



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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Harry Reid Center for Environmental Studies
University of Nevada, Las Vegas
4505 Maryland Parkway
Las Vegas, Nevada 89154-4012

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
Contracting Officer's Representative

OLA&S:BMT-1723

Enclosure:
As stated

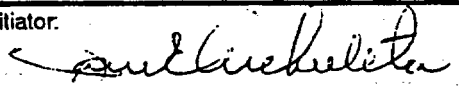
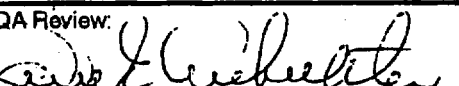
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AUG 13 2003

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
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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	ORIGIN	CONDITION REPORT	1. <input checked="" type="checkbox"/> DR <input type="checkbox"/> CAR
			CR NO.: ORD(V)-03-D-204
			Page of QA QA

2. Controlling Document (Document Identifier and Rev. or Effective Date): UCCSN QAP-16.0/Rev 4, Nonconformances and Trending		3 Related Report No.: OQA-SE-03-021	
4. Responsible Organization: UCCSN (UNLV); Las Vegas, NV		5. Discussed With: 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. <input type="checkbox"/> Corrected During Activity (Describe all actions taken to close in Block 7.)	
<p>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.</p> <p>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).</p> <p>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 be followed up by inclusion of cause trend processing steps in a revision to the implementing procedure.</p>			
8. Initiator:  Sam E. Archuleta Printed Name Signature Date		9. Responsible Manager: (Required if 7a checked and <u>not</u> from QA verification activity) Printed Name Signature Date	
10. QA Review:  Sam E. Archuleta QAR Printed Name Signature Date		11. Does a stop work condition exist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 13. For a DR, check if Response must have: <input type="checkbox"/> Impact <input type="checkbox"/> Cause <input type="checkbox"/> Action to Prevent Recurrence	
12. Issuing Organization: (if applicable) April V. Gil Issuing Org Printed Name Signature Date		14. Due Date: 30 calendar days after issue (Issue Date: <u>9/5/03</u>)	
15. Issuing Organization Closure Review: (if applicable) Issuing Org Printed Name Signature Date		16. QA Corrective Action Verification/Closure: Printed Name Signature Date	
17. Trend Data: / / / / /			

OCRWM	2. Submittal Page of	1. CR NO.
	<input type="checkbox"/> Amended	Page of
CONDITION REPORT RESPONSE		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) <input type="checkbox"/> Accept <input type="checkbox"/> Reject	11. QA Review:		
	<input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Re-evaluated for significance		
Printed Name	Signature	Date	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.