



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

OCT 24 2003

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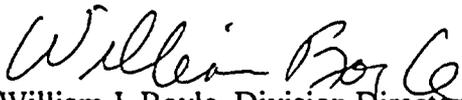
ISSUANCE OF CONDITION REPORT (CR) ORD(S)-04-D-004 RELATED TO ANNUAL TECHNICAL REVIEWS OF SCIENTIFIC NOTEBOOKS

Enclosed is CR ORD(S)-04-D-004 generated as a result of Office of Quality Assurance (OQA) Supplier Audit OQA-AS-04-01.

Please provide a response that is completed in accordance with the enclosed instructions for Attachment 2, Condition Report Response. 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-0098

Enclosures:

1. Condition Report ORD(S)-04-D-004
2. Condition Report Response Form
3. Condition Report Response Instructions

Contract Number: DE-AC28-01RW12101

UMSSD
um-11

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
W. A. Seddon, AECLT, Las Vegas, NV
J. A. McLaughlin, BSC, Las Vegas, NV
J. R. Doyle, 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
P. R.Z. Russell, DOE/ORD (RW-40W), Las Vegas, NV
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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	1. <input checked="" type="checkbox"/> DR <input type="checkbox"/> CAR CR NO.: ORD(S)-04-D-004 Page 1 of 1 QA: QA
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2. Controlling Document (Document Identifier and Rev. or Effective Date): DOE.01 "Scientific Notebooks for WTBU Projects" Rev. 1	3. Related Report No.: Supplier Audit OQA-AS-04-01
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4. Responsible Organization: Atomic Energy of Canada, LTD (AECL)	5. Discussed With: Brian Iketa, Vern Steiner
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6. Requirement:
DOE-01 "Scientific Notebooks" Rev. 1 Para. 6.4 a. states in part:

"A technical review of the Scientific Notebook shall be performed at a frequency sufficient to control the proliferation of error for the quantity of the material being recorded in the notebook. The review shall be performed at least annually...."

7. Description of Condition:	7a. <input checked="" type="checkbox"/> Corrected During Activity (Describe all actions taken to close in Block 7.)
<p>There is no objective evidence that an annual technical review of Scientific Notebook WTBU-SN-002 "Crevice Corrosion Studies" Volume 2 has been performed by the Technical Reviewer, Project and Branch Manager.</p>	

8. Initiator 10/15/03 John R. Doyle <i>John R. Doyle</i> 10/15/03 Printed Name Signature Date	9. Responsible Manager: (Required if 7a checked and <u>not</u> from QA verification activity) N/A Printed Name Signature Date
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John R. Doyle <i>John R. Doyle</i> 10/15/03 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 checked="" type="checkbox"/> Cause <input checked="" type="checkbox"/> Action to Prevent Recurrence
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12. Issuing Organization: (if applicable) WILLIAM J. BOYLE <i>William Boyle</i> 10/24/03 Issuing Org Printed Name Signature Date	14. Due Date: 30 calendar days after issue (Issue Date: <u>10/24/03</u>)
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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:
 ___ / ___ ___ / ___ ___ / ___ ___ / ___ ___ / ___

OCRWM	2. Submittal Page of <input type="checkbox"/> Amended <div style="text-align: center; font-weight: bold; font-size: 1.2em;">CONDITION REPORT RESPONSE</div>	1. CR NO.: Page of <div style="text-align: right;">QA: QA</div>
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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.