



Department of Energy

Nevada Operations Office

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WBS #1.2.9.3

"QA"

AUG 22 1989

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**CLOSURE OF STANDARD DEFICIENCY REPORTS (SDRs) 208, 209, AND 211, REVISION 0,
RESULTING FROM YUCCA MOUNTAIN PROJECT OFFICE QUALITY ASSURANCE AUDIT 88-08 OF
LOS ALAMOS NATIONAL LABORATORY**

SDRs 208, 209, and 211, Revision 0, have been closed based on satisfactory verification of completed corrective actions. Copies of the SDRs are enclosed for your files.

If you have any questions, please contact James Blaylock of my staff at (702) 794-7913 or FTS 544-7913, or William H. Camp of Science Applications International Corporation at (702) 794-7166 or FTS 544-7166.

Edwin L. Wilmot, Acting Director
Quality Assurance Division
Yucca Mountain Project Office

YMP:JB-5500

Enclosure:
SDRs 208, 209, 211, Revision 0

FULL TEXT ASCII SCAN

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Richard J. Herbst

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AUG 22 1989

cc w/encl:

Ralph Stein, HQ (RW-30) FORS
Dwight Shelor, HQ (RW-3) FORS
J. E. Kennedy, NRC, Washington, DC
S. W. Zimmerman, NWPO, Carson City, NV
H. P. Nunes, LANL, Los Alamos, NM
J. J. Brogan, SAIC, Las Vegas, NV, 517/T-12
L. G. Scherr, SAIC, Las Vegas, NV, 517/T-06
W. H. Camp, SAIC, Las Vegas, NV, 517/T-06

cc w/o encl:

H. E. Valencia, LAAO
J. W. Hines, NWQA, AL
A. R. Chernoff, MSD, AL
G. P. Fehr, SAIC, Las Vegas, NV, 517/T-12
V. D. Hedges, SAIC, Las Vegas, NV, 517/T-06
R. J. Bahorich, W, Las Vegas, NV, 517/T-37
J. W. Gilray, NRC, Las Vegas, NV

WMPO STANDARD DEFICIENCY REPORT

N-QA-038
3/87

Completed by Originating QA Organization 88290

Apr 1

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Completed by Organization in Block 5

Comp. by Orig. QA Org.

1 Date 10/5/88		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		Page 1 of 2	
3 Discovered During Audit 88-08		3a Identified By J. Olseth		3b Branch Chief Concurrence Date	
4 SDR No. 208		Rev. 0			
5 Organization LANL		6 Person(s) Contacted E. Nunes		7 Response Due Date is 20 Working Days from Date of Transmittal	
8 Requirement (Audit Checklist Reference, if Applicable) (Audit Checklist Item 18-24) Reference: TWS-QAS-QP-17, R0, Section 4.6 states that audit personnel are to be trained to NNWSI-SOP-02-01					
9 Deficiency Contrary to the above requirement, there was no evidence that training of audit personnel had occurred.					
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Train applicable personnel to the procedure as required.					
11 QAE/Lead Auditor Date 11/14/88		12 Branch Manager Date 11/14/88		13 Project Quality Mgr. Date 11/14/88	
14 Remedial/Investigative Action(s) Refer to Page 2 of 2					
15 Effective Date 4/27/89					
16 Cause of the Condition & Corrective Action to Prevent Recurrence N/A					
17 Effective Date N/A					
18 Signature/Date HPI/Juno 12/21/88					
19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response		QAE/Lead Auditor/Date William H. Camp 2-10-89		Branch Manager/Date J. Olseth 10 Feb-89	
20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject		QAE/Lead Auditor/Date		Branch Manager/Date	
21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory		QAE/Lead Auditor/Date C. L. W. 1/8/89		Branch Manager/Date T. W. N. 8/15/89	
22 Remarks VERIFIED BY REVIEW OF TWS-QAS-QP 18.1, REV1 and TWS-QAT-QP-18.3, REV1. AS STATED IN THE RESPONSE TO THIS SDR, THESE PROCEDURES IN WORK IN REFERENCE SOP 02-01. IN THE TWO AUDITS PERFORMED BY LOS ALAMOS SINCE ISSUANCE OF THESE PROCEDURE REVISIONS, IT WAS VERIFIED THAT PARTICIPATING LEAD AUDITORS AND AUDITORS WERE TRAINED AND CERTIFIED BEFORE THE AUDIT. NO TECHNICAL SPECIALISTS WERE USED IN THESE AUDITS.					
23 QA CLOSURE		QAE/Lead Auditor/Date C. L. W. 1/8/89		Branch Manager/Date T. W. N. 8/15/89	

ENCLOSURE

December 21, 1988

14. Remedial/Investigative Action(s)

The referenced section of TWS-QAS-17, R0 (Section 4.6), addresses qualifications only for lead auditors.

At the time of the audit, Ms. Patricia M. Tillery was the only lead auditor at LANL. Evidence of her training and the course content (attached) were in the QAS training files at the time of the audit.

The course addresses the content of NQA-1, the source document for QA requirements in NNWSI SOP 02-01. SOP 02-01 is now outdated and will not be referenced in the revised procedures (TWS-QAS-QP-18.1 and TWS-QAS-QP-18.3) addressing audits and auditor/lead auditor certifications, respectively.

All auditors, lead auditors, and technical specialists will be properly indoctrinated, trained, and certified before participating in and/or conducting an audit as required by ANSI/ASME-NQA-1, latest revision. The new and revised procedures will reflect the NQA-1 requirements.

16.0 Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Not applicable.

Corrective Action: Not applicable.

WMPO STANDARD DEFICIENCY REPORT

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Completed by Originating QA Organization	1 Date 10/4/88		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 3
	3 Discovered During Audit 88-08	3a Identified By J. Olseth	3b Branch Chief Concurrence Date		4 SDR No. 209 Rev. 0
	5 Organization LATTA	6 Person(s) Contacted M. McGowan		7 Response Due Date is 20 Working Days from Date of Transmittal	
	8 Requirement (Audit Checklist Reference, if Applicable) (Audit Checklist Item 12-17) Requirement: TWS QAS QP 12.1, R1, Page 8 and 9 (Calibration Form and Instruction) require that the procedure by which the M&TE was calibrated be entered in section 9 of the form.				
Completed by Organization in Block 5	9 Deficiency Contrary to the above requirement, four calibration records (sample of eight) did not have the procedure identified by which the M&TE was calibrated to, entered on the form. These M&TE were the following:				
	10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective 1. Reinstruct appropriate personnel to the requirements of TWS-QAS-QP-12.1, Rev. 1, concerning Calibration Records.				
	11 QAE/Lead Auditor Date 11/14/88 William H. Camp	12 Branch Manager Date 9/16/88 J. Olseth	13 Project Quality Mgr. Date 11/14/88 James Blaylock		
	14 Remedial/Investigative Action(s) 15 Effective Date N/A Refer to Page 3 of 3				
Completed by Organization in Block 5	16 Cause of the Condition & Corrective Action to Prevent Recurrence 17 Effective Date 3/31/89 Refer to Page 3 of 3				
	18 Signature/Date HP Jones 12/21/88				
	19 Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Amended Response <input type="checkbox"/> Reject	QAE/Lead Auditor/Date William H. Camp 1/25/89		Branch Manager/Date J. Olseth for HHC 1/26/89	
	20 Amended Response <input type="checkbox"/> Accept <input type="checkbox"/> Reject	QAE/Lead Auditor/Date		Branch Manager/Date	
Comp. by Orig. QA Org.	21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	QAE/Lead Auditor/Date William H. Camp 1/15/89		Branch Manager/Date J. Olseth 8/15/89	
	22 Remarks AS STATED IN THIS SDR RESPONSE, TWS-QAS-QP-12.1, R2 HAS BEEN ISSUED. IT WAS VERIFIED THAT TRAINING OF LOS ALAMOS PERSONNEL HAS BEEN PERFORMED FOR TWS-QAS-QP-12.1, R2 IN ACCORDANCE WITH TWS-QAS-QP-2.2, R2.8, REVIEW OF TRAINING RECORDS.				
	23 QA CLOSURE	QAE/Lead Auditor/Date William H. Camp 8/15/89	Branch Manager/Date J. Olseth 8/15/89	PQM/Date 8/15/89	

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CONTINUATION SHEET

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9 Deficiency (continued)

MEC-8 No. 5347 Gillian Bubble Chamber Gilibrator
MEC-8 No. 4551 CENCO Wgt. Set
MEC-8 No. 4462 LTD State Micrometer
MEC-8 No. 4574 American Standard Large Spirometer

10 Recommended Actions (continued)

2. Correct all calibration records where necessary for NNWSI Project M&TE.
3. Collect all calibration records for each M&TE used on the NNWSI Project and assemble in one file for that specific M&TE.

December 21, 1988

14. Remedial/Investigative Actions

The calibration information in question, while not properly entered on the calibration form, was described on the calibration certificate. The work using this equipment has been terminated, and the work will not be used for any licensing activity.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Calibration records were not in compliance with procedures, although the required information was available in the calibration files. The calibration records were not checked to verify that all necessary information was recorded.

Corrective Action: Increased attention will be given to ensuring that all calibration forms are properly completed. Staff will be retrained to the revised calibration procedure (TWS-QAS-QP-12.1, R2) by 3/31/89.

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3/87

Completed by Originating QA Organization

1 Date 10/4/88		2 Severity Level <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3		Page 1 of 23
3 Discovered During Audit 88-08		3a Identified By E. Bryant	3b Branch Chief Concurrence Date	4 SDR No. 211 Rev. 0
5 Organization LANL		6 Person(s) Contacted L. Massen/A. Pendergrass/H. Nunes		7 Response Due Date is 20 Working Days from Date of Transmittal
8 Requirement (Audit Checklist Reference, if Applicable) (Audit Checklist Item 3-11) LANL response to Observation No. 2 of WMPO Audit 87-1 committed to removing procedures TWS-CNC-DP.17 and TWS-CNC-DP.30 from LANL controlled distribution.				
9 Deficiency Procedures (TWS-CNC-DP.17 and TWS-CNC-DP.30) are still in the system as controlled documents. This is an untimely response to an audit corrective action completion.				
10 Recommended Action(s): <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Investigative <input checked="" type="checkbox"/> Corrective Determine why commitment was not implemented. If reason exists for the noncompliance, request revision to commitment. Provide acceptable alternate				

Aprvl

11 QAE/Lead Auditor Date <i>William H. Camp</i> 11/4/88	12 Branch Manager Date <i>W. H. Camp</i> 4/14/89	13 Project Quality Mgr. Date <i>James Blaylock</i> 11/14/88
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Completed by Organization in Block 5

14 Remedial/Investigative Action(s) Refer to Page 3 of 3		15 Effective Date 2/28/89
16 Cause of the Condition & Corrective Action to Prevent Recurrence Refer to Page 3 of 3		17 Effective Date 2/28/89
18 Signature/Date <i>W. H. Camp</i> 12/21/88		

Comp. by Orig. QA Org.

19 Response <input type="checkbox"/> Accept <input checked="" type="checkbox"/> Amended Response	QAE/Lead Auditor/Date <i>W. H. Camp</i> 2-10-89	Branch Manager/Date <i>W. H. Camp</i> 10 Feb 89
20 Amended Response <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Reject	QAE/Lead Auditor/Date <i>W. H. Camp</i> 4-19-89	Branch Manager/Date <i>W. H. Camp</i> 20 Apr 89
21 Verification <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	QAE/Lead Auditor/Date <i>W. H. Camp</i> 8/15/89	Branch Manager/Date <i>T. W. Nelson</i> 8/15/89
22 Remarks PROCEDURE TWS-INC-DP-17 HAS BEEN REVISED AS OF 8-8-89 AND TWS-INC-DP-30 HAS BEEN REQUESTED TO BE CANCELLED. IN ADDITION, ACTION ITEMS FOR A QUALIFIED QA PROGRAM (A REPORT ISSUED BY N-6) WAS REVIEWED ALONG WITH "YMP QA ACTIONS SCHEDULE AND STATUS DOCUMENT" (A REPORT ISSUED WEEKLY BY QAS) AND FOUND TO COMPLY WITH THE COMMITMENTS MADE IN THE ORIGINATED RESPONSE TO THIS SDR.		
23 QA CLOSURE	QAE/Lead Auditor/Date <i>W. H. Camp</i> 8-15-89	Branch Manager/Date <i>T. W. Nelson</i> 8/15/89

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10 Recommended Actions (continued)
and respond in a timely manner.

December 21, 1988

14. Remedial/Investigative Actions

Following the original response to Observation No. 2 of Audit 87-01, individuals outside the audited group expressed a need to revise and use those procedures. The response, inappropriately, was not amended.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Failure to transmit commitments regarding Observation No. 2 to the affected individuals.

Corrective Action: The detailed technical procedures (DP) in question are undergoing review and revision as required for use on the Project. Therefore, the deletion of the two DPs has become a moot point and no corrective action is required.

March 20, 1989

14. Remedial/Investigative Actions

Following the original response to Observation No. 2 of Audit 87-01, individuals outside the audited group expressed a need to revise and use those procedures. The response, inappropriately, was not amended.

16. Cause of Condition and Corrective Action to Prevent Recurrence

Cause: Failure to transmit commitments regarding Observation No. 2 to the affected individuals.

Corrective Action: The detailed technical procedures (DP) in question are undergoing review and revision as required for use on the Project. Therefore, the deletion of the two DPs has become a moot point and no corrective action is required with respect to those DPs.

As a part of the overall tracking commitment, management actions are tracked by the LANL project management organization, Group N-5, to ensure that any commitment (deficiency responses or any other directed action is formally tracked, assigned to someone for resolution, and reported to the TPO for his review and action, if needed. The QAS will prepare a monthly deficiency report status showing, staff assignment, due date, and action(s) required.