process were four procedures that constitute an integrated system controlling Yucca Mountain Project cost and schedule baselining, and the changes thereto. Those four procedures are:

1. Yucca Mountain Administrative Procedure (YAP) 2.6Q, Revision 1, Interim Change Number (ICN) 1, "Participant Planning Sheet Process;"
2. YAP 3.5Q, Revision 1, "Change Control Process;"
3. YAP 30.17, Revision 1, "Project Planning, Budgeting, and Scheduling;" and
4. YAP 30.47, Revision 0, "Cost/Schedule Baseline Change Proposal Process."

This integrated system was selected to test the four processes because the procedures were recently issued (approximately six months old at the time of the audit), and they are implemented to some extent by YMSCO personnel. Since the audit objective was to audit YMSCO and not the CRWMS M&O, it was critical that YMSCO have some active role in procedure performance. It was recognized that the CRWMS M&O performs direct support functions for the audited processes, with oversight by the YMSCO staff. The CRWMS M&O was involved in the audit planning and was present with its DOE counterparts throughout the audit.

As indicated by the procedure numbers, two procedures in the integrated system are non-QA. Although the audit focused on the QA procedures, the effectiveness of the non-QA procedures had to be considered because the processes were the same for both types of procedures, and inputs to the QA procedures were products of the non-QA procedures.

The performance-based evaluation of process effectiveness and end-product acceptability was based on:

1. Satisfactory implementation of the critical process steps;
2. Acceptable results and quality of the end products;
3. Documentation that substantiates quality of products;
4. Performance of trained and qualified personnel; and
5. Implementation of applicable QA program elements.

### TECHNICAL AREAS

There were no technical activities or technical end-products evaluated during this audit.

### 3.0 AUDIT TEAM AND OBSERVERS

The following is a list of audit team members and their assigned areas of responsibility:

<u>Name/Title/Organization</u>	<u>QA Program Elements/Requirements, Processes, Activities, or End-Products</u>
Kristi A. Hodges, Audit Team Leader, (YMQAD)	QA Element 17.0
James E. Clark, Auditor, YMQAD	QA Elements 5.0 and 6.0
Franklin (Pete) B. Smith, Auditor, YMQAD	QA Element 2.0

There were no observers present at the audit.

### 4.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

The preaudit meeting was held at the YMSCO office in Las Vegas, Nevada, on March 18, 1996. A daily debriefing and coordination meeting was held with appropriate YMSCO management and staff, and daily audit team meetings were held to discuss issues and potential deficiencies. The audit was concluded with a postaudit meeting held at the YMSCO office in Las Vegas, Nevada, on March 22, 1996. Personnel contacted during the audit are listed in Attachment 1. The list includes those who attended the preaudit and postaudit meetings.

### 5.0 SUMMARY OF AUDIT RESULTS

#### 5.1 Program Effectiveness

The audit team concluded that, in general, YMSCO's process controls are adequately and effectively being implemented for areas identified in the scope of this audit. In order of sequence the following processes and end-products were evaluated as they apply to the selected procedures:

### 5.1.1 Implementing Documents Process

**Process Steps:** Document Preparation, Document Review, Comment Resolution, Document Approval, and Document Release

**End Product:** Approved Procedures

All five process steps were found to be adequate and effective. There were no deficiencies identified in any of the process steps; however, because four procedures form a sequential control system encompassing both QA and non-QA functions, the Document Review process failed to identify a disconnect in processing Participant Planning Sheets (PPS). The PPS is a product of YAP-30.17, yet the procedure steps did not explicitly generate the PPS as input for its review in YAP-2.6Q. The explicit step is being added to YAP 30.17 via Document Action Request (DAR) #1801.

This is not regarded as a process deficiency, as the PPSs are generated without the specific procedure step. In this case, verification of the sequential flow of inputs and outputs among procedures should have been part of the review criteria. Because the procedures were to work as a system, they needed to be reviewed as a system. A recommendation to prevent recurrence of this type of oversight is presented in Section 6.0 of this report. (See Recommendation #1)

Factors affecting document production time were not emphasized in the audit because the process apparently handles the inherent delays without quality impact. Other factors are the relevancy and volume of review comments, which can further tax the process. Generally, the process utilizes all comments to produce a better quality document, but the process could be streamlined by limiting the reviewers to those who are actually affected by the procedure. (See Recommendation #2)

The Document Release step, while not deficient, could be strengthened by transferring control over electronic forms entry to the local TPM organization. The Automated Forms System (AFS) is updated for new/revised procedures only on Mondays by the CRWMS M&O in Vienna, Virginia, which does not support the timeliness required for Yucca Mountain field work. A disclaimer appears whenever the AFS is used, leading one to believe that the AFS is not reliable. Local TPM forms control would ensure that both forms and the procedures are released simultaneously for use. (See Recommendation #3)

The expected end-product for the Implementing Documents process is a set of approved procedures authorized for use. Overall, the process was adequate in generating approved, workable documents.

### 5.1.2 Document Control Process

Process Steps: Document Receipt, Document Issuance, Document Revision/ICN, and Document Cancellation  
End Product: Controlled Procedures

All four process steps were found to be adequate and effective. No deficiencies or process weaknesses were detected. The established work flow processes ensure consistent, effective document processing.

Electronic copies of documents, which are readily available to users with computer access, have alleviated the pressure for immediate copies of controlled documents. Technical problems that were typical of early implementation of the electronic database; i.e., print capability, have been eradicated; however, users may still experience difficulties in launching procedures due to insufficient computer memory. No evidence was found to indicate that lack of available procedures was a cause for job performance delays.

As described in the preceding Implementing Document evaluation, timeliness of forms updating could be a potential source of delay in release of electronic documents. (See Recommendation #3)

Distribution of controlled hard copies has been timely and met the needs of users. Based upon evaluation of the availability of the selected end-product procedures, the Document Control process has fulfilled its function effectively.

### 5.1.3 Training Process

Process Steps: Training Need Identification/Coordination, Training Preparation, Training Notification, Training Performance, and Training Documentation  
End Product: Qualified/Trained Personnel

Overall, the training process is considered adequate and marginally effective. Three of the five process steps were determined to be adequate,

although a process weakness was detected in the Training Need Identification/Coordination and Training Notification steps. The process steps that are not considered adequate are Training Performance and Training Documentation.

Based upon review of computer generated lists from the CRWMS M&O Training Information Database (TRID), a significant number of personnel identified as requiring maintenance of proficiency in the selected procedures had not submitted the "Required Self-Study Assignment" form to document continued proficiency. This deficiency was documented on DR YMQAD-96-D047, which was issued to YMSCO management.

In addition, documentation was reviewed; i.e., YAP 2.6Q PPSs and YAP 3.5Q Change Requests (CR), to determine whether individuals who sign approval/concurrence blocks were trained to those procedures. Four instances were noted where the "Required Self-Study Assignment" forms (YMP-028-R8) could not be retrieved for individuals who had signed PPSs and CRs. Through review of personnel training files, information in the CRWMS M&O training database, and resubmittal of documentation attesting to an individual's training to these procedures, the out-of-date training files were brought to current status. This deficiency is documented in this report as Corrected During the Audit (CDA) #1.

The process weakness noted for Training Need Identification/Coordination and Training Notification may be a contributory factor in the condition documented as CDA #1. Although the need for training is determined in the DAR for that procedure, there is no assurance that personnel will be assigned training by their supervisors. In addition, there is no certainty that the supervisor will be aware of an issued procedure or revision unless he/she has been identified by his/her own supervisor to require that training. The failure to assign training appears to increase in the senior levels of management, who are often left with assigning their own training. This is perceived as a process weakness that is, in general, isolated to the senior management levels. There is an assumption that supervisors are aware of the procedures that affect their areas of responsibility and are often the initiators of document changes.

There are three perspectives regarding where the responsibility for ensuring personnel training should reside: the employee, the supervisor, or the CRWMS M&O Training Department. The current YMSCO training procedure assigns responsibility to the employee; however, a draft revision

emphasizes supervisor responsibility. There remains a perspective that the Training Department should retain responsibility for notification of required training, as well as notification that personnel have not maintained their proficiency. The current practice is electronic notification by the Training Department, the first notice to the employee and a second notice to the employee and supervisor. No action is taken when the second notice fails to produce the required documentation; therefore, a delinquent status is reflected in the training database. Training Department personnel have suggested that individuals be dropped from the database upon failure to produce documentation after the second notice; however, that does not address the larger issue that personnel may be working without appropriate training or knowledge of procedure changes. Also, dropping personnel from the database only increases the training documentation problem.

A process improvement has been implemented since the issuance of the selected procedures; i.e., electronic notification via Lotus Notes. Electronic notification is an efficient method for ensuring that personnel and supervisors, in fact, receive their training assignments. This is perceived as a positive step in controlling Project training, but discussion revealed that this method may be discontinued in the future. Further assurance could be achieved with personnel/supervisor access to the TRID. (See Recommendation #4)

Two additional recommendations (Recommendations #5 and #6) related to performance and documentation of training are detailed in Section 6.0 of this report.

The expected end-product of the Training process is qualified/trained personnel. This cannot be guaranteed without responsibility and accountability firmly established with the employee, supervisor, Training Department, or a combination of the three. This is considered an issue requiring Project resolution through the DR process, as well as through the review/comment resolution process for the proposed changes to the Project training procedure(s).

#### **5.1.4 QA Records Process**

<b>Process Steps:</b>	<b>Record Preparation/Submittal, Record Receipt, Record Review, Record Indexing, Record Imaging, and Record Storage</b>
<b>End Product:</b>	<b>Acceptable Records Packages</b>

Records packages for the selected procedures were part of the estimated five month records "backlog" and had been received but not processed by the Records Processing Center (RPC). Therefore, the process for receiving records that subsequently become part of the backlog was evaluated, as well as the progression from record review through storage that will occur when records packages are processed by the RPC.

Five of the six process steps were found to be adequate and effective. No deficiencies or process weaknesses were observed in the processing of records once they have been submitted to the RPC. The process step that is not considered adequate is Record Preparation/Submittal. Although there were no deficiencies detected with the preparation or submittal of the record packages for the selected procedures, there are apparent process weaknesses that can, in general, be attributed to record sources.

There are two existing DRs that address deficiencies in the Record Preparation/Submittal process step. Because there has not been a consistent interpretation of "authentication," records have been maintained indefinitely as "in process." DR LVMO-96-D023 documents that record segments have been maintained in the Document Records Center (DRC) beyond the established two year limit. Prior to issuance of this DR, YMQAD deficiency documents (YMQAD-94-C-019, 95-C-035, and 95-C-036) existed that documented that records (many of the same records) had not been submitted to the DRC, as required. (See Recommendation #7)

The second existing DR (YMQAD-96-D031) addresses record indexing problems, which can be attributed to a failure of record sources to provide descriptive information to indexers. Because there has been little consistency in information-provided to indexers, the ability to successfully retrieve a record from the Record Information System Database is dependent upon the skill of the retriever. The DR is expected to close upon issuance of a records Administrative Procedure, but further evaluation is in progress to determine how records can be made traceable to items and activities. (See Recommendation #8)

Several process improvements have been implemented in the RPC, including a streamlined process with increased production, quality control checks for indexed and imaged records, electronic status of records at each process step, worker incentives to increase production, system enhancements (implemented and planned), cross-training of personnel to

ensure process coverage, and effective management of the records backlog. These improvements provide assurance that end-products of the QA Records process; i.e., acceptable records/records packages (imaged and stored), meet Project requirements and expectations.

**5.2. Stop Work or Immediate Corrective Actions Taken**

There were no Stop Work Orders, immediate corrective actions, or related additional items resulting from this audit.

**5.3 QA Program Audit Activities**

A summary table of audit results is provided in Attachment 2. The details of the audit evaluation, along with the objective evidence reviewed, are contained within the audit checklists. The checklists are kept and maintained as QA records.

**5.4 Technical Audit Activities**

There were no technical activities or technical end-products evaluated during this audit.

**5.5 Summary of Deficiencies**

The audit team identified one deficiency during the audit for which one DR has been issued. In addition, one deficiency was corrected prior to the postaudit meeting.

A synopsis of the deficiency documented as a DR and the deficiency that was corrected during the audit are presented below. The DR was transmitted under a separate cover to YMSCO management (YMQAD:RBC-1447) on April 1, 1996.

**5.5.1 Corrective Action Requests (CAR)**

None

**5.5.2 Deficiency Reports (DR)**

YMQAD-96-D047

Yucca Mountain Project Local Procedure YLP-2.1Q-YMSCO, Revision 1,

ICN 2, "Yucca Mountain Site Characterization Office Qualification and Training," requires employees to complete the Required Self-Study Assignment (or attend scheduled formal instruction) and complete associated documentation by the assigned completion date. Records of training; i.e., completed "Required Self-Study Assignment" forms, could not be retrieved for several individuals identified as requiring maintenance of proficiency in YAP 2.6Q and YAP 3.5Q. (Training Process)

### **5.5.3 Performance Reports (PR)**

None

### **5.5.4 Deficiencies Corrected During the Audit**

1. Training documentation could not be located for four individuals identified as having actions in the YAP 2.6Q and/or YAP 3.5Q processes. These four instances are reported as a single CDA. Through review of personnel training files, information in the CRWMS M&O training database, and resubmittal of documentation attesting to an individual's training to these procedures, the out-of-date training files were brought to current status.

### **5.5.5 Follow-up of Previously Identified CARs and DRs**

The status of corrective action completion was determined for three DRs:

#### **YMQAD-95-D007**

This DR documents that Project training records had not been submitted in accordance with records procedures and requirements. During the audit, an extension request was generated, affording additional time to complete the corrective action. (Training Process)

#### **YMQAD-96-D031**

This DR is addressed in Section 5.1.4 of this report. (QA Records Process)

**LVMO-96-D023**

This DR is addressed in Section 5.1.4, and also in Section 6.0 (Recommendation #7) of this report. (QA Records Process)

No other previously issued CARs or DRs were determined to be applicable to the scope of this audit.

**6.0 RECOMMENDATIONS**

The following recommendations resulted from the audit and are presented for consideration by YMSCO management:

1. Whenever a set of procedures constitutes a sequential process, the procedures should be issued for review as a single package. Review criteria should include verifying that outputs for each procedure correlate with the inputs for the next procedure in the sequence. (Implementing Documents Process)
2. Lists of document reviewers provided to the review coordinator should be evaluated and streamlined to ensure that only those organizations affected by the document are included. (Implementing Documents Process)
3. Because forms must be updated promptly, consider authorizing the CRWMS M&O Yucca Mountain TPM organization to update forms in the AFS whenever a Yucca Mountain procedure is revised or issued. (Implementing Documents and Document Control Processes)
4. TRID query access to all personnel (employees and supervisors) would help ensure that training assignments are maintained current. (Training Process)
5. Apply increased emphasis on the "real-time" approach to training with respect to implementation of administrative processes subject to the QARD. (Training Process)
6. Eliminate, where possible, hard-copy documentation of administrative procedure training. Place increased emphasis on the use of the electronic data management system to control and document the status of administrative procedure training. (Training Process)
7. DR LVMO-96-D023 falls short of stating that turnover time for Project records has been excessive, only that records have been stored in the DRC past the two

year maximum. It is imperative that priority be placed upon processing records, especially the Job Package 92-20 and 94-16 records, that are currently maintained in the DRC. Records turnover is personnel dependent and many record sources are no longer or will no longer be available to correct or interpret their record entries. There appears to be three strategies being considered: 1) to turn records over immediately to the RPC for processing, 2) to keep them in the DRC until they are deemed acceptable to the Project, or 3) to determine which records are needed to support a license application and process only those. It is recommended that decisions regarding these records be made as soon as possible with input from the YMQAD, as well as from the various YMSCO and CRWMS M&O organizational entities. (QA Records Process)

8. There are plans for a records reprocessing effort with the intent of imaging previously microfilmed records with digital optical scanners. During this effort records will be "scrubbed" (perhaps enhanced); purged should they not meet record criteria; or reexamined to determine whether additional information can be utilized for indexing. It is recommended that the reprocessing effort, if possible, be combined with the effort under consideration to ensure traceability of records to items and activities. Any traceability information could be appended at that time; therefore, precluding duplication of effort. (QA Records Process)

## **7.0 LIST OF ATTACHMENTS**

**Attachment 1: Personnel Contacted During the Audit**

**Attachment 2: Summary Table of Audit Results**

**ATTACHMENT 1**  
**Personnel Contacted During the Audit**

<u>Name</u>	<u>Organization/Title</u>	<u>Preaudit Meeting</u>	<u>Contacted During Audit</u>	<u>Postaudit Meeting</u>
Badredine, T.	CRWMS M&O/RPC Supv.	X	X	X
Berlien, R.	CRWMS M&O/Sr. QA Specialist		X	
Barnes, W.	YMSCO/Project Mgr.		X	
Barton, R.	YMSCO/Deputy AMSL	X	X	X
Colehour, L.	CRWMS M&O/Document Control Supv.	X	X	X
Compton, J.	YMSCO/General Engineer	X	X	X
Coombs, J.	CRWMS M&O/Tech. Illustrator		X	
Dyer, J.	YMSCO/Deputy Project Mgr.		X	X
Ebner, H.	PMO/Records Advisor			X
Fox, R.	YMSCO/Records Advisor		X	X
Greene, H.	YMQAD/QATSS/Division Mgr.			X
Hamilton-Ray, B.	YMSCO/Proc. & Prop. Mgmt. Lead			X
Harris-Womack, S.	CRWMS M&O/Document Control Center Lead		X	
Herbert, J.	CRWMS M&O/RPC Lead		X	
Hudson, W.	YMQAD/QATSS/Deputy Program Mgr.			X
Iorii, V.	YMSCO/Deputy AMA	X	X	
Janis, G.	CRWMS M&O/Tech. Writing Supv.		X	
Justice, J.	CRWMS M&O/Training-		X	
Kau, G.	CRWMS M&O/RPC Records Analyst		X	
Kettell, R.	YMQAD/QATSS/Sr. QA Specialist		X	
Kozai, W.	YMSCO/Program Analyst		X	
Moore, S.	CRWMS M&O/Publication Coordination Supv.		X	
Mueller, T.	CRWMS M&O/Records Services Supv.	X	X	X
Nidy, D.	CRWMS M&O/Tech. Writer		X	

**ATTACHMENT 1**  
**Personnel Contacted During the Audit (continued)**

<u>Name</u>	<u>Organization/Title</u>	<u>Preaudit Meeting</u>	<u>Contacted During Audit</u>	<u>Postaudit Meeting</u>
Obrad, V.	CRWMS M&O/Sr. Publications Production Coordinator		X	
Patti, N.	CRWMS M&O/RPC Quality Checker		X	
Roberts, T.	CRWMS M&O/Records Analyst	X		
Rouse, S.	YMSCO/Training Officer	X	X	X
Spence, R.	YMQAD/Director		X	X
Verden, J.	CRWMS M&O/Records Mgr.		X	X
Warren, C.	YMQAD/QATSS Verification Lead	X		X
Warriner, D.	YMSCO/Records Mgr.	X	X	X
Wilson, W.	YMSCO/Site Operations Lead		X	
Zimmerman, J.	CRWMS M&O/Tech Publications Mgmt. Mgr.	X	X	X

**Legend:**

- AMA . . . Assistant Manager for Administration
- AMSL . . Assistant Manager for Suitability and Licensing
- Mgmt. . . Management
- Mgr. . . . Manager
- PMO . . . Project Management Organization
- Proc. . . . Procurement
- Prop. . . . Property
- Sr. . . . . Senior
- Supv. . . . Supervisor
- Tech. . . . Technical
- QATSS . . Quality Assurance Technical Support Services

**ATTACHMENT 2**  
**Summary Table of Audit Results**

**AUDIT YM-ARP-96-08 DETAIL SUMMARY**

**PROGRAMMATIC DETAILS**

<b>QA ELEMENT/ ACTIVITIES</b>	<b>PROCESS STEPS/ DOCUMENTS REVIEWED</b>	<b>CHECKLIST DETAILS YM-ARP-96-08</b>	<b>CAR (5.5.1)</b>	<b>DR (5.5.2)</b>	<b>PR (5.5.3)</b>	<b>CDA (5.5.4)</b>	<b>REC (6.0)</b>	<b>ADE- QUACY</b>	<b>COM- PLIANCE</b>	<b>OVER- AI</b>
<b>2.0 Quality Assurance Program (Training Process)</b>	<b>Training Need Identification/ Coordination</b>	pp. 15-17, 21, & 23 of 31	N	N	N	1	5	SAT	SAT	<b>MARG</b>
	<b>Training Preparation</b>	pp. 16, 18, & 23 of 31	N	N	N	N	N	SAT	SAT	
	<b>Training Notification</b>	pp. 14, 19, 20, & 23 of 31	N	N	N	1	N	SAT	SAT	
	<b>Training Performance</b>	pp. 21-23 of 31	N	1	N	1	4, 5	UNSAT	UNSAT	
	<b>Training Documentation</b>	pp. 22-25 of 31	N	1	N	1	6	UNSAT	UNSAT	
<b>5.0 Implementing Document Process</b>	<b>Document Preparation</b>	p. 2 of 31	N	N	N	N	N	SAT	SAT	<b>SAT</b>
	<b>Document Review</b>	pp. 3-5 of 31	N	N	N	N	1, 2	SAT	SAT	
	<b>Comment Resolution</b>	p. 6 of 31	N	N	N	N	N	SAT	SAT	
	<b>Document Approval</b>	p. 7 of 31	N	N	N	N	N	SAT	SAT	
	<b>Document Release</b>	p. 8 of 31	N	N	N	N	3	SAT	SAT	

**ATTACHMENT 2**  
**Summary Table of Audit Results**

QA ELEMENT/ ACTIVITIES	PROCESS STEPS/ DOCUMENTS REVIEWED	CHECKLIST DETAILS YM-ARP-96-08	CAR (5.5.1)	DR (5.5.2)	PR (5.5.3)	CDA (5.5.4)	REC (6.0)	ADE- QUACY	COM- PLIANCE	OVER- ALL
6.0 Document Control Process	Document Receipt	p. 9 of 31	N	N	N	N	N	SAT	SAT	SAT
	Document Issuance	pp. 10 & 11 of 31	N	N	N	N	3	SAT	SAT	
	Revision/Interim Change Notice	p. 11 of 31	N	N	N	N	N	SAT	SAT	
	Document Cancellation	pp. 12 & 13 of 31	N	N	N	N	N	SAT	SAT	
17.0 QA Records	Record Preparation Submittal	pp. 26-28 of 31	N	N	N	N	7	UNSAT	UNSAT	SAT
	Record Receipt	p. 28 of 31	N	N	N	N	N	SAT	SAT	
	Record Review	pp. 28-30 of 31	N	N	N	N	8	SAT	SAT	
	Record Indexing	pp. 28-30 of 31	N	N	N	N	8	SAT	SAT	
	Record Imaging	p. 30 of 31	N	N	N	N	8	SAT	SAT	
	Record Storage	p. 31 of 31	N	N	N	N	N	SAT	SAT	

Legend:  
CDA ..... Corrected During the Audit  
MARG ..... Marginal  
N ..... None  
REC ..... Recommendation  
SAT ..... Satisfactory  
UNSAT ..... Unsatisfactory