Department of Energy
Office of Civilian Radioactive Waste Management
Office of Repository Development
P.O. Box 364629
North Las Vegas, NV 89036-8629

QA: QA

AUG 13 2003

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OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT DEFICIENCY REPORT (DR) NUMBER: ORD(V)-03-D-204

Enclosed is a copy of Deficiency Report ORD(V)-03-D-204 for the University and Community College System of Nevada, University of Nevada, Las Vegas, which was a result of the surveillance (OQA-SE-03-021) performed on your activities.

Please complete blocks 3,4,5,7 and 8 of the Condition Report Response in accordance with the instructions provided and sign and date in block 9.

Send the original of your response to Deborah G. Opielowski, Navarro Quality Services, P.O. Box 364639, M/S 455, North Las Vegas, Nevada, 89036-8629, with a copy to Bertha M. Terrell by September 3, 2003.

If you have any questions concerning this DR, please contact Ms. Terrell at (702) 794-1348 or April V. Gil at (702) 794-5578.

April V. Gil

April V. Gil
Contracting Officer's Respresentative

OLA&S:BMT-1723

Enclosure:
As stated

NMSS 07
WM-11

cc w/encl:
M. E. Bennington, DOE/OQA (RW-3), Las Vegas, NV
N. K. Stablein, NRC, Rockville, MD
R. M. Latta, NRC, Las Vegas, NV
S. W. Lynch, State of Nevada, Carson City, NV
L. W. Bradshaw, Nye County, Pahrump, NV
D. H. Baepler, UNLV, Las Vegas, NV
R. M. Keeler, UNLV, Las Vegas, NV
Bimal Mukhopadhyay, MTS, Las Vegas, NV
W. J. Glasser, NQS, Las Vegas, NV
D. G. Opielowski, NQS, Las Vegas, NV
M. D. Glover, DOE/ORD (RW-31W), Las Vegas, NV
A. V. Gil, DOE/ORD (RW-40W), Las Vegas, NV
B. M. Terrell, DOE/ORD (RW-40W), Las Vegas, NV
Records Processing Center = "7"

OCRWM	ORIGINAL CONDITION REPORT	1. ☒ DR ☐ CAR CR NO.: ORD(V)-03-D-204 Page of QA: QA

2. Controlling Document (Document Identifier and Rev. or Effective Date):	3 Related Report No.:
UCCSN QAP-16.0/Rev 4, Nonconformances and Trending	OQA-SE-03-021
4. Responsible Organization:	**5. Discussed With:**
UCCSN (UNLV); Las Vegas, NV	Amy J. Smiecinski, Morris E. Roosa, Patrick Auer

6. Requirement:

QAP-16.0/Rev 4, Section 5.1.b) requires the NCR Coordinator to issue an annual trend report that:

1) Contains trend status with overall conclusions regarding QA Program effectiveness
2) Lists the NCRs evaluated and provides a visual display of trend data discussed in the report
3) Lists recurring NCRs that appear to be related to a single cause
4) Includes a list of the trend analysis codes used in the report
5) Indicates deficiencies which are programmatic and not limited to a specific task or organization
6) Communicates previous corrective action that appears to be ineffective in reducing the number of deficiencies occurring.

7. Description of Condition:

7a. ☐ Corrected During Activity (Describe all actions taken to close in Block 7.)

The Annual Nonconformance and Trend Report for September 1, 2001 thru December 31, 2002 was reviewed to determine its compliance with the requirements stated above. While the report did discuss appropriate trend issues, it did not, in fact, comply with all of the above requirements.

For example, the report did not address trend status (Requirement 1). The report did not list NCRs evaluated (Requirement 2). There was no discussion of recurring NCRs, nor did it discuss cause (Requirement 3). The report did not discuss effectiveness of previous corrective actions (Requirement 6).

The report did discuss the intent to trend causes in addition to the violations in future trend reports. This is a very sound idea, and it is recommended that this practice by followed up by inclusion of cause trend processing steps in a revision to the implementing procedure.

8. Initiator:	9. Responsible Manager: (Required if 7a checked and **not** from QA verification activity)
Sam E. Archuleta 7-10-03	
Printed Name / Signature / Date	Printed Name / Signature / Date
10. QA Review: Sam E. Archuleta 7-10-03	11. Does a stop work condition exist? ☐ Yes ☒ No
QAR Printed Name / Signature / Date	13. For a DR, check if Response must have. ☐ Impact ☐ Cause ☐ Action to Prevent Recurrence
12. Issuing Organization: (if applicable)	14. Due Date: 30 calendar days after issue
April V. Gil April V. Gil 8/6/03	(Issue Date: 9/5/03)
Issuing Org / Printed Name / Signature / Date	
15. Issuing Organization Closure Review: (if applicable)	16. QA Corrective Action Verification/Closure:
Issuing Org / Printed Name / Signature / Date	Printed Name / Signature / Date
17. Trend Data:	

ENCLOSURE

OCRWM	2. Submittal Page of ☐ Amended **CONDITION REPORT RESPONSE**	1. CR NO. Page of QA: QA

3. Extent of Condition: Significant: ☐ Yes ☐ No (Complete significance for a DR.)

4. Impact: (Provide an impact statement relative to waste isolation and safety, and impact to other work, if any.)

5. Remedial Actions Required:

6. ☐ Root Cause (For a significant CAQ, attach results of formal root cause determination prepared in accordance with AP-16.4Q.)
☐ Apparent Cause

7. Action to Preclude Recurrence: (Address those actions necessary to prevent the identified cause from recurring.)

8. Due Date for Completion of Corrective Action:	9. Responsible Manager: Printed Name / Signature / Date
10. Issuing Organization: (if applicable) ☐ Accept ☐ Reject Printed Name / Signature / Date	11. QA Review: ☐ Accept ☐ Reject ☐ Re-evaluated for significance QAR Printed Name / Signature / Date

CR RESPONSE INSTRUCTIONS

The numbered steps represent the numbered blocks on the CR Response. Complete only the applicable information. Mark blocks that are not applicable "N/A." Use the CR Continuation Page or reference attachments if additional space is required.

RM:

If a CAQ does not seem to exist, provide a response on a continuation page and justify the basis for not considering the issue to be a CAQ.

1. Enter the applicable CR number. Do not place page numbers in this block.

2. If deemed necessary to number the submittal pages, enter the submittal page count in the upper section of this block. If the specific submittal is an amended response, check this box.

3. Document the extent of condition investigation activities and include a detailed listing of those items or documents that are found to be part of the extent of condition. If an extent of condition investigation is not warranted, provide justification. For a DR, check the appropriate significance box to represent the RM's assessment.

4. Identify the impact relative to waste isolation, safety, and/or to other work, if any. If there is no impact, then provide justification or rationale as to why there is no impact. Otherwise, mark block N/A if impact statement is not required.

5. a) Provide specific remedial actions that have been or will be taken to address each specific type of condition noted in Block 3.

   b) Include the immediate corrective action taken if not reported on the description of condition to allow work to continue or to mitigate the consequences of the CAQ.

   c) List specific actions in a concise bulleted or numbered format. Actions stated must be verifiable.

   d) Provide names of specific individuals responsible for completing each action and the expected completion date, to facilitate closure verification activities.

   e) If remedial actions are deemed unnecessary or cannot be taken, then provide a clear justification or rationale as to why no actions were taken.

   f) Include, as a remedial action, an appropriate requirement to cross-reference this CR to all affected records identified in the extent of condition (required for all CR Responses).

   g) If the CR documents a significant design deficiency because of an incorrect design, then require a review of the design process, design verification methods, and implementing documents.

6. For a significant CAQ, perform a root cause determination in accordance with AP-16.4Q, and attach it to the response. Provide the apparent cause if the "Cause" box of Block 13 of the CR is checked.

7. Identify those actions to be taken to preclude recurrence of the specific causes identified in Block 6. Actions planned should stem directly from the cause statements. These actions must be verifiable prior to closure of the CR. (This is required if the "Action to Prevent Recurrence" box of Block 13 of the CR is checked, or for a CAR.)

8. Provide the due date for completion of all the corrective actions outlined in the response.

9. Print name, sign, and date.