

U. S. DEPARTMENT OF ENERGY

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

OFFICE OF QUALITY ASSURANCE

AUDIT REPORT

FOR AUDIT OF

RAYTHEON SERVICES NEVADA

LAS VEGAS AND MERCURY, NEVADA

AUDIT NO. YMP-92-011

MARCH 10 THROUGH 13, 1992

PRIMARY ACTIVITIES EVALUATED:

- 1.0 Organization
- 2.0 Quality Assurance Organization
- 11.0 Test Control
- 15.0 Control of Nonconformances
- 16.0 Corrective Action
- 18.0 Audits

Prepared by:



Frank J. Kratzinger
Audit Team Leader

Yucca Mountain Quality Assurance Division

Date

4/6/92

Approved by:


Donald G. Horton
Director

Office of Quality Assurance

Date

4/14/92

9204270189 920417
PDR WASTE
WM-11

PDR

EXECUTIVE SUMMARY

As a result of Quality Assurance (QA) limited scope Audit YMP-92-011, it has been determined that Raytheon Services Nevada (RSN) is satisfactorily implementing an effective QA program in accordance with the RSN QA Program Description and implementing procedures for QA Program Elements 1.0, 11.0, 16.0, and 18.0. QA Program Element 2.0, Quality Assurance Program, was judged to be unsatisfactory. Implementation of QA Program Element 15.0, Control of Nonconformances, was insufficient to determine effectiveness.

The audit team identified 4 deficiencies during the course of the audit. Two of the deficiencies resulted in the issuance of Corrective Action Requests (CARs). One CAR concerned the lack of documentation attesting to the training of selected personnel, CAR No. YM-92-025. The second CAR concerned Readiness Review compliance to procedures and resulted in the issuance of CAR No. YM-92-026.

Criterion 2 should be re-evaluated at the next scheduled limited scope audit of RSN.

1.0 INTRODUCTION

This report contains the results of the Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance (QA) limited scope Audit YMP-92-011 of Raytheon Services Nevada (RSN). The audit was conducted at the RSN offices in Las Vegas and at the RSN Materials Testing Laboratory in Mercury, Nevada by a team of auditors from the Yucca Mountain Quality Assurance Division (YMQAD) of the Office of Quality Assurance in accordance with the approved audit plan. The audit was conducted March 10, through 13, 1992.

2.0 AUDIT SCOPE

This limited scope audit evaluated selected portions of the RSN Yucca Mountain Site Characterization Project (YMP) Quality Assurance (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) Document 002, Revision 0, and implementing procedures. This was done by verifying implementation and effectiveness of the system in place, as well as verifying adequate compliance with requirements.

Selected deficiencies identified prior to the audit were included in the scope to determine the effectiveness of RSN corrective action.

The programmatic elements evaluated during the audit, in accordance with the published audit schedule, are identified below along with the auditor responsible for its evaluation:

PROGRAM ELEMENTS

- 1.0 Organization
- 2.0 Quality Assurance Program
- 11.0 Test Control
- 15.0 Control of Nonconforming Items
- 16.0 Corrective Action
- 18.0 Audits

TECHNICAL AREAS

There were no technical areas examined during the audit.

3.0 AUDIT TEAM/AREA(S) OF RESPONSIBILITIES AND OBSERVERS

The Audit Team consisted of the following personnel:

Frank J. Kratzinger, Audit Team Leader, Science Applications International Corporation
(SAIC)/YMQAD . QA Program Element 15.0

Kenneth T. McFall, Auditor, SAIC/YMQAD . QA Program Element 11.0

Mario R. Diaz, Auditor, DOE/YMQAD . QA Program Elements 1.0 and 2.0

Edward A. Cocoros, Auditor, MAC Technical Services/YMQAD . QA Program Elements 16.0
and 18.0

There were no observers participating in this audit.

4.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

The pre-audit conference was held at RSN facilities in Las Vegas, Nevada on March 10, 1992. Daily coordination meetings were held with RSN management and staff, and daily audit team meetings were held to discuss issues and potential deficiencies. The audit was concluded with a post-audit conference held at RSN facilities in Las Vegas, Nevada on March 13, 1992. Personnel contacted during the audit are listed in Enclosure 1 to this report. The list includes an indication of those who attended the pre- and post-audit conferences.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Effectiveness

As a result of QA limited scope Audit YMP-92-011, it has been determined that RSN is satisfactorily implementing an effective QA program in accordance with the RSN QA Program Description and implementing procedures for QA Program Elements 1.0, 11.0, 16.0, and 18.0. QA Program Element 2.0, Quality Assurance Program, was judged to be unsatisfactory. Implementation of QA Program Element 15.0, Control of Nonconformances, was insufficient to determine effectiveness.

QA Program Element 1

Upon review of objective evidence implementation of QA Program Element 1 is considered to be satisfactorily implemented.

QA Program Element 2

Based on the unsatisfactory verification of corrective action to Corrective Action Request (CAR) YM-91-068 and the failure to comply with selected checklist items in the areas of training documentation and readiness reviews, which resulted in the generation of CARs YM-92-025 and YM-92-026, implementation of QA Program Element 2 is considered unsatisfactory.

QA Program Element 11

The implementation of QA Program Element 11 is considered satisfactory.

QA Program Element 15

Since only 2 Nonconformance Reports have been processed, and only one of those was considered quality-affecting, and it was only partially processed, it is concluded that insufficient implementation has occurred in this area in order to determine compliance.

QA Program Element 16

Based on the review of objective evidence since the last Yucca Mountain Site Characterization Project Office audit, it was verified that QA Program Element 16 is being satisfactorily implemented.

QA Program Element 18

Based on review of objective evidence, implementation of QA Program Element 18 is considered to be satisfactory.

5.2 Programmatic Audit Activities

Details of the programmatic audit activities can be found in Enclosure 2.

5.3 Summary of Deficiencies

The audit team identified 4 deficiencies during the audit. Two deficiencies were corrected prior to the post-audit conference. The deficiencies are detailed in Section 6.0 of this report.

6.0 SYNOPSIS OF DEFICIENCIES

6.1 Corrective Action Requests (CARs)

As a result of the audit, the following CARs were generated:

- | | |
|---------------|---|
| CAR YM-92-025 | Generated due to the unsatisfactory verification of corrective action to CAR YM-91-068 and failure to implement selected checklist items concerning position descriptions and personnel qualification evaluations as required in RSN PP-02-02, PP-02-01, and PP-02-08. |
| CAR YM-92-026 | Generated as a result of the unsatisfactory implementation of RSN PP-02-04. Qualifications, training, lesson plans for training, and checklists concerning the Readiness Review for Exploratory Studies Facility Title II Design Activities were found to be deficient. |

6.2 Deficiencies Corrected During the Audit

Deficiencies which are considered isolated in nature and only required remedial action can be corrected during the audit. The following deficiencies were identified and corrected during the audit.

1. Contrary to the requirements of Quality Assurance Procedure QAP-2.4(y), Revision 0, paragraph 6.1.3, there was no stop work order log maintained by the Manager, QA/YMP or designee. This condition was satisfactorily corrected prior to the post-audit conference.
2. Contrary to the requirements of PP-02-08, Revision 0, paragraph 6.11.2.3, individuals were certified to all activities (37 ASTM Test Methods) dealing with the testing of materials when in fact documented evidence of their written examination indicated that they had been tested for only 5 testing methods. This abnormality was satisfactorily corrected with the re-issue of the pertinent certifications prior to the post-audit conference. The 3 individuals involved were:

R. Strote
D. Anderson
C. Herrington

7.0 RECOMMENDATIONS

An improvement was noticed in the response times of corrective actions to 11 deficiencies reviewed during the audit. This ranged from 8 request for extensions of response due dates in the beginning of the review period to no request for extension at the end of the period. This emphasis on obtaining corrective action responses in a timely manner should be continued in the future.

8.0 ENCLOSURES

Enclosure 1: Personnel Contacted During The Audit

Enclosure 2: Audit Details

Enclosure 3: Procedures and Activities Reviewed During The Audit

Enclosure 4: Information Copies Of CARs YM-92-025 and YM-92-026

ENCLOSURE 1

ENCLOSURE 1

PERSONNEL CONTACTED DURING THE AUDIT

<u>Name</u>	<u>Organization/Title</u>	<u>Pre- Audit Conf.</u>	<u>During Audit</u>	<u>Post- Audit Conf.</u>
Ali, A.	RSN, Mgr. Audits/Surv.	X	X	X
Blaylock, J.	DOE, General Engineer			X
Bullock, R.L.	RSN, TPO	X	X	X
Calovini, J. C.	RSN, Deputy Proj. Mgr.			X
De Klever, R. C.	RSN, Systems Eng.	X	X	X
Ferguson, J. E.	RSN, Records Management	X	X	X
Gilray, J.	NRC, Observer	X		
Herrington, D.	RSN, Mgr. Mat. Testing Lab		X	
Hilsinger, R. L.	RSN, Configuration Control	X		X
Kirwan, K. D.	RSN, Clerk II/Training		X	
McNeely, J. E.	RSN, Supv. Field Engrg.	X	X	X
Regenda, M. J.	RSN, Q.A. Manager	X	X	X
Rue, J. L.	RSN, Q.E. Lead	X	X	X
Schreiner, R. L.	RSN, Mgr, Systems Engrg.	X	X	X
Stanley, B. T.	RSN, Design Site Char. Mgr.		X	
Straight, H. W.	RSN, Sr. QA Eng.	X	X	X
Tunney, S. J.	RSN, Mgr. QA Engrg.	X	X	X
Tuthill, H. R.	RSN, Manager, QC	X	X	X
Wilson, M. H.	RSN, Mgr. Project Admin.	X		X
Wright, E. L.	RSN, Mgr. Field Drilling	X		

ENCLOSURE 2

ENCLOSURE 2

AUDIT DETAILS

The following is a summary of programmatic activities evaluated during the audit. Listings of the procedures and activities reviewed are provided as Enclosure 3.

QA Program Element 1.0, Organization

Raytheon Services Nevada (RSN) Organizational Charts approved on November 5, 1991 and updated in December 1991 were reviewed for compliance. Specifically those of the Design, Field Operations, Systems Engineering, Site Characterization Design, and YMP QA Departments, were verified.

The results of the audit in this area were satisfactory. Evaluation of this area was conducted by reviewing objective evidence and procedural requirements specified by those procedures detailed in Enclosure 3.

QA Program Element 2.0, Quality Assurance Organization

Training records of several RSN personnel were reviewed for compliance with procedural requirements, specifically those related to Materials Testing Laboratory (MTL) personnel were verified. Several deficiencies were found and documented on Corrective Action request (CAR) YM-92-025. Furthermore, verification of corrective action on CAR YMP-91-068 was found to be unsatisfactory.

Readiness Review of Exploratory Studies Facility (ESF) Title II Design Activities was reviewed to verify compliance to procedural requirements. Several discrepancies were found and documented in CAR YM-92-026.

RSN was in the process of performing a Management Assessment at the time of this audit; therefore, this activity was not assessed during this audit.

In the area of Stop Work, no activities have been performed since the last audit.

The lack of proper implementation in this criterion resulted in an unsatisfactory effectiveness determination.

QA Program Element 11, Test Control

QA Program Element 11, Test Control, on this audit consisted of an examination of the RSN MTL located in Mercury, Nevada and the processes and methodology employed to conform to the requirements of the Yucca Mountain Site Characterization Project (YMP). The investigation was conducted on 3/11/92 at the RSN MTL.

Implementation of RSN PP-11-01 was examined and responses to an organized checklist were evaluated.

The pertinent RSN Work Initiation (WI) form was examined and was found to contain all the required information such as appropriate supervisor authorization, originator, scope, and technical requirements. The WI was recorded in the RSN WI Log with its ID number, date, addressee, originator, subject, and revision number. The log is kept at the Field Operations Center (FOC) in Area 25 by RSN personnel.

The MTL keeps a log of all incoming samples which include YMP samples. This log contains the sample's unique assigned laboratory number, the samples ID number (Project number), request number, date, other details (remarks), and who logged the samples in for the MTL. The samples, upon arrival, remain double bagged (sample is in a sealed plastic bag which is within a labeled cloth bag) and stored at or near the site of analysis until the analysis is conducted. The samples are protected from water, sunlight, and other potentially destructive factors while awaiting analysis. Upon completion of the required analysis, the sample residues are discarded unless specifically requested for retention by the originator. The analyses run upon the Samples are as follows:

- o Proctor Test: Designation: D 1557-78, Standard Test Methods for Moisture-Density Relations of Soils and Soils-Aggregate Mixture Using 10-lb. (4.54-kg) Rammer and 18-in. (457-mm) Drop.
- o Screening: Designation: C136-84a, Standard Method for Sieve Analysis of Fine and Coarse Aggregates
- o Density: Designation: D 2922-81, Standard Test Methods for Density of Soil and Soil-Aggregate in Place by Nuclear Methods (Shallow Depth)
- o Moisture: Designation: D 3017-88, Standard Test Method for Water Content of Soil and Rock in Place by Nuclear Methods (Shallow Depth)

All test procedures used on YMP samples are American Society for Testing and Materials (ASTM) procedures taken from the Annual Book of ASTM Standards, Section 4, Construction, Volume 04.08, Soil and Rock; Building Stones; Geotextiles. There have been no changes or modifications to these procedures for YMP work. The procedure used to perform a test is recorded on the work sheets from which the data for the final reports are transcribed.

The procedures for conducting tests at the MTL are located close to the area where the work is being conducted. The other procedures for remote tests are stored at the MTL and are available for reference. The operator's manuals for the remote testing instruments accompany the instruments to the test site.

Training, qualifications, and certifications for MTL personnel conducting testing on YMP samples and sites were examined and found to be adequate. Refer to the section of this report covering QA Program Element 2.

The instruments used to conduct the remote tests (moisture and compaction) are standardized daily on the days of use. The moisture meters are checked against a pack of known moisture and density. The readings are recorded on the work sheets prior to use. There is no manufacturer specified calibration interval for the instruments, nor is one needed, since acceptance criteria is provided on the work sheet along with pass/fail designators.

The implementation of Program Element 11 was found to be satisfactory.

QA Program Element 15, Control Of Nonconformances

Reviewed 2 Nonconformance Reports (NCRs) to verify implementation of the procedure for nonconformances. NCR No. RSN-Y-0001, dated 11/18/91, was written for the JF-3 Water Well Mud Pit and is non-quality affecting. NCR No. RSN-Y-0002, dated 03/02/92, was written for the Borrow Pit Samples numbers SPC00007584 through SPC00007586 and is quality affecting. RSN-Y-0002 was only partially processed at the time of the audit.

Reviewed the NCR Log Book maintained by RSN Quality Control (QC) and verified that all the required information was entered into the log.

Verified that the samples identified in NCR No. RSN-Y-0002 were properly marked with hold tags which contained the NCR number. Verified that the samples were located in an area that is considered segregated.

Reviewed a letter from Richard L. Bullock (IC-2181) designating the positions which are authorized to approve NCR dispositions.

Since the one NCR for quality-affecting work had only been partially processed, it was determined that this QA Program Element be considered as "No Implementation."

QA Program Element 16.0 Corrective Action

The evaluation of this element was conducted by reviewing objective evidence and dialogue with RSN personnel relative to the applicable QA requirements documents.

Eleven (11) Deficiency Reports issued since the last audit were reviewed for the following attributes: processing in accordance with QAP-16.1, Revision 0 and PIC No. 1 specifically such items as:

- o Documentation of deficiencies was prepared,
- o responses were issued within time requirements and if time extensions requested they were acted on and if issued the new required dates were met,
- o responses were evaluated within specified times,
- o corrective action specified was performed and verified, and
- o closure report was issued and forwarded by required documentation.

QAP 16.2 and PIC No. 1 implementation could not be evaluated since no CARs have been issued to date.

The annual Trend Analysis efforts which had been performed were reviewed for the following attributes: performed in accordance with QAP 16.3 (Y) Revision 0, specifically the Quality Assurance Representative (QAR) reviewed the required documents, determined whether or not trends adverse to quality existed and prepared and distributed a report which identified the verification activities and deficiencies with assigned trend codes, charts and/or graphs displaying data and a description of any adverse quality trends or a statement indicating that there was no adverse quality trends. Reviewed for the Manager of Quality Assurance approval and signature and issuance to required personnel.

To the extent audited QA Program Element 16.0 was found to be satisfactory.

QA Program Element 18.0 - Audits

The evaluation of this element was conducted by reviewing objective evidence and dialogue with RSN personnel relative to the applicable QA requirements documents.

The implementation of QAP 18.1 was evaluated by reviewing the actions relative to two audits performed since the last audit, specifically, such items as the:

- o Preparation and maintenance of audit schedules and logs
- o Assignment of audit team personnel
- o Preparation of planning documents including notification letter and checklists
- o Performance of audits and documentation of deficient conditions
- o Issuance of audit reports to required persons containing all required information
- o Deficiencies identified during the audit are evaluated and corrective action is verified
- o Audit closure is performed as required
- o QA maintenance of audit files as required

The implementation of QAP 18.2 was evaluated by reviewing the actions relative to seven (7) surveillances performed since the last audit, specifically, such items as:

- o Preparation and maintenance of surveillance schedules and logs
- o Assignment of surveillance personnel
- o Preparation of planning documents including checklists
- o Performance of scheduled and unscheduled surveillances and documentation of deficient conditions

- o Issuance of Surveillance Report to required persons including required information
- o Issuance of Surveillance Closure letter upon satisfactory resolution of deficiencies.

To the extent audited, QA Program Element 18.0 was found to be satisfactory.

ENCLOSURE 3

ENCLOSURE 3:

PROCEDURES AND OBJECTIVE EVIDENCE REVIEWED DURING THE AUDIT

1: ORGANIZATION

RSN PP-01-05, Revision 0, YMP Organization

2: QUALITY ASSURANCE PROGRAM

RSN PP-02-01, Revision 0, Indoctrination and Training

RSN PP-02-02, Revision 0, Personnel Selection

RSN PP-02-03, Revision 0, Management Assessment

RSN PP-02-04, Revision 0, Readiness Review

RSN PP-02-08, Revision 0, Training, Qualification, and Certification of
Materials Testing Laboratory Personnel

QAP-1.1 (Y), Revision 0, Organization

QAP-2.1 (Y), Revision 0, Development of the Quality Assurance Program
Description

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

QAP-2.4 (Y), Revision 0, Stop Work Order

The following records were reviewed:

Lesson Plan for Indoctrination, approved on 7/3/91

Instructor Qualifications were reviewed for:

J. McNeeley

J. Rue

P. Hale

B. Anzai

K. Kerwan

All these qualifications have been dated 6/14/91.

Position Descriptions and Training Records were reviewed for:

B. Anzai

R. Greenwold

W. Kennedy

J. McNeeley

R. Strote

D. Herrington

D. Anderson

B. Woolsey

N. Dierson

C. Peers

Readiness Review Schedule for FY 91, dated 9/30/91

Readiness Review ESF Title II Design Activities

RSN DR-91-S-037, dealing with Readiness Review discrepancies found by RSN QA Personnel.

Records of Certification of Materials Testing Laboratory personnel for:

J. McNeeley
R. Strote
D. Anderson
D. Herrington

Matrix for the QARD, QAPD, and implementing procedures, dated 3/6/92

Transmittal form for QA Matrix RSN-YMP-1306, dated 3/6/92

Quarterly Reports issued by the QA Manager under RSN-YMP-1293 and 1234, dated 2/11/92 and 11/8/91 respectively.

Stop Work Orders Log

11: TEST CONTROL

RSN PP-11-01, Revision 0, General Testing Procedure For The Materials Testing Laboratory

RSN Work Initiation No. FO:WI:92-013, Revision 0

RSN Work Initiation Log, FY 1992

RSN Materials Testing Laboratory Sample Log Sheets

RSN Yucca Mountain Project, Materials Testing Laboratory, Work Requests For Soils, Concrete & Asphalt Testing

RSN Compaction Test Worksheet for ASTM D 1557-70, Method C for Sample No. 3706

RSN Nuclear Density Worksheets for ASTM D-2922 Campbell MC-2/MC-3 for tests Nos. 3829 through 3855

15: CONTROL OF NONCONFORMANCES

QAP-15.1(y), Revision 0, Control of Nonconforming Items
PIC No. 1 to QAP-15.1(Y)

NONCONFORMANCE REPORTS:

RSN-Y-0001, dated 11/18/91
RSN-Y-0002, dated 03/02/92

NCR Log Book

Memo from R.L. Bullock designating authority for NCR disposition, dated 3/10/92.

16 AND 18: CORRECTIVE ACTION AND AUDITS

QUALITY ASSURANCE DOCUMENTS:

RSN QAPD-002, Revision 0, The Sections 16 & 18
QAP-16.1(Y), Revision 0, Deficiency Reporting
QAP-16.1(Y) PIC-1
QAP-16.2(Y), Revision 0, Corrective Action
QAP-16.2(Y) PIC-1
QAP-16.3(Y), Revision 0, Trend Analysis
QAP-18.1(Y), Revision 0, Audits
QAP-18.1(Y) PIC-1
QAP-18.2(Y), Revision 0, Surveillance
QAP-18.2(Y), PIC-1

DEFICIENCY REPORTS:

91-S-019	91-S-032
91-S-021	91-S-034
91-S-023	91-S-036
91-S-025	91-S-037
91-S-028	91-S-001
91-S-029	

AUDIT REPORTS:

RSN QA 91-02 Final Report, Serial RSN-YM-1204, dated 10/10/91
RSN QA 92-01 Final Report, Serial RSN-YM-1262, dated 12/13/91
RSN Audit Plan for QA 91-02, Serial RSN-YM-1170, dated 8/13/91
RSN Audit Plan for QA 92-01, Serial RSN-YM-1223, dated 10/31/91

SURVEILLANCE REPORTS:

RSN SR(Y) 91-011
RSN SR(Y) 91-014
RSN SR(Y) 91-015
RSN SR(Y) 91-016
RSN SR(Y) 91-017
RSN SR(Y) 92-001
RSN SR(Y) 92-002

Serial No's SR(Y) 91-012 and 013 were not used by RSN

MISCELLANEOUS DOCUMENTS:

RSN FY91 and FY92 YMP QA Audit Schedules

RSN FY91 and FY92 Audit Logs

RSN FY91 and FY92 Surveillance Schedules

RSN FY91 and FY92 Surveillance Logs

RSN Report RSN-YMP-1301, "Trend Analysis," dated 3/2/92 for August 8,
through February 27, 1992

Audit announcement letters RSN-YMP-1170, dated 8/13/91 and RSN-YMP-
dated 10/31/91

Completed Audit Checklists for Audits QA 91-02 and QA 92-01

Audit closure letters RSN-YMP-1204 dated 10/10/91 and RSN-YMP-1265,
dated 12/18/91

ENCLOSURE 4

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

8 CAR NO.: YM-92-025
DATE: 03/13/92
SHEET: 1 OF 2
QA

CORRECTIVE ACTION REQUEST

1 Controlling Document PP-02-01, Rev. 0; PP-02-02, Rev. 0; PP-02-08, Rev. 0		2 Related Report No. Audit YMP-92-11									
3 Responsible Organization RSN		4 Discussed With M. Regenda/J. Rue									
<p>5 Requirement:</p> <p>PP-02-02, Rev. 0, Paragraph 6.1 states in part "Position Descriptions - Human Resources shall, with assistance from the supervisors and/or managers, develop position descriptions for all personnel who perform quality affecting activities".</p> <p>Paragraph 6.2 states in part "Personnel Qualification Evaluation - The Manager, Human Resources shall verify the education and experience of employees prior to their performing quality affecting activities. Attachment 1 will be used to certify that this verification has been completed.</p> <p>Each manager or supervisor shall compare the education and experience of the employee against the education and background experience requirements established for the position. The managers or supervisors will certify that requirements have been met in the format specified in Attachment 1."</p>											
<p>6 Adverse Condition:</p> <p>Documented evidence of some elements of indoctrination and training required by implementing procedures are missing in the record files.</p> <p>The record files of the following personnel did not contain documented evidence of one or more of the requirements described in block 5 above:</p> <table style="width: 100%; border: none;"> <tr> <td>J. McNeely</td> <td>R. Strote</td> <td>D. Anderson</td> <td>C. Herrington</td> </tr> <tr> <td>C. Clark</td> <td>E. Wasson</td> <td>J. Hansen</td> <td></td> </tr> </table> <p>All of these personnel have been authorized to perform quality affecting work prior to March 3, 1992.</p>				J. McNeely	R. Strote	D. Anderson	C. Herrington	C. Clark	E. Wasson	J. Hansen	
J. McNeely	R. Strote	D. Anderson	C. Herrington								
C. Clark	E. Wasson	J. Hansen									
9 Does a significant condition adverse to quality exist? Yes <u> </u> No <u>X</u> If Yes, Circle One: A B C		10 Does a stop work condition exist? Yes <u> </u> No <u>X</u> ; If Yes - Attach copy of SWO If Yes, Circle One: A B C D									
11 Response Due Date: 20 days after issue											
12 Required Actions: <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Extent of Deficiency <input checked="" type="checkbox"/> Preclude Recurrence <input checked="" type="checkbox"/> Root Cause Determination											
<p>13 Recommended Actions:</p> <p>Identify the remedial action to be taken to correct the deficiency noted in block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.</p>											
7 Initiator M. Diaz <i>M. Diaz</i> Date <u>3-13-92</u>		14 Issuance Approved by: QADD <i>R.C. Spence</i> Date <u>3/16/92</u>									
15 Response Accepted QAR Date		16 Response Accepted QADD Date									
17 Amended Response Accepted QAR Date		18 Amended Response Accepted QADD Date									
19 Corrective Actions Verified QAR Date		20 Closure Approved by: QADD Date									

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

8 CAR NO.: YM-92-025
DATE: 03/13/92
SHEET: 2 OF 2
QA

CORRECTIVE ACTION REQUEST (Continuation Page)

5 Requirements (continued)

PP-02-01, Rev. 0, Paragraph 6.1.2, states in part "Prior to performing any quality affecting activity, the employee shall be indoctrinated as a minimum to the following:

- o Project level plans
- o Job responsibilities and authority
- o The Quality Assurance Requirements Document (QARD)"

PP-02-08, Rev. 0, Paragraphs 6.11.1, 6.11.2, and 6.11.2.13 state in part "Current certification records of Level II, and Level III employees shall be maintained by the examiner. The certification shall include as a minimum ... Training Records."

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

8 CAR NO.: YM-92-026

DATE: 03/13/92

SHEET: 1 OF 2
QA

CORRECTIVE ACTION REQUEST

1 Controlling Document
PP-02-04, Rev. 0

2 Related Report No.
Audit YMF-92-11

3 Responsible Organization
RSN

4 Discussed With
R. Schreiner/R. Deklever

5 Requirement:

PP-02-04, Rev. 0, Paragraph 6.3.1.b, states in part "The Board Chairperson establishes minimum qualifications (e.g. education, experience and independence) needed by the Review Board and Team Review members."

Paragraph 6.3.1.f, states that "The Board Chairperson conducts training for assigned board members and team members to this procedure and other applicable documents in accordance with PP-02-01."

PP-02-01, Rev. 0, Paragraph 6.2.2.1, states that "The Qualified Instructor/Trainer shall develop a lesson plan or outline identifying the subject matter to be covered in the training. As a minimum, the lesson plan or outline shall include the title, content, length, objectives, methods, activities and materials for the instruction. It may include such things as prerequisites, target population, and the method for evaluation of its effectiveness. It shall

6 Adverse Condition:

Readiness Review for ESF Title II Design Activities was performed and documented without being in compliance with some of the procedural requirements.

Based on the requirements shown in block 5 above, the following discrepancies were found during the audit:

- a. R. Deklever was part of the Team Review Board. However, minimum qualifications for his participation were not established.
- b. Training of Board Members and Team Members was not performed by the Board Chairperson.
- c. A lesson plan for the training method used on the Board Members and the Team Members was not developed.
- d. Checklists used in the area of design were not approved by the Team Chairperson.
- e. An OIAL has never been maintained. However, RSN documented this discrepancy under DR-91-S-037. Therefore, as part of the corrective action to this CAR, a follow-up will be performed on the DR

9 Does a significant condition adverse to quality exist? Yes No X
If Yes, Circle One: A B C

10 Does a stop work condition exist? Yes No X; if Yes - Attach copy of SWO
If Yes, Circle One: A B C D

11 Response Due Date:
20 days after issue

12 Required Actions: ☒ Remedial ☐ Extent of Deficiency ☒ Preclude Recurrence ☒ Root Cause Determination

13 Recommended Actions:

Identify the remedial action to be taken to correct the deficiency noted in block 6. Identify the cause of the condition and the planned corrective action to prevent recurrence.

7 Initiator
M. Diaz

Date 3-13-92

14 Issuance Approved by:

QADD

Date 3/16/92

15 Response Accepted

QAR

Date

16 Response Accepted

QADD

Date

17 Amended Response Accepted

QAR

Date

18 Amended Response Accepted

QADD

Date

19 Corrective Actions Verified

QAR

Date

20 Closure Approved by:

QADD

Date

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

8 CAR NO.: YM-92-026

DATE: 03/13/92

SHEET: 2 OF 2
QA

CORRECTIVE ACTION REQUEST (Continuation Page)

5 Requirements (continued)

document concurrence through the signatures of the following: the qualified instructor who prepared it; a technical peer or manager and the training coordinator."

PP-02-04, Rev. 0, Paragraphs 4.7 and 5.1, state in part that "The checklists shall be completed and approved by the team members and the Team Chairperson."

Paragraphs 4.8 and 6.8 state in part that "All items identified as unsatisfactory or open shall be tracked via the Open Item Action Log (OIAL) until closed. The OIAL is maintained by the Systems Engineering Department as part of the RSN YMP Management Information System."