



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 20 2003

N. H. Williams
Bechtel SAIC Company, LLC
1180 Town Center Drive, M/S 423
Las Vegas, NV 89144

ISSUANCE OF CONDITION REPORT (CR) BSC(O)-03-D-236 RELATED TO THE TECHNICAL ASSESSMENT OF UNQUALIFIED DATA

Enclosed is CR BSC(O)-03-D-236.

Please provide a response that meets the applicable requirements of Administrative Procedure (AP)-16.1Q, *Management of Conditions Adverse to Quality*. Send the original of your response to Deborah G. Opielowski, Navarro Quality Services, P.O. Box 364629, Mail Stop 455, North Las Vegas, Nevada 89036-8629.

Response to the CR is due thirty calendar days from the date of this letter. Please notify the U.S. Department of Energy when all actions are complete.

If you have any questions, please contact either William J. Boyle at (702) 794-5506 for technical questions or Kerry M. Grooms at (702) 794-1367 for quality related questions.

William J. Boyle, Division Director
Postclosure & License Acquisition Division
Office of License Application & Strategy

OLA&S:WJB-1760

Enclosures:

1. Condition Report BSC(O)-03-D-236
2. Condition Report Response Form
3. Condition Report Response Instructions

Contract Number:
DE-AC28-01RW12101

NA5507
WM11

AUG 20 2003

cc w/encl:

K. M. Grooms, DOE/OQA (RW-3W), Las Vegas, NV
N. K. Stablein, NRC, Rockville, MD
Robert Latta, NRC, Las Vegas, NV (2 cys)
S. W. Lynch, State of Nevada, Carson City, NV
L. W. Bradshaw, Nye County, Pahrump, NV
G. K. Beall, BSC, Las Vegas, NV
M. J. Mason, BSC, Las Vegas, NV
F. H. Dove, NQS, Las Vegas, NV
W. J. Glasser, NQS, Las Vegas, NV
D. G. Opielowski, NQS, Las Vegas, NV
W. J. Boyle, DOE/ORD (RW-40W), Las Vegas, NV
E. R. Cooper, DOE/ORD (RW-40W), Las Vegas, NV
C. M. Newbury, DOE/ORD (RW-40W), Las Vegas, NV
E. T. Smistad, DOE/ORD (RW-40W), Las Vegas, NV
B. M. Terrell, DOE/ORD (RW-40W), Las Vegas, NV
J. D. Ziegler, DOE/ORD (RW-40W), Las Vegas, NV
Records Processing Center = "7"

OCRWM	ORIGINAL CONDITION REPORT RED STAMP	1. <input checked="" type="checkbox"/> DR <input type="checkbox"/> CAR CR NO.: BSC(O)-03-D-236 Page 1 of QA: QA
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2. Controlling Document (Document Identifier and Rev. or Effective Date): AP-SIII.2Q, Revision 1, ICN 1, <i>Qualification of Unqualified Data</i>	3. Related Report No.: TER-03-0037
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4. Responsible Organization: Performance Assessment Technical Input	5. Discussed With: Mike Jaeger
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6. Requirement:

Attachment 2 states: "One or a combination of methods identified below can be used to qualify data." The methods are (1) Equivalent QA Program, (2) Corroborating Data, (3) Confirmatory Testing, and (4) Peer Review.

7. Description of Condition:	7a. <input type="checkbox"/> Corrected During Activity (Describe all actions taken to close in Block 7.)
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Unqualified data contained in the report TDR-EBS-MD-000022, Revision 00, *Data Qualification: Update and Revision of the Geochemical Thermodynamic Database, Data0.YMP*, have been qualified using the Technical Assessment method. This method of data qualification is not one of the methods listed in AP-SIII.2Q, Revision 1, ICN 1, Attachment 2. It was removed from AP-SIII.2Q because Technical Assessment is not a data qualification method allowed by NUREG-1298.

Other data qualification reports have also used the Technical Assessment method for data qualification.

8. Initiator: Floyd H. Dove Printed Name	9. Responsible Manager: (Required if 7a checked and <u>not</u> from QA verification activity) N/A Printed Name
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10. QA Review: 8/14/03 Floyd H. Dove QAR Printed Name	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 checked="" type="checkbox"/> Impact <input type="checkbox"/> Cause <input checked="" type="checkbox"/> Action to Prevent Recurrence
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12. Issuing Organization: (if applicable) OLA&S William J. Boyle Issuing Org Printed Name	14. Due Date: 30 calendar days after issue (Issue Date: 8/20/03)
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15. Issuing Organization Closure Review: (if applicable)	16. QA Corrective Action Verification/Closure:
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17. Trend Data:	
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OCRWM	2. Submittal Page of	1. CR NO.:
	<input type="checkbox"/> Amended	Page of
CONDITION REPORT RESPONSE		QA: QA

3. Extent of Condition: Significant: <input type="checkbox"/> Yes <input type="checkbox"/> 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. <input type="checkbox"/> Root Cause (For a significant CAQ, attach results of formal root cause determination prepared in accordance with AP-16.4Q.) <input type="checkbox"/> 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.