(12-84)

United States Government | Department of Energy

memorandum

DATE: AUG 26 1987

REPLY TO ATTN OF: RW-24

SUBJECT: Minutes of July 23, 1987 QACG Meeting

TO: State and Tribal Representatives

Attached are the Minutes of the QACG Meeting that was held in Denver, Colorado on July 23, 1987. Please contact me (202-586-5792) if you have any questions or comments or if there are any corrections or additions that need to be made to these minutes.

Our next meeting is scheduled for October 22, 1987, in Amarillo, Texas. We look forward to seeing you then. Thank you for your interest in our program and your willingness to be involved.

James P. Knight, Director
Siting, Licensing & QA Division

cc: w/Attachment

H

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WM Project: WM-1
PDR w/encl
(Return to WM, 623-SS)

WM Record File: 405
LPDR w/encl

WM Record File
WM Project
Docket No.
PDR
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Distribution:
(Return to WM, 623-SS) 431-93-005 BX-34

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WM DOCKET CONTROL
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WM Record File
405

WM Project 1
Docket No.
PDR ✓
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Summary of the Quality Assurance Coordinating
Group General Session Held in Denver, CO.
on July 23, 1987

I. Introduction

The Quality Assurance Coordinating Group (QACG) held it's General Session at the Warwick Hotel in Denver, Colorado on July 23, 1987. The session attendance is shown in Attachment A and the Session agenda in Attachment B.

II. Session Summary

A. Introductory Remarks

- C. Newton, the QACG Chairman, opened the meeting and introduced Mr. Ed Kay (Dep. Dir. - OCRWM) to the session attendees. Mr. Ed Kay made several opening remarks to the QACG.

- C. Newton addressed the current status of the DOE-HQ QA Program and stated that the proposed DOE resolution of NRC/State comments to the OGR QA Plan would be addressed as a subsequent agenda item.

- C. Newton presented a summary of the QACG Executive Session held July 22, 1987 and identified the topics covered as follows:

  - QACG Charter
  - Status of QACG Action Items from April 22, 1987 meeting
  - NRC mini-audit of LANL
  - Update on OCRWM QA documents
  - Options under consideration by DOE-HQ for assignment of Quality Levels
  - Presentation on "Auditing for Effectiveness"

B. Workshop to Discuss DOE Proposed Disposition to NRC/State/Tribal Comments to OGR QA Plan

- C. Newton presented a summary of the major comments received and their proposed dispositions (Attachment C).

- T. Colandrea (EEI/UNWMG) addressed the QACG and discussed the major EEI concerns on DOE's approach to quality level classification and application of graded QA. He noted that QA requirements for Q-Level 2 are limited to control the items from an operability standpoint. (i.e. OGR QA Plan Supplement No. 8 does not invoke 10 CFR 50, Appendix B; NQA-1; or the NRC Review Plan; etc.). He also noted that Supplement No. 8 has a built in inhibitor in that it requires written justifications. He noted that he foresees DOE making a mistake comparable to that made by the Nuclear industry utilities in taking a too-narrow approach to quality assurance. He recommended that DOE review the utility's programs for Graded QA. It was agreed that an agenda item would be added for the next QACG meeting, for T. Colandrea to present a summary on the Nuclear utility's Graded QA approaches.

- o J. Kennedy (NRC) stated that the NRC is concerned that much laboratory testing will not be considered Quality Level 1, even though it's importance and future use is currently indeterminant.

- o S. Zimmerman (State of Texas) discussed the state's concern that the project manager does not have the degree of independence necessary to be responsible for the QA Program and at the same time be responsible for the implementation and execution of the project. D. Provost (State of Washington) questioned the whole DOE-HQ Operation Office Project Office interface, responsibilities and authorities.

- o C. Johnson (State of Nevada) questioned whether the proposed DOE Systems Engineering and Development contract would have any affect on the project manager's current responsibility and authority. J. Knight summarized the anticipated role of the proposed contractor and stated that the project managers will retain the responsibility and authority necessary to carry out the field activities.

- o J. Kennedy (NRC) questioned whether the OGR QA Plan would invoke the NRC Generic Technical Position(s), (GTP(s)). J. Knight (OGR Div. Dir. - S,L&QA) summarized that the GTP(s) were not totally endorsed NRC positions. S. Echols (DOE-General Counsel) reinforced J. Knight's summary by comparing the limited NRC internal review of GTP(s) vs. the reviews of Regulatory Guides. S. Echols stated that if the NRC intended the positions established in GTP(s) to be invoked by DOE, the NRC should reissue the GTP(s) as Regulatory Guides and subject the positions to a total NRC review and endorsement process. M. Langston (OCRWM QA Manager) asked J. Kennedy if the GTP(s) also applied to OCRWM Transportation and Storage activities. J. Kennedy stated that they did not apply.

- o T. Colandrea questioned if the revision to the OGR QA Plan will be issued for review prior to issue (i.e., a draft which incorporates/addresses the comments received by DOE-HQ). J. Knight stated that DOE-HQ will solicit input on the draft revision of the OGR QA Plan but recommended that a workshop approach (similar to the NRC meetings to resolve comments on the GTP(s)) be taken rather than a formal review and comment cycle via letter approach.

- o The following summary statements were presented:

  - S. Zimmerman (State of Texas) stated that the State would have to review how the comments from the State are incorporated/addressed before the State could endorse the proposed DOE comment dispositions. This position was supported by the other commenters.

- C. Johnson (State of Nevada) had the following comments with regard to DOE's proposed disposition to Nevada's comments(DOE comment dispositions to all OGR QA Plan comments received is included as Attachment D):

  (1) Supplement No. 2, comment e, pg. 22 (Ref. Attachment D) - C. Johnson questioned how the lead auditor on DOE audits could not be from the QA organization and the QA audit independence requirement still be met. J. Reese (SRPO QA Mgr.) cited use of his engineering manager as a potential lead auditor.

  (2) Pg. 18, comment 4 (Ref. Attachment D) - C. Johnson recommended that the OGR QA Plan either be revised to define "major" or replace "major" with "select".

  (3) Pg. 3, comment 14 (Ref. Attachment D) - C. Johnson recommended that the OGR QA Plan be revised to invoke GTP(s).

- D. Provost (State of Washington) had the following comments:

  (1) D. Provost stated that the State of Washington would have to review how their comments were incorporated/addressed before the proposed DOE comment dispositions were accepted.

  (2) D. Provost expressed a concern that DOE does not have enough DOE people to provide Program accountability and that DOE is relying too heavily on the use of contractors.

- J. Kennedy had the following comments:

  (1) Pg. 18, comment #3 (Ref. Attachment D) - J. Kennedy stated that the OGR QA Plan should be revised to reflect the responsibilities and authorities delineated in the NWPA (i.e., DOE Secretary - OCRWM Director - OGR Associate Director - etc.) and to change "Policy Guidance" to delineate "Responsibility and Authorities".

  (2) Pg. 24, comment 13d (Ref. Attachment D) - J. Kennedy stated that the NRC still wants a DOE rationale for any specific probability value DOE plans on using for determining credible initiating events and accidents. J. Knight stated that this was an open issue to be discussed between DOE and NRC.

  (3) Pg. 29, comment 19 (also Pg. 13, comment 24d) (Ref. Attachment D) - J. Kennedy took exception to the DOE disposition implication that the NRC endorsed DOE's proposed limited overview of defense waste facilities. The referenced meeting minutes will be re-reviewed to clarify this issue.

C. Nevada State Comments on Participation in the NRC Mini-Audit of LANL

C. Johnson presented the following observations based on participation on the subject audit.

- o The technical staff of LANL appeared well qualified and very cognizant of the QA Program.
- o There appeared to be adequate traceability of data.
- o The LANL QA Program was in-place, however, there was a question on the adequacy of implementation.
- o There appeared to be inadequate documentation of training.
- o There appeared to be an inadequate level of QA audit and surveillance.
- o There appeared to be a need for increased LANL management commitment to and support of the QA Program.

D. NRC Comments on NRC Mini-Audit of LANL

J. Kennedy presented a briefing on the subject mini-audit. The presentation centered on Attachment E. J. Kennedy noted that DOE should pursue a definition of the degree of Program documentation required for items, such as, personnel qualifications. J. Kennedy stated that the next NRC mini-audit was tentatively scheduled for the BWIP project in October/November, 1987.

E. Comments from the States

- o S. Zimmerman (State of Texas) had the following comments:
  - S. Zimmerman stated that the state's participation in SRPO audits has been an overall good experience. She stated that the draft DOE policy on audit observers was not being followed by SRPO. J. Knight stated that a DOE-HQ letter of direction to the Project Offices will be forthcoming, to direct interim implementation of the draft DOE policy pending finalization.
  - S. Zimmerman expressed a concern that the current and near-term testing should be considered Q-Level 1, due to the indeterminant nature of it's future use in supporting licensing. She stated that the perception is that DOE will not treat this testing as Q-Level 1, due to the preliminary nature of the work.
- o C. Johnson (State of Nevada) had the following comments:
  - C. Johnson stated that the draft DOE policy on audit observers was not being followed by WMPO. (Ref. J. Knight's response to the State of Texas on a similar comment above).
  - C. Johnson recommended that DOE pursue addressing how state comments and suggestions on audits will be handled.

- o D. Provost (State of Washington) reiterated the same comment as Texas and Nevada with respect to BWIP not following the draft DOE policy on audit observers.

F. Comments From Tribes

- o D. Wolf (CTUIR-NWSP) reiterated the same comment as the states with respect to BWIP not following the draft DOE policy on audit observers.

- o D. Wolf (CTUIR-NWSP) stated that the minutes of the April 23, 1987 QACG meeting failed to note the input and discussions provided by himself and S. Hart (CERT) to the discussion of observers on DOE audits.

  As stated in the minutes, "a major discussion was held and numerous positions and recommendations were expressed by the meeting participants." This meeting's minutes will serve to revise Section IIB of the QACG General Session minutes of the April 23, 1987 meeting, to reflect that a significant contribution both in the form of discussions and recommendations were provided by D. Wolf (CTUIR-NWSP) and S. Hart (CERT).

- o S. Hart (CERT) had no comments.

G. Comments from the NRC

- o J. Kennedy stated that the NRC LANL audit report would be issued shortly.

- o J. Kennedy stated that the revision to the NRC Review Plan currently in-process should be issued in draft by September 30, 1987.

H. Next QACG Meeting

C. Newton stated that the next QACG General Session meeting was scheduled for October 22, 1987, in Amarillo, Texas.

I. OCRWM Director's Statements on Managing for Quality and Quality Assurance

- o Mr. E. Kay presented a briefing on the recently issued Director's Statements on Managing for Quality and Quality Assurance. Copies of the Director's Statements were provided as meeting handouts. (Attachment F) Mr. Kay noted that the Director's Statements do not represent something new and different requiring a new approach and revision of existing QA programs. The Director's Statements are intended to clarify and reinforce the existing Program goal and objective of Managing for Quality.

J. Project Office Progress Reports on QA Activities

- Mr. C. Kasch (DOE-QA (BWIP)) presented and discussed the "BWIP QA Progress Report" (Attachment G).

- Mr. S. Klein (SAIC) presented and discussed the "WMPO QA Progress Report" (Attachment H).

- Mr. J. Reese (SRPO QA Manager) presented and discussed the "SRPO QA Progress Report" (Attachment I).

ATTACHMENT B

AGENDA FOR QACG GENERAL
SESSION MEETING IN DENVER, CO.
ON JULY 23, 1987
(Open to NRC, States and Tribes; Closed to Public)

1.	Opening Remarks o Status of DOE-HQ QA Program o Summary of QACG Executive Session	C. Newton	8:30- 9:00
2.	Workshop to discuss DOE Proposed Disposition to State/Tribe Comments to OGR QA Plan	J. Knight/C. Newton	9:00-10:15
	BREAK		10:15-10:45
	Resume Item #2 Workshop		10:45-12:00
	LUNCH		12:00- 1:00
4.	Nevada State Comments on Participation in the NRC mini-audit of LANL	C. Johnson	1:00- 1:30
5.	NRC Comments on NRC Mini-Audit Process	J. Kennedy	1:30- 2:00
6.	Status Report on BWIP QA Activities	P. Saget	2:00- 2:30
7.	Status Report on WMPO QA Activities	J. Blaylock	2:30- 3:00
8.	Status Report on SRPO QA Activities	J. Reese	3:00- 3:30
9.	Comments from NRC	J. Kennedy	3:30- 4:00
10.	Comments from States o Nevada o Texas o Washington		4:00- 4:30
11.	Comments from Tribes o Nez Perce o Umatilla o Yakima		4:30- 5:00

A CONSOLIDATION OF THE MAJOR COMMENTS FROM THE STATES AND NRC ON OGR/B-3

ATTACHMENT C

COMMENT	PROPOSED DISPOSITION
. There is a concern that the organization structure does not provide the OGR QA Manager adequate access to top management and may not be sufficiently independent. (NV, TX, WA, NRC)	The QA Plan will be revised adding footnotes to the organization chart, fig. 3.1 clarifying solid line and dotted and providing clarification of responsibility.
. There is a concern on the subject of HQ-OGR interaction with the affected States and Tribes. Particularly in regards to HQ providing requested information/documents, etc. (NV, TX, WA)	A new section will be added to the OGR QA Plan describing "Interaction between affected States and Tribes"
. There is a concern that the non permanent documentation retention period of 5 years, which is referenced throughout the plan, is not adequate. (NV, TX, WA)	We agree. The retention period for non permanent documentation is being re-evaluated.
. QIP 18.3 requires that a technical specialist also be a trained auditor. This requirement is not necessary and should be deleted. (NV, TX)	We understand that this is not required by any codes or standards, however, it is HQ-OGR's position that this requirement be maintained. A technical specialist who is genuinely familiar with the entire audit process will be that much more beneficial throughout the performance of the audit.
. Supplement 3, Section 3.3: Retrieval of waste cannot be considered to be just the reversal of emplacement. Therefore, items and activities for retrieval should be on separate Q-Lists. (NV, TX)	While we agree that the items, etc. for retrieval may be different from those of emplacement, it is HQ-OGR's position that the same criteria will be used for Q-Level classification for both emplacement and retrieval (if necessary). What's important is that the assigning of Q-Levels is accomplished consistently.

A CONSOLIDATION OF THE MAJOR COMMENTS
FROM THE STATES AND NRC ON OGR/B-3

COMMENT	PROPOSED DISPOSITION
Supplement 8, Page 2. Section 5.0 requires that each project review and assign quality levels to items and activities. Who at DOE-HQ will be responsible for evaluating the consistency of assignments among the projects? What criteria will be used in that evaluation? (NV, TX)	HQ-OGR review and approval of Project Office QA Plans and specific procedures for assigning Quality levels is the method by which consistency will be maintained. Also, HQ Review of the SCP will ensure Q-list consistency.
a) Supplement 8, Page 6. Section 5.3.2.2, It is our understanding that any items or activities related to radiological health and safety should be Quality level 1. Items or activities with a potential impact on occupational health and safety, such as OSHA and MSHA, could be considered Quality level 2. (NV, TX)	By definition Quality level 1 Items and Activities are those that are directly important to safety or waste isolation... As defined in 10 CFR 60. This section is in reference to those Quality level 2 items and activities that are neither important to safety nor waste isolation, however, are involved with "Protection Against Radiation" as is described under 10 CFR 20.
b) Also, define those field and Laboratory investigations considered under Quality Level 2. In our view, most provide data for licensing the Repository, thus should be considered Quality Level 1. (NV)	The title of Section 5.3.2 is "Quality Level 2". We agree that some of these activities provide data for Licensing those will be considered Quality Level 1, and are not covered here. This Section deals with those lesser activities identified, as per definition, as Quality Level 2.
Section 3.3, Page 13. The Project Manager does not have the degree of independence necessary to be responsible for the QA Program and at the same time be responsible for the implementation and execution of the project. The PM may have the responsibility for <u>establishing</u> the Program, however, its implementation must be carried out with a proper level of independence. (TX).	The Project Manager is designated as having the <u>ultimate responsibility</u> for the implementation of the QA program. The implementing itself however, is carried out by the QA organization which does have a separate reporting chain and degree of independence.

A CONSOLIDATION OF THE MAJOR COMMENTS
FROM THE STATES AND NRC ON OGR/B-3

	COMMENT	PROPOSED DISPOSITION
.	Section 4.4, Page 21. This Section needs more elaboration. How will management perform these assessments? Will additional guidance be issued for the objectives and implementation of the assessments? (TX)	We agree with your comment, additional guidelines are under development and will be forthcoming.
).	Page 21, Section 4.3.2(h): Who is responsible for verifying the QA programs for the various subcontractors? (TX)	Ultimately HQ is responsible, however, this authority has been delegated to the Project Offices per Section 5.3.1.a. Verification that the QA programs of Contractors are sufficient is provided by the Review and Approval of their plans/procedures, audits, surveillances, etc.
1.	Supplement 6, Section 5.2: Does the Project QA Manager of each office have sufficient knowledge of the overall program to be able to determine quality problems generic to all offices? The OGR QA Manager should be responsible for issuing generic QAAS. (TX)	HQ-OGR feels that the Project Office QA Manager does have sufficient knowledge of the overall program, as a result of the continuous interaction between the Projects. As is explained in this Section, the fast relaying of information between the Project Offices assures that the QA Managers will be aware of the overall picture.
2.	Supplement 11, Section 1.0: For waste that is to be accepted in the repository, the waste must have been processed under a QA program that complies with 10 CFR 60, Subpart G, not the OGR QA Plan. (TX)	The waste producers QA program will comply with both. They will comply with OGR in the sense that their program will be subject to OGR overview. Their program will require compliance with 10 CFR 60, subpart G, and OGR HQ program will verify this compliance (i.e., audits).

A CONSOLIDATION OF THE MAJOR COMMENTS
FROM THE STATES AND NRC ON OGR/B-3

COMMENT	PROPOSED DISPOSITION
3. Section 3.0: Does the one observer allowed mean one observer from each interested affected State and Tribes, or one observer to be picked by DOE if more than one affected State and Tribe are interested in observing the audit? (TX, WA)	It is currently under negotiation as to how many observers will be allowed, however, to answer your question it definitely does not mean one observer from each affected State and Tribe. It must be understood that in order to perform an effective audit and maintain control and communication with the team, the number of participants must be kept as low as possible.
4. The OGR Plan was written prior to NRC's June 1986 draft Generic Technical Positions (GTPs): a.) Qualification of Existing Data (Federal Register Vol. 51, No. 128, pg. 24455, b.) Peer Review (same reference as item a) c.) Items & Activities subject to 10 CFR 60 QA Requirements (Federal Register Vol. 51, No. 153, pg. 28643, August 8, 1986). The Plan (including supplements) should be revised to reflect these GTPs an differences noted and justified. (NRC)	It is our policy that draft GTPs not be referenced, they are not requirements that must be complied with. However, when they are issued and final we will make any revisions necessary to help improve the effectiveness of our QA Program.
5. The last item in Section 3.4 of the OGR QA plan indicates that OGR QA can stop, or cause to be stopped, unsatisfactory work, through established channels. The QA organization need not have authority to stop work if the individual to whom the person responsible for managing the QA program reports has this authority. Describe how stop-work requests are initiated and completed. (NRC)	A QIP for stop work is forthcoming that will explain these matters.

A CONSOLIDATION OF THE MAJOR COMMENTS
FROM THE STATES AND NRC ON OGR/B-3

COMMENT	PROPOSED DISPOSITION
6. Section 5 of Supplement 8 addresses rationale for assigning Quality Levels. Clarify whether these rationale include system analyses and definition of numerical performance objectives and standards. Justify why not if not. Identify items and activities covered by the QA program. The staff information needs defined in the "Q-List" GTP should be used as guidance. If items and activities important to safety or waste isolation as defined in 10 CFR 60.2 will be identified in the proejct offices QA plans so state. (NRC).	Level 1 items and activities will be based on direct assessment of whether the performance objectives will be met at the LA Design Stage as described in Section 3.2 of supplement 3, Attachment A; and by Engineering judgment at the SCP Design Stage as specified in Section 3.1. The reason numerical standards are not used at SCP stage is because they are not available to the extent needed to make such evaluations. Items and Activities important to safety or waste isolation will not be identified in the Plan, they will be on the Q-list and the Quality Activities List respectively (tentative at SCP, complete at LA Stage).

Comments	Proposed Disposition
NEVADA	
1. Section 1, Page 2. NQA-1-1983 should be revised to NQA-1-1986.	1. To be Incorporated
2. Section 3, Page 8. Figure 3.1 indicates that the OCRWM QA Manager is not a direct-line management Role to the Director of OCRWM. It appears that the QA Manager is responsible to the Director of Policy and Outreach who may in fact evaluate the QA Managers job performance.	2. To be Incorporated - Footnotes will be added to figure 3.1 clarifying solid line and dotted line. Also, responsibility of Director of Policy and Outreach will be provided in text.
3. Section 3, Page 9. The organizational structure does not provide the OGR QA Manager adequate access to top management. This structure provides little confidence that QA problems will be adequately considered.	3. To be Incorporated - See #2 Above
4. Section 3, Page 12. Section 3.2.6.2 (a)(ii) should be revised to add "and affected States and Tribes."	4. To be Incorporated - A new Subsection to be added to Section 3.5 describing Interaction between affected States and Tribes.
5. Section 3, Page 13. Section 3.2.6.2 (F) should be revised to indicate that the quarterly and annual QA Status Reports will be documents available to the Public.	5. Not to be Incorporated - the new Section described in #4 above will provide availability of these documents to affected States and Tribes. However, although they are available to the public also, it is DOE's position that OGR/B-3 is not the appropriate place to state this.
6. Section 3, Page 15. Section 3.5.2 should be revised to recognize the lawful requirements of the DOE to interact with affected States and Tribes also. This interaction should include State/Tribal participation in all Audits.	6. To be Incorporated - See #4 above.

Comments	Proposed Disposition
7. Section 4, Page 17. Section 4.2, In the development of QA Programs, who at DOE-HQ will be responsible for ensuring consistency between the project offices.	7. Not to be Incorporated - Responsibility is already covered in text, reference Section 3.2.6.2. Subsection d explains how this is accomplished.
8. Section 4, Page 21. Section 4.5, Affected States and Tribes and the NRC should be included in the list of those entities receiving information.	8. To be Incorporated - See comment #4.
9. Section 5, Page 24. Section 5.3.2, Affected States and Tribes and the NRC should also be included for receipt of documents from the project offices.	9. To be Incorporated - See Comments #4. Note, this Section explains Project Office submittals to HQ-OGR.
10. QIP 2.0, Page 2. Section 7.0, Retention period of 5 years is inadequate, given the long term frame of the project. What is the NRC position on Retention period for non-technical QA Records? This comment on the five year Retention period is also applicable to other QIPs which identify Record Retention for five years.	10. To be Incorporated - We agree, the Retention period of 5 years is to be re-evaluated.
11. QIP 16.0. The Corrective Action Report does not identify the Corrective Action Plan and Schedule required by Section 6.5 and the analysis and approval for that Plan and Schedule. How are comments on the Plan and Schedule resolved and by whom?	11. To be Incorporated - Appendix A, Section B.6 is to be revised to provide for when, as well as how the Corrective Action will be completed. Note that Section 6.5 does provide for the evaluation of the response for adequacy and timeliness.
12. QIP 18.3. This Procedure requires that a technical Specialist also be a trained auditor. If in the Context of an audit, a Technical Specialist is only utilized to provide technical expertise to the audit team, then auditor training is not necessary. This requirement should be deleted.	12. Not to be Incorporated - We agree that this is not required by any codes or standards, however, it is HQ-OGR's position that this requirement be maintained. A technical specialist who is genuinely familiar with the entire audit process will be that much more beneficial throughout the performance of the audit.

Comments	Proposed Disposition
13. Supplement 3, Page 6. Section 3.3, Retrieval will probably occur because the Repository is not performing as anticipated and the waste must be removed before further environmental degradation occurs. Items, equipment, and activities necessary for retrieval may be quite different from emplacement, and thus should be on a separate Q-list.	13. Not be to Incorporated - while we agree that the items, etc. for retrieval may be different from those of emplacement, it is HQ-OGR's position that the same criteria will be used for Q-level classification for both emplacement and retrieval (if necessary). What's important is that the assigning of Q-levels is accomplished consistently.
14. Supplement 7, Page 2. This office has commented in the past that peer reviewers must be independent of both the technical work under review and the organization performing the work. That comment is still applicable to Section 5.0.	14. Not to be Incorporated - It is HQ-OGR's position that the reviewer be independent of the work being performed, not necessarily independent of the organization. There is no requirement for this.
15. Supplement 8, Page 2. Section 5.0 requires that each project review and assign quality levels to items and activities. Who at DOE-HQ will be responsible for evaluating the consistency of assignments among the projects? What criteria will be used in that evaluation?	15. Not to be Incorporated - HQ-OGR Review and Approval of Project Office QA Plans and specific procedures for assigning Quality levels is the method by which consistency will be maintained. Also, HQ Review of the SCP will ensure Q-list consistency.
16. Supplement 8, Page 6. Section 5.3.2.2, It is our understanding that any items or activities related to radiological health and safety should be Quality level 1. Items or activities with a potential impact on occupational health and safety, such as OSHA and MSHA, could be considered Quality Level 2. Also, define those field and Laboratory investigations considered under Quality Level 2. In our view, most provide data for licensing the Repository, thus should be considered Quality Level 1.	16. Not to be Incorporated - By definition Quality Level 1 Items and Activities are those that are directly important to safety or waste isolation...As defined in 10 CFR 60. This section is in reference to those Quality Level 2 items and and Activities that are neither important to safety nor waste isolation, however, are involved with "Protection Against Radiation" as is described under 10 CFR 20.

Comments	Proposed Disposition
	Not be to Incorporated - The title of Section 5.3.2 is "Quality-Level 2". We agree that some of these activities provide data for Licensing-those will be considered Quality level 1, and are not covered here. This Section deals with those lesser Activities identified, as per definition, as Quality Level 2.
17. Supplement 9, Page 2 Section 5.2, In our view the independent reviews stated can only be accomplished by appropriately qualified technical reviewers not associated with DOE or its contractors.	17. Not to be Incorporated - It is HQ-OGR's Position that an effective Review can be accomplished by Reviewers associated with DOE. If the data generates controversy among the Reviewers then provisions can be made to initiate an independent Peer Review.
<u>TEXAS</u>	
1. a. on page viii, the Revision/change board refers to CCBD/BCP numbers B-119 and B-126. How do these documents relate to OGR/B-3 and DOE/RW-0095	1. a. B-119 and B-126 are OGR internal control numbers for the preparation and approval of OGR Baseline Documents, See page vii which will reference you to DOE/RW-0068.
b. Section 1.4, page 2. NQA-1-1983 Should be revised to NQA-1-1986. How will this new version affect the OGR QA Plan	b. To be Incorporated - NQA-1-1986 will not have any affect on OGR/B-3.
2. a. Figure 3.1 The OCRWM QA Manager is not in <u>direct-line</u> to the Director OCRWM	2. a. To be Incorporated - Footnotes will be added to figures 3.1 and 3.2 clarifying solid line and dotted line.
b. Figure 3.2, the Organization Structure does not provide the OGR QA Manager Adequate Access to Top Management.	b. To be Incorporated - See #2a above.

Comments	Proposed Disposition
c. What is the Relationship between the OGR QA Manager and the OCRWM Manager, i.e. who is in charge of what?	c. To be Incorporated - The OCRWM QA Manager is responsible for the establishment and overview of the overall OCRWM QA program policies and requirements, while the OGR QA Manager is responsible for the OGR and Related Project Office QA Program requirements and Activities.
3. Page 7: OGR Associate Director responsibilities should include ensuring adequate staffing of QA personnel in all areas of the OCRWM QA program	3. Not to be Incorporated - This responsibility has been delegated. Reference Section 3.2.3 b.
4. Section 3, Page 12. Section 3.2.6.2 (a) (11) should be revised to add "and affected States ad Tribes."	4. To be Incorporated - A new Subsection to be added to Section 3.5 describing Interaction between affected States and Tribes.
5. Section 3.3, Page 13. The Project Manager does not have the degree of independence necessary to be responsible for the QA Program and at the same time be responsible for the implementation and execution of the project. The PM may have the responsibility for establishing the Program, however, its implementation must be carried out does with a proper level of independence.	5. Not to be Incorporated. The Project Manager is designated as having the ultimate responsibility for the implementation of the QA program. The implementing itself however, is carried out by the QA organization which does have a separate reporting chain and degree of independence.
6. Section 3.5.2, Page 15 should be expanded to include notice to and participation by affected States and Tribes	6. To be Incorporated - #4 above.
7. a. Section 4.2, Page 17. In the development of QA programs, who will be responsible for ensuring consistency between the project offices?	7. a. The OGR QA Manager is responsible. Reference Section 3.2.6.2 Subsection d explains how this is accomplished.

	Comments	Proposed Disposition
	b. Section 4.4, Page 21. This Section needs more elaboration. How will management perform these assessments? Will additional guidance be issued for the objectives and implementation of the assessments?	b. To be Incorporated - We agree with your comment, additional guidelines are under development and will be forthcoming.
8.	a. Page 21, Section 4.3.2 (h): Who is responsible for verifying the QA programs for the various subcontractors?	8. a. Ultimately HQ is responsible, however, this authority has been delegated to the Project Offices per Section 5.3.1.a. Verification that the QA programs of Contractors are sufficient is provided by the Review and Approval of their plans/procedures, audits, surveillances, etc.
	b. Page 21, Section 4.5: The affected States and Indian Tribes should be included in the list of those receiving information, along with POs, contractors, and OCRWM.	b. To be Incorporated - See comment #4
	c. Page 24, Section 5.3.2 (b): The affected States and Indian Tribes should be included as recipients of this information.	c. To be Incorporated - See comment #4
9.	a. QIP 2.0 states "The procedures may be approved...etc." Section 6.1.2 states "The QA Plan will be ...etc." Why is the wording different?	9. a. To be Incorporated - Section 6.2.2 will be revised to "will be...".
	b. QIP 2.0, Section 7: Retention Period of five years is not long enough.	b. To be Incorporated - We agree, the Retention period of 5 years is to be re-evaluated.
	c. QIP 2.0, Appendix A: The QA manual evaluation checklist does not require the reviewers to be identified.	c. To be Incorporated - Appendix A will be Revised to provide for identification of the Reviewer.
10.	a. QIP 2.1, Section 7.1: Retention period of five years is not long enough.	10. a. To be Incorporated - See #9b above.

Comments	Proposed Disposition
b. All handouts and copies of visual aids used in training sessions should be included in the records.	b. To be Incorporated - Section 7.1 of QIP 2.1 will be revised to add 7.1.7 that will add this material. Note-only materials that are feasible to be retained as records will be. Such things as videos, etc. will not.
11. a. QIP 5.0, Section 4.1.1: This Section has a typographical error. The word "of" has been omitted.	11. a. To be Incorporated.
b. QIP 5.0, Section 7.1: Retention period of five years is not long enough.	b. To be Incorporated - See #9b above
12. a. QIP 16.0: Retention period of five years is not long enough.	12. a. To be Incorporated. See #9b above.
b. The Corrective Action Report form does not require a schedule for the completion of the Corrective Action. The procedure in Section 6.5 does require a schedule.	12. b. To be Incorporated. Appendix A, Section B.6 is to be Revised to provide for when, as well as, how the Corrective Action will be completed.
13. QIP 17.0, Section 4.5: As stated this could lead to the destruction of some documents that are not required at the five year period, but could possibly be needed at some later date.	13 To be Incorporated. See #9b above.
14. QIP 18.0, 18.1, 18.2: Retention period of five years is not long enough.	14. To be Incorporated - See #9b above.
15. a. QIP 18.3: Procedure states that technical specialist must be a trained auditor Provision should be made to allow technical personnel not qualified as auditors to assist and observe the audit team. Term "Technical observer" would probably satisfy this.	15. a. Not to be Incorporated - We agree that this is not required by any codes or Standards, however, it is HQ-OGR's position that this Requirement be maintained. A technical Specialist who is genuinely familiar with the entire Audit Process will be that much more beneficial throughout the Performance of the Audit.

Comments	Proposed Disposition
b. Is the term audit team leader synonomous with Lead Auditor?	b. Note that the term Lead Auditor is not referenced in this procedure. To answer your question, however, yes an Audit Team Leader may be synonomous with Lead auditor. An Audit Team Leader would have to be certified as a Lead Auditor, however, a certified Lead Auditor may be participating in an audit in a capacity other than Audit Team Leader.
c. Does the Lead Auditor Examination, as administered by DOE, fulfill the requirements of Section 6.1.5 for Auditor qualification?	c. There is no "Lead Auditor examination". The current program requires that one written exam be administered and this exam fulfills the requirements of Section 6.1.5. Based on additional experience/education/training, as outlined in the procedure, one can become certified as "Audit Team Leader".
16. Supplement 2, Section 5.4: The first sentence lacks a verb.	16. To be Incorporated.
17. a. Supplement 3, Page 1: The first sentence of the first quote in the middle of the page reads "...important to safety not waste isolation". This should read "...Nor waste isolation" to be consistent with 10 CFR 60 and other NRC regulations.	17. a. To be Incorporated.
b. Page 5: A truly conservative approach at the SCP design stage would be to include all site characterization activities on the Q list.	b. Not to be Incorporated. Yes, this would be truly conservative, however, not practical. As is described in the text, this decision will be based on sound technical judgment.

Comments	Proposed Disposition
c. Page 6: Retrieval of waste cannot be considered to be just the reversal of emplacement. Therefore, items and activities necessary for retrieval should be on the Q-list separately.	c. Not to be Incorporated - while we agree that Retrieval of waste cannot be considered to be just the reversal of emplacement, it is HQ-OGR's position that the same criteria will be used for Q-level classification for both emplacement and retrieval (if necessary). What's important is that the assigning of Q-levels is accomplished consistently.
18. a. Supplement 4: The list of records for lifetime storage should be expanded to include the records commented on previously regarding the five year retention limit.	18 a. To be Incorporated - See comment #9b
b. Section 5.5 and 5.6: since no licensed repository has ever been designed or constructed, it is improper to refer to "typical" records. In addition, the presented lists should not be considered limiting, and a statement to that effect should be included. The recognition of nonpermanent records and still available" point up earlier comments about records retention time.	b. Not to be Incorporated - The intent of this supplement is to establish overall OGR Policy guidance. The Project Office QA Programs will be required, as part of the program to identify the specific records to be maintained and controlled. Eventually there will be "typical" records.
19. Supplement 5: Research is often a combined effort by several people. This supplement implies that only one project notebook would be generated. This would not be the case where several groups develop input into a single report. The Activity Plans developed and approved for each activity will satisfy many of the requirement of this supplement, and perhaps the Activity Plans should be referenced in the document.	19. Not to be Incorporated - Section 5.1 requires that documentation of experiments and research be prepared using logbooks (plural) or other suitable means. It is not implied that only one notebook would be generated. The intent of this supplement is to provide the minimum requirements for experiment and research documentation. Detail will be provided by the Project Office Specific Implementing Procedures.

Comments	Proposed Disposition
20. a. Supplement 6, Section 4.1: The term "adverse impact" needs clarification and "A quality problem that possesses generic traits..." needs better definition.	20. a. To be Incorporated - change "have an adverse impact on" to "hinder the progress of"; change "possesses generic traits applicable" to "is common".
b. Section 4.2: Define the "various participants".	b. "various participants" - is defined as HQ-OGR, the Project Offices and the numerous major contractors involved in the Repository Program.
c. Section 5.2: Does the Project QA Manager of each office have sufficient knowledge of the overall program to be able to determine quality problems generic to all offices? The OGR QA Manager should be responsible for issuing generic QAAS.	c. HQ-OGR feels that the Project Office QA Manager does have sufficient knowledge of the overall program, as a result of the continuous interaction between the Projects. As is explained in this Section, the fast relaying of information between the Project Offices assures that the QA Managers will be aware of the overall picture.
d. Define "fast relaying". Is there a specific length of time that corralates to this term?	d. "Fast Relaying" - can be interpreted as meaning within one working day.
e. Section 6.1: How will deteriorating quality conditions be identified by the project personnel?	e. Deteriorating quality conditions are identified by Project Personnel, as described in Section 5.3 of this supplement, by regularly reporting to their immediate supervisor. Section 4.5 of OGR/B-3 also requires that lines of communication between Project Offices and their contractors be maintained for the purpose of dissemination of information regarding significant quality problems. And, also Project Office specific implementing Procedures deal with identifying Quality problems.

Comments	Proposed Disposition
f. In condition (d), define the term "remarkable experience/innovations".	f. To be Incorporated - Change "Remarkable experience/innovation" to "improved development"
g. Section 6.2.2 (a): If "other means of communication" are used for the "fast relaying of QAAs, then there should be a requirement that the formal written transmittal of the QAA should follow the initial communication within some definite time span, i.e., 3 days.	g. To be Incorporated - Add last sentence to 6.2.2 (a) - "If initial communications is accomplished by any of these means, then the formal written transmittal of the QAA shall be initiated within 3 working days".
h. Section 6.2.2 (d): Who assigns the unique tracking/identification number to the QAA and, if it is done at the Project Office level, how will the different Project Offices keep track of the numbers used by different offices?	h. The intent of this Section is that each Project Office maintain their own separate QAA Tracking Log, providing uniqueness within each office.
21. Supplement 7, Section 5.2: Peer review panels should require the inclusion of at least one person independent of DOE and its contractors.	21. Not to be Incorporated - It is HQ-OGR's position that the reviewer be independent of the work being performed, not necessarily independent of the organization. There is no requirement for this.
22. a. Supplement 8, page 1, Section 3: Define how the term "economic considerations" is used in this section.	22. a. "Economic considerations" - is defined as "cost".
b. Supplement 8: Assignment of Quality levels by the different projects could lead to inconsistencies between projects and affect the decision process.	b. Not to be Incorporated - HQ-OGR Review and Approval of Project Office QA Plans and Specific Procedures for assigning Quality levels is the method by which consistency will be maintained. Also, HQ Review of the SCP will ensure Q-list consistency.

Comments	Proposed Disposition
c. Attachment B indicates that all records that support licensing activities are Quality Level 1. Records such as qualification of personnel, audit findings, and corrective actions might be part of the licensing activities. Therefore, taking the conservative approach, these documents should have a considerable retention period, it not lifetime.	c. To be Incorporated - See comment #9b.
d. Page 5, Section 5.3.1.2: The statement that "Activities covered under Quality Level 1 include: ... site characterization." implies that <u>all</u> aspects of site characterization are covered under this level. Is this true?	d. No, all Activities (important to safety or waste isolation) <u>essential</u> to adequately characterize the site will be Quality level 1.
e. Page 6, Section 5.3.2.2: Definition is needed for which field and laboratory investigations are covered under Quality Level 2. If these investigations have to do with site characterization, shouldn't Quality level 1 apply?	e. Not to be Incorporated - The title of Section 5.3.2 is "Quality levels 2". We agree that some of these investigations provide data for licensing-those will be considered Quality level 1, and are not covered here. This section deals with those lesser activities identified, as per definition, as Quality Level 2.
f. Why are items and activities with potential impact on <u>public</u> and occupational health and safety only Quality Level 2?	f. This section is in Reference to those Quality level 2 items and activities that are neither important to safety nor waste isolation, however, are involved with "Protection Against Radiation" as is described under 10 CFR 20.
23. <u>Supplement 9</u>, Section 5.2: Independent review panels should require at least one reviewer not associated with DOE or its contractors.	23. Not to be Incorporated - It is HQ-OGR's position that an effective Review can be accomplished by Reviewers associated with DOE. If the data generates controversy among the Reviewers then provisions can be made to initiate an independent Peer Review.

Comments	Proposed Disposition
24. a. Supplement 11, Section 1.0: For waste that is to accepted in the repository, the waste must have been processed under a QA program that complies with 10 CFR 60, Subpart G, not the OGR QA Plan.	24. a. The waste producers QA program will comply with both. They will comply with OGR in the sense that their program will be subject to OGR overview. Their program will require compliance with 10 CFR 60, subpart G, and OGR HQ program will verify this compliance (i.e., audits).
b. Section 5.1.1: The QA program must comply with 10 CFR 60, Subpart G, not to 10 CFR 60.2 which does not even address any requirements.	b. Not to be Incorporated - This Section states that "safety and waste isolation" is defined in 10 CFR 60.2, not the QA program.
c. Section 5.2(a): If the DOE HQ-OGR does not intend to review the technical procedures for processing the waste, will audits of the program include audits of the technical procedures and, if the procedures as determined to preclude the waste from being accepted by the repository, how will this be resolved?	c. Yes, audits of the program will include audits of the technical procedures. If the procedures are determined to be unacceptable and preclude waste from being accepted, they would be required to be revised until approved.
d. Section 5.4: Direct NRC QA involvement is required in regards to defense waste facilities. DOE overview themselves is unacceptable.	d. The NRC has stated that DOE overview of Waste Producers QA Program may be sufficient.
25. a. Supplement 12: This supplement does not belong in the QA Plan. It is more of a policy statement.	25 a. Concur. Per agreements reached in the April 23, 1987 QACG Meeting, DOE will issue a draft Policy Guidance Letter on the subject of observers on DOE audits. This letter will be distributed for review and comment.

Comments	Proposed Disposition
b. Section 3.0: Does the one observer allowed mean one observer from each interested affected State and Tribe, or one observer to be picked by DOE if more than one affected State and Tribe are interested in observing the audit?	b. See comment #25a.
c. Section 4.0: Define "certified" auditor". To our knowledge, there is no defined requirements for certification of auditors, only the requirements for certification of Lead Auditors. Have there been changes in the QA training auditors as required by NQA-1 or is this just a requirement of DOE for State and Tribe observers? If auditors are now required to be certified, does DOE plan to require their own auditors to be re-trained in accordance with these unknown requirements?	c. See comment #25a.
d. Does the DOE Lead Auditor training course qualify as training, qualification and certification of an auditor?	d. See comment #25a.
e. Section 5.1: Since this section requires 21 day written notice for observer participation in a DOE audit, we would like the requirement that 30 days written notice of scheduling of audits be given the affected States and Tribes.	e. See coment #25a.

Comments	Proposed Disposition
f. This section also states that the observer be trained, qualified, and certified in accordance with QIP 18.3. We would like the statement changed to state "in accordance with...QIP 18.3 or its equivalent.	f. See comment #25a.
g. Section 5.2: The documents sent to the audit observer should also include a list of the audit team members.	g. See comment #25a.
h. Section 6.2.2: How will possibly conflicting comments of the audit observer be resolved and who will be responsible for the resolution?	h. See comment #25a.
<u>WASHINGTON</u>	
1. Organizational structure in regards to who the QA Managers report to is not adequate.	1. To be Incorporated - Footnotes will be added to figures 3.1 and 3.2 clarifying solid line and dotted line.
2. The QA Plan does not address the issue of how many US DOE QA persons should be on staff to oversee contractors. At Hanford, for example, there has been an unacceptable ratio of US DOE QA persons to contractor QA persons.	2. Not to be Incorporated - The DGR QA Plan is not the document to impose such requirements. This subject is strictly a Management decision which is subject to many factors.
3. Section 2.3.1: The Mission Plan should provide an informational basis sufficient to permit informed decisions, but recent US DOE decisions regarding a second repository have severely reduced the value of the document.	3. Not to be Incorporated - There will be no change to the DGR QA Plan concerning this comment. The purpose of this section is to reference the Mission Plan as a governing document, not to evaluate its merit.

Comments	Proposed Disposition
4. Section 3.1: The statement that the "QA management functions responsibilities and authorities for OGR have been assigned by the Director, OCRWM to the Associate Director OGR" seems inconsistent with figure 3.1. clarify.	4. To be Incorporated - Section 3.1 will be revised to explain the delegation of <u>OGR-QA Responsibilities only</u> by the OCRWM QA Manager. He will retain all other OCRWM QA Responsibilities.
5. Section 4.3.2.d: The OGR QA Manager "overview" funding for QA activities and identified insufficient resources through the Licensing and QA Branch Chief through the SLQA Division Director to the Associate Director OGR. This appears to illustrate our concern about the level of QA personnel within the USDOE organization.	5. See Comment #1 - This will clarify that OGR QA Manager does have access to the Associate Director OGR.
6. Section 4.3.2.e.1: Project Office QA Plans and procedures should be submitted to the appropriate states and affected Indian Tribes for their review and comment.	6. To be Incorporated - A new subsection to be added to Section 3.5 describing Interaction between affected States and Tribes.
7. Section 4.3.2.e.3: The appropriate state and affected Indian Tribes should be invited to participate in project readiness reviews. The invitation should include early access to data.	7. Not to be Incorporated - The OGR QA Plan is an inappropriate place to address this subject. This concern however, has been brought to the attention of appropriate OGR-HQ management.
8. Section 4.3.2.f.6: Results of surveillance performed should also be reported to the appropriate states and affected Indian Tribes.	8. To be Incorporated - See comment #6.
9. Section 4.6: OGR QA Supplement #6 should be changed to indicate that states and affected Indian Tribes will be notified at the time significant quality problems are identified and again when resolved. Significant problem reporting and corrective action records are a significant part of the record for NRC licensing and as such should become permanent records.	9. Not to be Incorporated - Affected States and Tribes will not be notified at the time of significant quality problem identification, however, appropriate documentation/reports associated with such problems will be made available. This will be explained in a new section to the plan describing Interaction between DOE and affected States and Tribes.

Comments	Proposed Disposition
10. Section 5.3.1: The project QA Plan and/or applicable QA administrative procedures should describe a process for review and comment by appropriate states and affected Indian Tribes.	10. To be Incorporated - See comment #6.
11. Appendix A - Quality Assurance Manual Evaluation-Handling, Storage and Shipping Requirements for control of samples from collection of the sample analysis should be established and documentation for control of each sample must be provided.	11. Not to be Incorporated - This stage will be addressed in specific Implementing Procedures and HQ OGR's Review and Approval of these procedures will provide verification.
12. Supplemental QA Requirements-Supplement No. 11 1.0: Appropriations have been approved to begin preliminary design work on the Hanford Waste Vitrification Plant and criteria are being developed to determine which wastes should be vitrified. Both activities require an adequate QA program. The supplement should be amended at this time to include Hanford wastes.	12. Not to be Incorporated - We agree, however, in our opinion the Hanford Waste Vitrification Plant is in too early a phase to be included in Supplement 11 at this time.
13. Supplemental QA Requirements - Supplemental No. 12 We question whether this supplement is appropriate. Arbitrarily limiting non-DOE observers to one observer during each audit cycle is contrary to the NWPA because the states, tribes and NRC have a statutory role which allows participation. USDOE should substitute a process whereby states, tribes and NRC are encouraged to cooperate on audits and the audit team is made up of the most highly qualified personnel.	13. Concur. Per agreements reached in the April 23, 1987 QACG Meeting, DOE will issue a draft Policy Guidance Letter on the subject of observers on DOE audits. This letter will be distributed for review and comment.

Comments	Proposed Disposition
NRC	
1. The OGR Plan was written Prior to NRC's June 1986 draft generic technical Positions (GTPs): a.) Qualification of existing Data (Federal Register Vol. 51, No. 128, pg. 24455, July 3, 1986). b.) Peer Review (same reference as item a) c.) Items & Activities subject to 10 CFR 60 QA Requirements (Federal Register Vol. 51 51, No. 153, pg. 28643, August 8, 1986). The Plan (including supplements) should be Revised to Reflect these GTPs and differences noted and justified.	1.a,b,c. Not to be Incorporated - It is our policy that draft GTPs not be referenced, they are not requirements that must be complied with. However, when they are issued and final we will make any revisions necessary to help improve the effectiveness of our QA Program.
2. Include a list of abbreviations used in the plan.	2. To be Incorporated.
3. The September 1984 version of the OGR QA Plan stated that the Associate Director OGR, has ultimate responsibility for establishing and implementing an effective QA program for the OGR subprogram and for verifying that field project offices have established and are implementing effective QA programs. The July 1986 version does not clearly assign these responsibilities. Indicate (by position title) who now has these responsibilities. (1.1)	3. The OGR Associate Director retains these Responsibilities - Section 3.2.1.a states that he provides <u>overall</u> QA policy guidance...to ensure <u>effective implementation</u> of the OGR QA Program by all projects. Section 3.2.1.c provides that he "Approve the QA Plans and procedures of Project Offices".
4. Section 4.3.2.f of the OGR QA Plan addresses participation of OGR QA in project office audits of "major contractors". Clarify any differences between "major contractors" used in 4.3.2.f and "contractors" as defined in Section 1.4.1 of the plan. Specify the frequency of OGR audits. (1.4)	4. Major contractors are those contractors doing significant, large amounts of work on a project and may have the resources to subcontract (if necessary) some of that work. There are also a number of smaller contractors doing a lesser amount of work. The second part of your comment will be incorporated - will be revised to require that annual audits be performed on the Project Offices.

Comments	Proposed Disposition
5. Section 3.3 of the OGR QA Plan indicates that the manager of each operations office has line management responsibility and accountability for overall project implementation. Clarify the reporting relationship of the manager of the operation office and the OGR. (1.7)	5. To be Incorporated - This is explained in the Project Charters - a Revision will be made to Reference these.
6. Clarify whether the OGR QA Manager is at the same or higher organization level as the highest line manager directly responsible for performing activities affecting quality and is sufficiently independent from cost and schedule. (1.10a)	6. To be Incorporated - Footnotes will be added to figure 3-2 clarifying solid line and dotted line.
7. Section 3.2 of the OGR QA plan indicates that each OGR Division and Branch will be responsible for quality achievement and assurance of quality within their areas of responsibility. Clarify that the assurance of quality (or verification of conformance to established requirements) is accomplished by individuals or group who do not have direct responsibility for performing the work being verified.	7. The purpose of Section 3.2 of this Plan is to describe the organizational responsibility for Quality Achievement and Assurance. This is not the appropriate place to include the subject of your comment. Please Reference Fig. 1.1 in the QAMPR (DOE/RW-0032) which describes Quality verification as including reviews, audits, and surveillances. Within the OGR QA Plan each of these is discussed separately, and it is here that it is documented that these are accomplished by personnel not directly responsible for the work being verified. Reference Supplement 2, Sections 5.3 and 5.4, and Supplement 7, Section 5.2.
8. The last item in Section 3.4 of the OGR QA plan indicates that OGR QA can stop, or cause to be stopped, unsatisfactory work, through established channels. The QA organization need not have authority to stop work if the individual to whom the person responsible for managing the QA program reports has this authority. Describe how stop-work requests are initiated and completed. (1.12)	8. To be Incorporated - A QIP for stop work is forthcoming that will explain these matters.

Comments	Proposed Disposition
9. Describe provisions for the resolution of disputes involving quality arising from a difference of opinion between OGR QA personnel and other OGR personnel. (1.13)	9. To be Incorporated - Revision to be made to QIP 16.0 Section 6.8.b adding the provision that disputes arising from a difference of opinion between OGR QA personnel and other OGR personnel will be elevated to the next higher level of management.
10. Section 5 of Supplement 8 addresses rationale for assigning Quality Levels. Clarify whether these rationale include system analyses and definition of numerical performance objectives and standards. Justify why not if not. Identify items and activities covered by the QA program. The staff information needs defined in the "Q-List" GTP (See comment 1.c for complete title) should be used as guidance. If items and activities important to safety or waste isolation as defined in 10 CFR 60.2 will be identified in the project offices QA plans, so state. (2.1)	10. Level 1 items and Activities will be based on direct assessment of whether the performance objectives will be met at the LA Design Stage as described in Section 3.2 of supplement 3, Attachment A; and by Engineering judgment at the SCP Design Stage as specified in Section 3.1. the reason numerical standards are not used at SCP stage is because they are not available to the extent needed to make such evaluations. Items and Activities important to safety or waste isolation will not be identified in the Plan, they will be on the Q-list and Quality Activities List Respectively (tentative at SCP, complete at LA Stage).
11. Supplement 1: a.) Section 1.0 of this supplement indicates the supplement applies to personnel performing or verifying activities that affect quality. Sections 2.0, 5.1, 5.2, 5.4, 5.4, 5.5, and 5.6 address personnel who perform activities affecting quality, omitting personnel who verify activities affecting quality. Conversely, the examples given in Section 3.0 are all verifiers. Clarify that the entire supplement applies to both doers and verifiers.	11. a. To be Incorporated - Supplement to be Revised to clarify that it applies to both doers and verifiers.

Comments	Proposed Disposition
b.) Section 1.0 of this supplement should be revised to be consistent with the other supplements to the OGR QA Plan.	b. To be Incorporated - The following sentence will be added to Section 1.0, "The Requirements in this supplement are to be used in conjunction with the requirements embodied or referenced in the governing QA plans and procedures."
12. Supplement 2:	
a.) Section 4.1 of Supplement 2 states that overview encompasses effectiveness assessments, technical reviews, readiness reviews, audits, and surveillance. Section 5 of the supplement should be expanded to address each of these component parts of overviews.	12. a. To be Incorporated - Section 5.0 to be expanded to address each of the component parts of overview.
b.) Section 5.2 of this supplement should require that overview procedures include the criteria for determining the acceptability of the QA program documentation. Timeliness of document review should also be addressed.	b. Not to be Incorporated - As is described in Section 4.3.2.e.1 of the QA Plan, Reviews are performed in accordance with an established procedure. The timeliness of a Review will vary depending on the program. It is OGR's position to make every effort to assure that a timely Review is accomplished.
c.) Section 5.3 of Supplement 2 requires surveillance. The qualification requirements of surveillance personnel should be specified.	c. Not to be Incorporated - As is inferred in Supplement 1, Section 3.0, Surveillance personnel will be sufficiently Indoctrinated and Trained in accordance with this supplement. Personnel qualified for surveillances will vary based on their specific training as compared to the Surveillance being performed.
12. Supplement 2:	
d.) Section 5.4 of Supplement 2 addresses external audits as part of the overview process. Clarify that both technical and QA programmatic audits are performed to:	d. To be Incorporated - Supplement to be Revised to address points 1 and 2 of your comment.

Comments	Proposed Disposition
1) Provide a comprehensive independent verification and evaluation of procedures and activities affecting quality. 2) Verify and evaluate suppliers QA programs, procedures, and activities.	
e.) Audit teams should be led by an appropriately qualified and certified lead auditor from the QA organization.	e. Not to be Incorporated - Audits will be led by qualified and certified lead audits as required by QIP 18.0 and 18.4 However, it is not required that the Lead Auditor be from the QA organization, only that he be independent of the work being audited.
13. Supplement 3:	
a.) Prior Supplement 3s addressed the control of measuring and test equipment. Identify where within the DGR QA Plan these controls are now specified.	13. a. Not to be Incorporated - Reference figure 4-1 on page 18 of the QA Plan. It is explained here that the authority for this requirement has been delegated.
b.) Section 5.0 of this supplement requires a procure for determining what is placed on each project's Q-List. Clarify that each project's Q-List will be reviewed by HQ-OGR and submitted to the NRC.	b. Each Project Office Q-list will be in the SCP which is required to be reviewed by DOE. At this time they will also be provided to NRC for comment.

Comments	Proposed Disposition
c.) The first paragraph of the summary of Attachment A of this supplement refers to items and activities "important to safety and waste isolation". Change the "and" to "and/or" or justify not doing so. This same paragraph quotes from a preliminary draft NRC document. The quotation and paragraph should reflect the draft GTP and should be revised per Comment 1, item c. For example, this section indicates that only Q-List items and activities will be subject to NRC licensing review and oversight. In addition to the Q-Listed items and activities important to safety and/or waste isolation, other items and activities will be associated with demonstrating that DOE meets all of the 10 CFR Part 60 Licensing requirements. For example, 10 CFR Part 20 requirements, which are referenced in 10 CFR Part 60, will need to be addressed in the License application. Although these additional items and activities are not covered by the 10 CFR 60 Subpart G QA requirements (which apply only to items and activities important to safety and/or important to waste isolation), assurance measures are needed to provide confidence that the requirements have been met. Certain assurance measures, such as use of written procedures, documentation of completed work, and monitoring of radiation levels, are currently prescribed in the regulations and, although not explicitly stated as quality assurance requirements, provide a basis for demonstrating compliance with the licensing requirements. Therefore, these assurance measures are also subject to NRC Licensing review and oversight. Modify this section to clarify this point or justify not doing so.	c. To be Incorporated - Change to be made to first paragraph, change "and" to "and/or". Section will also be modified to clarify your point.

Comments	Proposed Disposition
d.) The supplement on the Q-List states that DOE will utilize an annual probability value of 1X10-6 as a limit for accident scenarios for identification of the Q-List. As noted in the staff's letter to J. Knight, DOE, dated March 7, 1986, it is the staff's position that credible initiating events and accidents should not be bound by a specific probability value at this stage of the repository program until DOE and NRC have agreed on the rationale for such a limit.	d. Not to be Incorporated - At this point it is HQ-OGR's position that this value is conservative and will be used unless directed otherwise.
14. Supplement 5:	
a.) Clarify the last sentence in Section 3.0 of this supplement which states: Data... shall be conducted...". Also, from the same sentence, identify the "other applicable requirements identified in the OGR QA Plan," and/or clarify what these words mean.	14. a. To be Incorporated - This section to be revised to incorporate your comment.
b.) The signature of the experimenter and the signature of a competent technical reviewer do not appear to be adequate for Quality Level 1 or 2 data. Clarify.	b. Not to be Incorporated - These signatures are quite adequate for the documenting of data results from experiments and research. Additional requirements to control the reliability of data generated are contained in Supplement 9.
15. Supplement 6:	
a.) Prior Supplement 6s addressed the control of computer software. Identify where within the OGR QA Plan these controls are now specified.	15. a. Not to be Incorporated - will be identified in the Project Office specific procedure, in accordance with NQA-1, Supplement 3S-1.

Comments	Proposed Disposition
b.) The title of this supplement, "Quality Problem Reporting;" Sections 2.0 and 5.3; and the QAA format shown in Attachment A of the supplement are all limited to quality problems and quality problem reporting. Section 3.0, 4.2, 5.1, 5.2, and 6.1 indicate that quality improvement is also included in Supplement 6. Clarify the supplement to eliminate this inconsistency.	b. Clarification to be made to eliminate this inconsistency and include quality improvement.
c.) This supplement needs to be edited to take care of question like the following:	C. 1) To be Incorporated - Section 1.0 To be revised to sate this.
1) Are the requirements of the supplement to be used in conjunction with the requirements specified (or embodied) or referenced in the governing QA plans and procedures?	
2) Should "information" in the first sentence be "improvement?"	2) To be Incorporated - "information" is the correct word, however, sentence will be revised to to clarify this.
3) Should the text always refer to "significant quality problems" and "substantial quality program improvement?" (Underlines added)	3) Not to be Incorporated - Yes, the documentation required per this Supplement is not necessary for minor or "one time" occurrences.
4) Should "consequently" in 5.1 be "subsequently" or, rather, should it be deleted?	4) Comment not applicable - Supplement 6, Draft 3, Nov. 1986, Section 5.1 has deleted the word consequently.
5) Section 5.2 refers to the "applicable immediate supervisor" and Section 5.3 refers to the "immediate supervisor". Do these supervisors have any responsibilities that should be listed in Section 5.0?	5) Not to be Incorporated - The supervisors referenced here do not have any responsibilities in relation to the requirements of this supplement.

Comments	Proposed Disposition
6) When there is no need to expedite, does the telephone requirement of Section 5.2 still apply?	6) Per this supplement, "fast relaying" of QAA information is required. If there is no need to expedite then it is not a QAA condition.
7) On the QAA form, does the "RECIPIENT ACTION" require feedback?	7) "Recipient Action" on the QAA form does not require feedback.
8) Are no signatures required on the form?	8) To be Incorporated - form to be revised to provide for signature of preparer.
16. Supplement 7:	
a.) This supplement, being issued prior to issue of the GTP on peer review, should be revised to reflect the GTP. (See Comment 1, item b). For example, the definition of peer review in Section 4.1 of Supplement 7 references the NRC QA Review Plan, Appendix A, Section 3.8. It would be preferable to reference NRC's draft GTP on peer review. As noted in the definition of peer review in the draft GTP, the definitions in Section 4 of this supplement should point out that peer reviews confirm (validate) the adequacy of work whereas technical reviews verify conformance to predetermined requirements. The emphasis (underlining) on data that "go beyond the existing state of the art" should be removed as the definition is revised to reflect the draft GTP. Section IV.1 of the draft GTP addresses the applicability of peer reviews.	16 a. Not to be Incorporated - See comment #1.
b.) The records required by Section 5.4 of the supplement should include objective evidence of the independence of the reviewers. Section IV.3.b of the draft GTP discusses reviewer independence.	b. To be Incorporated - form to be provided, signed by the Reviewer stating that he is independent of performing the work that the Review was covering.

Comments	Proposed Disposition
17. Supplement 8:	
a.) Section 5.1.1 of Supplement 8 indicates that, once a quality level is selected, further grading shall be accomplished by technical and quality system personnel working as teams. Clarify who (by position title) is responsible for selecting quality levels. As noted, Section 5.1.1 refers to "quality system" personnel. Clarify that these are "quality assurance system" personnel as they are referred to in Section 5.1.2.	17. a. To be Incorporated - Section 5.1.1 to be revised to indicate "quality assurance system" personnel. However, it will not be clarified here as to who is responsible for selecting quality levels. This is covered in specific implementing procedures.
b.) The list of OGR QA Plan Supplements on page 2 of Attachment A needs to be updated to reflect the latest supplement titles.	b. To be Incorporated
18. Supplement 9:	
a.) This supplement being issued prior to the GTPs on peer review and qualification of existing data, should be revised to reflect these GTPs. (See Comment 1, items a and b).	18. a. Not to be Incorporated - See Comment #1.
b.) Section 3.0 of Supplement 9 addresses the scope of the supplement. Its scope should be extended to data collected prior to NRC acceptance of the QA program description under which the data were collected and NRC verification of acceptable implementation of the program.	b. Not to be Incorporated - Any/all Corrective Action required to resolve NRC comments or findings on the OGR QA Program will have to address, in part, the impact on all work performed to date.
c.) Section 5.2.1 of the supplement should include the qualifications of the original investigator as part of the documentation made available to the reviewers.	c. To be Incorporated - Section 5.2.1 to be revised to include qualifications of the original investigator as part of the documentation made available to the Reviewers.

Comments	Proposed Disposition
d.) The list of documentation in Section 5.2.1 of this supplement should include the list in Section 5.3.1.	d. Not to be Incorporated - the list of documentation in Section 5.2.1 (non journal) is not applicable to Journal data as defined in Section 3.c.
e.) The written reports required by Section 5.2.2 and 5.3.2 of the supplement should include the qualifications of the reviewers and objective evidence of their independence.	e. To be Incorporated - Revision to be made to include the qualifications of Reviewers. Objective evidence will consist of a form, signed by the Reviewer, stating that he is independent of performing the work that the Review is covering.
f.) Although most definitions of QA indicate that QC is a subset of QA, Section 5.2.2(d) would be more clear if it requires a description of the "quality control/quality assurance methods" rather than a description of just the "QA methods". Instead of a description of such methods that "may have been used," 5.2.2(d) should require a description of such methods that "were used". Objective evidence of the use of such quality control/quality assurance should be available.	f. To be Incorporated - Revision to be made to provide for your comment.
g.) A better description should be provided of the qualification requirements of the reviewers in Section 5.4 of the supplement. The supplement should indicate any allowable and/or any prohibited reporting relationships of these independence is given in Section 3 of the GTP on peer review. (See Comment 1, item b).	g. Not to be Incorporated - This will be covered in Project Specific Procedures as is required by Section 5.1.

Comments	Proposed Disposition
19. Supplement 11: The limited oversight role of the NRC for defense wastes described in this supplement is a concern expressed previously by the staff (see the December 11, 1986 minutes from meeting with DOE on the Defense Waste Processing Facility, DWPF). Further DOE/NRC discussions are necessary to develop an acceptable approach for NRC oversight.	19. Concur. At the conclusion of DOE/NRC discussions on this matter Supplement 11 will be amended accordingly.

ATTACHMENT E

BRIEFING OF DOE QACG AND STATES AND TRIBES ON LANL AUDIT

July 23, 1987

OBJECTIVES OF AUDIT

- INDEPENDENTLY EVALUATE AN AREA DOE BELIEVED TO BE QUALFIED BY ASSESSING BOTH IMPLEMENTATION OF QA PROGRAM AND ABILITY OF LANL TO PERFORM QUALTY TECHNICAL WORK.

- PROVIDE DOE A BENCHMARK FOR NRC STAFF EXPECTATIONS

- BUILD A FOUNDATION FOR FUTURE NRC AUDITS.

DETAILS OF AUDIT

- FROM MONDAY JUNE 8 TO FRIDAY, JUNE 12, 1987
- EIGHT PERSON TEAM:
  - 4 FROM QA SECTION, TWO WITH GT DEGREES
  - 4 FROM TECHNICAL REVIEW BRANCH
  - ON-SITE LICENSING REPRESENTATIVE
- STATE OF NEVADA PARTICIPATION

MAJOR CONCLUSIONS

- BASED ON INTERVIEWS WITH PI'S, TEAM IS CONFIDENT THAT THE COMBINATION OF THE EXISTING TECHNICAL PROCEDURES AND TECHNICAL STAFF CAN PRODUCE QUALITY TECHNICAL ANALYSES.

- HOWEVER, THE TEAM DOES NOT AGREE QA PROGRAM IS FULLY IN PLACE.

- THERE IS AN INSUFFICIENT APPRECIATION OF QA DOCUMENTATION NEEDS FOR LICENSING WITHIN LANL.

SUMMARY OF FINDINGS, DEFICIENCIES, OBSERVATIONS

- FOUR FINDINGS, FOURTEEN DEFICIENCIES, FOUR OBSERVATIONS
- PROCEDURES FOR ACTIVITIES AFFECTING QUALITY ARE:
  - NOT DEVELOPED FOR SOME ACTIVITIES (STOP WORK, EVALUATION OF SUPPLIERS ANNUAL SUPPLIERS EVALUATIONS E.G.)
  - NOT BEING FOLLOWED IN ALL CASES (LACK OF INSPECTIONS OF CORE STORAGE AREA, USE OF LAB NOTEBOOKS, E.G.)
  - NOT FULLY UNDERSTOOD BY LANL STAFF - MAY NEED CLARIFICATION OF PROCEDURES OR TRAINING OF STAFF
- LANL INTERNAL AUDIT PROGRAM IS WEAK - BOTH WMPO AND NRC IDENTIFIED NUMEROUS ITEMS WHICH SHOULD HAVE BEEN DETECTED INTERNALLY
- CERTIFICATIONS OF PERSONNEL/TRAINING
  - INSUFFICIENT INFORMATION TO DEMONSTRATE THAT PERSONNEL ARE QUALIFIED AND/OR TRAINED
  - NO RECORDS OF TRAINING OUTSIDE OF QA
- CONCEPT OF INTEGRATING CERTAIN QA FUNCTIONS INTO LINE ORGANIZATION APPEARS DEFENSIBLE, WITH SOME MODIFICATIONS.

OTHER CONCERNS

- DOE NEEDS TO EVALUATE IMPACT OF NRC AUDIT CONCLUSIONS ON ONGOING WORK AT LANL.

- DOE NEEDS TO ASSESS IMPLICATIONS OF AUDIT RESULTS ON OTHER PROGRAM AREAS, PARTICULARLY IN LIGHT OF DOE COMMITMENT TO HAVE QA PROGRAM FULLY IN PLACE BY SCPs.

- AUDIT WAS CONDUCTED AGAINST LANL AND NNWSI QA PLANS, NEITHER OF WHICH CONFORMS TO NRC REQUIREMENTS. BOTH HAVE BEEN APPROVED BY DOE, BUT NEED REVISIONS TO OBTAIN NRC STAFF APPROVAL.

- WMPO AUDIT DID NOT UNCOVER ALL SIGNIFICANT PROBLEMS.

FOLLOW-UP

- AUDIT REPORT - JULY 1987
- INTERACTIONS WITH DOE TO RESOLVE ISSUES
- INTERNAL LANL/DOE FOLLOW-UP NEEDED TO BRING IN PERSONS EXPERIENCED IN LICENSING PROCESS
- ADDITIONAL AUDITS - SRPO E.G.

United States Government Department of Energy

memorandum

ATTACHMENT F

DATE: JUL 14 1987

REPLY TO ATTN OF: RW-1

SUBJECT: Director's Statements on Managing for Quality and Quality Assurance

TO: Associate Director for Resource Management
Associate Director for Geologic Repositories
Associate Director for Storage and Transportation System
Director of Policy and Outreach

In discharging our responsibilities as managers in the civilian radioactive waste management program, our goal is excellence in management and high quality in output. The full range of activities which are undertaken within the Program Management System (PMS) to meet that goal is called Managing for Quality (MFQ). Within the broad spectrum of MFQ activities, Quality Assurance is an important program element.

While these concepts, stated in the PMS Manual, have been incorporated in management plans and procedural controls for the program, it is appropriate to reiterate and amplify their importance. For this reason, I am issuing the attached statements on MFQ and QA for your attention and appropriate action. The development of these directives is an important milestone. They will take on substance as they are put into practice and implemented in the programs at each level.

I will count on each of you to keep me informed through our annual reviews and other appropriate means.

Ben C. Rusche

Ben C. Rusche, Director
Office of Civilian Radioactive
Waste Management

Attachment

cc w/attach:
Mr. W. M. Hewitt, Program Manager, Weston Civilian Radioactive Support Team
Manager, Oak Ridge Operations Office
Manager, San Francisco Operations Office
Manager, Nevada Operations Office
Manager, Albuquerque Operations Office
Manager, Chicago Operations Office
Manager, Idaho Operations Office
Manager, Richland Operations Office

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

DIRECTOR's STATEMENT: MANAGING FOR QUALITY

PURPOSE

Managing for Quality (MFQ) in the Office of Civilian Radioactive Waste Management (OCRWM) is defined below and shall be operative from the Director's office through the program and project levels across the civilian radioactive waste management program. One of the most important features of this concept is the Quality Assurance (QA) program, which is the subject of a related Director's Statement.

MANAGING FOR QUALITY

Managing for Quality is the full range of practices and activities that are undertaken to meet the OCRWM goal of excellence in the conduct of the OCRWM program. Managing for Quality encompasses those programs, procedures and personal performance necessary to achieve and assure success in the OCRWM program. Managing for Quality is a concept which is to be applied to activities performed by or for OCRWM within the overall scope of the OCRWM Program Management System (PMS).

Managing for Quality is:

(1) A major leadership responsibility and commitment beginning with the Director and continuing at the program-element and project levels;

(2) Demonstrated in the quality achieved in OCRWM activities;

(3) Verified by evaluation of personnel performance and management controls for adequacy and effectiveness in meeting program goals; and

(4) Communicated by quality information feedback systems.

MANAGEMENT EVALUATION

The Management for Quality program is to be appraised regularly by those line managers who direct the activities of the civilian radioactive waste management program. Accordingly, OCRWM Associate Directors shall develop and implement plans for evaluating the adequacy and effectiveness of their Management for Quality program. In this regard, at least annually, OCRWM Associate Directors shall evaluate:

(1) Personnel performance;

(2) Organizational structure, staffing, assignments, and effectiveness;

(3) Program performance, achievements, improvements, controls, cost effectiveness, and schedules; and

(4) Quality information feedback and problem resolution.

Results of these evaluations shall be communicated with the Director, OCRWM, together with such recommendations as may be appropriate for furthering OCRWM quality achievement objectives. The Associate Directors shall discuss results of their Management

for Quality evaluations prior to their performance appraisal discussions with the Director, OCRWM.

The Director, OCRWM, at his discretion, may from time to time arrange for independent overview appraisals of the OCRWM Management for Quality program.

Ben C. Rusche, Director
Office of Civilian Radioactive
Waste Management

Date: July 13, 1987

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT

DIRECTOR's STATEMENT: QUALITY ASSURANCE

PURPOSE

Quality Assurance (QA) in the Office of Civilian Radioactive Waste Management (OCRWM) is a subset of Managing for Quality and is defined below. QA shall begin with the Director and be operative at the program and project levels across the civilian radioactive waste management program.

QUALITY ASSURANCE

QA for the mined geologic repository system is defined in 10 CFR 60.150 as all those planned and systematic actions necessary to provide adequate confidence that the geologic repository and its subsystems or components that are important to radiological safety and waste isolation will perform satisfactorily in service. More explicitly, 10 CFR 60.151 stipulates that the QA program is to apply to all systems, structures and components important to safety, to design and characterization of barriers important to waste isolation and to activities related thereto. Similar performance-oriented definitions of QA for transportation and waste storage systems are contained in 10 CFR Parts 71 and 72.

QA includes the elements of managing and planning, quality control, verification, and overview as defined in DOE/RW-0032. QA elements are to be used in OCRWM as technical management tools in the siting, design, construction, testing and operation of equipment and facilities, to demonstrate compliance with regulatory requirements for activities important to radiological safety and waste isolation. Selected non-radiological-safety activities may also be subjected to greater than normal quality assurance management because of special programmatic importance.

QA PROGRAMS

While it is the responsibility of each line manager to manage each activity for quality, a formal documented, and auditable QA program is to be established:

(1) To assure, as a minimum, nuclear regulatory compliance, in which focus is on activities important or related to radiological safety and waste isolation;

(2) To permit selective application to OCRWM activities that are of significance to the achievement of certain mission-oriented objectives that are not directly associated with radiological safety and waste isolation;

(3) To provide QA overview by line managers for adequacy and effectiveness and, as needed, independent technical or peer review. QA overview, which includes management assessments, surveillances and audits, is also to verify

compliance with OCRWM QA policies and requirements, DOE Orders, federal regulations, and national consensus standards, such as ANSI/ASME NQA-1, as applicable.

OCRWM QA MANAGER

The OCRWM QA Manager shall assist the Director, OCRWM, in QA policy development and overview of the OCRWM QA program and will conduct QA program reviews and assessments at appropriate levels within the program with the awareness and approval of the Director. The OCRWM QA Manager shall be made aware of and may comment on OCRWM program-level QA plans and program-level implementing procedures prior to issuance.

QUALITY LEVELS

The decision process for selecting and applying the necessary and appropriate QA program requirements and procedural controls for the assurance of quality achievement is aided by a standardized, program-wide, three-level QA classification system.

Quality Level 3 (QL3). QL3 is for assignment to OCRWM activities selectively chosen because of special programmatic importance other than radiological safety and waste isolation. These may include mission-oriented activities controlled by DOE Orders and procedures, such as DOE 4700.1 and the PMS manual, which reflect good technical management practices for the assurance of quality.

QL3 designations are to be made by or with the approval of the OCRWM Associate Director. This authority may be delegated by the OCRWM Associate Director.

OCRWM programmatic interests may justify supplemental quality management controls. In these cases, line management is responsible for identifying such requirements and incorporating them into the appropriate activities plan. The Associate Director will keep the Director, OCRWM and the OCRWM QA Manager informed regarding the designation of QL3 activities.

QL3 activity designation requires:

(1) A documented, auditable plan that includes identification of applicable DOE Orders, DOE/RW-0032 (QAMPR) and/or supplemental procedural controls as determined by cognizant line management;

(2) Assignment of responsibility for achieving and verifying quality;

(3) Indoctrination and training of personnel in the role and function of procedures and supplemental requirements applicable to the QL3 activity and in their importance to the quality objectives of the OCRWM program;

(4) Line management verification of procedural adequacy and effectiveness in achieving quality; and

(5) Reporting separate from QL2 and 1.

Quality Level 2 (QL2). QL2 is for assignment to those activities that are related to radiological safety and waste isolation. Such activities may support licensing but are not Q-listed by NRC regulatory definition. QL2 may include, also, those technical activities designated by the appropriate Associate Director and subordinate managers which have a strong potential for being added to a "Q list", and whose failure or degradation could adversely affect the performance of structures, systems and components impcrtant to safety or waste isolation. In addition to procedures which are the bases for QL3 activities, QL2 designation requires:

(1) A formal, documented and auditable QA plan in compliance with applicable QA policies and requirements of DOE/RW-0032 (QAMPR); and

(2) Reporting separate from QL3.

Quality Level 1 (QL1). QL1 is reserved for technical activities that are subject to NRC licensing and regulatory compliance and are designated by the appropriate Associate Director and subordinate managers as being important to radiological safety and waste isolation ("Q Listed"). Activities are to be added to or deleted from a Q List by the OCRWM Associate Directors based on technical evaluations.

In addition to the formal QA program requirements and

procedural controls appropriate to QL2 activities, QL1 designation requires:

(1) Identification and listing (Q List) of those PMS technical activities covered by QL1 QA programs;

(2) Compliance with applicable NRC licensing and regulatory QA requirements, review plans, generic technical positions, and guidance; and

(3) Reporting separate from QL3.

GRADED APPROACH

A fundamental aspect of the OCRWM QA concept is the "graded approach" whereby QA program requirements and procedural controls are applied selectively and judiciously to technical activities within a designated quality level based on various considerations, such as: intended application, state-of-the-art, design and fabrication complexity, expendability, commercial availability, lead time, cost and performance history. Thus, it is possible for a complex, engineered, and costly QL3 item to have QA program requirements and procedural controls which exceed those for a commercially available, off-the-shelf QL2 item.

Specific instructions for implementation of the graded QA approach and quality levels are to be developed at appropriate program levels and approved by the OCRWM Associate Director,

following consultation between the appropriate program QA Manager and the OCRWM QA Manager.

Ben C. Rusche

Ben C. Rusche, Director
Office of Civilian Radioactive
Waste Management

Date: July 13, 1987

ATTACHMENT G

BWIP QA
PROGRESS REPORT

As of Quarter Ending 6/30/87

Stop Work Status

- Partial lifting of the SWO granted on June 10, 1987
- Partial lifting authorized the Integrating Contractor to:
  - Restart or initiate new Quality Level 3 work without DOE-RL approval
  - Restart or initiate new Quality Level 1 or 2 work following DOE-RL approval of Work Initiation Package
  - Address punchlist items in affected Work Initiation Packages
  - Resolve other punchlist items prior to general lifting of the SWO

Stop Work Status (Cont'd)

- **Number of Work Initiation Packages planned prior to general lifting**

- Operations and Test	33
- Construction	3
- Science and Engineering	64
- Licensing	2
	102

Stop Work Status (Cont'd)

General Lifting of Stop Work Order

- Plan for General Lifting of SWO in development
- Actions required of Integrating Contractor
  - Resolve punchlist items remaining from Readiness Review Team and IMRT checklists
  - Transition exempt work to new control system
  - Restart or initiate work with DOE-RL approval
  - Perform audits and surveillances
- Evaluations to be performed by DOE-RL
  - Resolutions of punchlist items
  - Completeness and accuracy of Work Initiation Packages submitted
  - Results of reviews, assessments, audits and surveillances performed by DOE-RL and the Integrating Contractor

Following general lifting of the SWO the Integrating Contractor initiates work in accordance with established management control systems.

Stop Work Status (Cont'd)

Interactions with DOE-HQ, NRC, States, And Tribes on Stop Work Order

- March 17, 1987 briefing on status - documents provided to participants included checklists, Integrating Contractor Restart Report, Integrating Contractor procedures, and QA Plans
- May 22, 1987 completed Readiness Review Team and IMRT checklists and reports sent to DOE-HQ, NRC, etc.
- June 4, 1987 briefing on partial lifting
- Invited to participate as observers in audits
- Copies of Work Initiation Packages to be provided as requested
- Briefing planned prior to full lifting
- In addition to DOE-HQ, NRC, States, and Tribes, representatives from GAO and Utility Nuclear Waste Mangement Group have attended briefings and been provided data

Expedited Special Cases

- Exploratory Shaft Design Basis Study
  - Approved in February 1987
- Preparation of the Site-Specific Design Requirements Document
  - Approved June 10, 1987
- Initiation of DC-24/-25 Design
  - Approved April 15, 1987
- DC-24/-25 Drilling
  - In DOE-RL review
  - Consultation with NRC, States, and Tribes in progress
  - Meeting planned for late August 1987

Transition from Rockwell to Westinghouse

- Completed June 29, 1987
- Westinghouse accepted Rockwell's BWIP QA Plan and Implementing Procedures as is
- Two managers elected to remain with Rockwell - one replaced by career Westinghouse employee and one replaced within BWIP organization

Results of Recent Audits and Surveillances

- Deficiencies in developing and implementing Document Control and Records Management programs to BQARD requirements
- Number of minor findings related to procedural compliance and completeness of records - not unusual for a program at this stage of the Project
- Work stopped at Argonne National Laboratory during February 1987 because of conflicts between Statement of Work and Integrating Contractor technical direction - corrective actions essentially complete

DOE-RL Near-Term Audit Schedule

- DOE-RL audits on Westinghouse covering total QA Program

  - Audit No. 87-04 starts August 31, 1987

  - Audit No. 87-05 starts October 1987

Status of Quality Assurance Program

- Response to Nuclear Regulatory Commission (NRC) Requests for Additional Information (RAI) on the Basalt Quality Assurance Requirements Document (BQARD) transmitted to DOE-HQ on May 18, 1987. Comments incorporated into Rev. 3 of BQARD
- Response to NRC RAI on DOE-RL's QA Plan reviewed with DOE-HQ on June 3, 1987 and being transmitted to HQ. Comments incorporated into Rev. 3 of the QA Plan
- Plans are to issue Rev. 3 of BQARD and Rev. 3 of QA Plan during October/November 1987
- Major Project Participants in process of upgrading their QA programs to comply with REV. 2 of BQARD and Rev. 2 of the QA Plan. Updates should be complete by September 1987

DOE/RL BWI Training Program

Approval of Integrating Contractor's Q&T Program	Complete	4/29/87
Preparation of Position Qualification Forms (including MACTEC)	Current	Ongoing
Review of training requirements through Job Function Analysis (118 employees)	Complete for Current Staff	
Updated training and new personnel training	On Schedule ≈ 50% Complete	
Updated classroom training	On Schedule 5 of 15 Taught	

Schedule approved for 4th Quarter

450 Trainee/hours Classroom training for 32 employees

32/56 new employees attended Project Orientation Training

Job required procedure knowledge quizzes. 712 completed for 118 employees

WHC Qualification & Training
Accomplishments

Job Analysis
- 76% complete with verified task lists
- 90% of all other units are conducting job analysis

Training Staff Qualified
- 49 Presenters
  - Technical experts/instructors
  - 12 hours of training
- 58 Instructors
  - Development specialists/instructors
  - 40 hours of training
- 51 OJT Evaluators
  - Technical experts/evaluators
  - 2 hours of training

Training Materials Developed
- Approved
  - 2 job programs
  - 62 lesson plans
  - 1 employee qualification record (QUAL CARD)
  - 16 courses
  - 63 on-the-job training guides
- Under Development
  - 87 courses, lessons and guides

Training Conducted
- 15 hours of indoctrination for 900 employees
- 4600 trainee-hours of technical/procedural job requirements for 1300 trainees

WHC Qualification & Training
Plans for CY87

Job analysis

- Will be completed, with validated task lists and job descriptions by July 31

Conduct and development

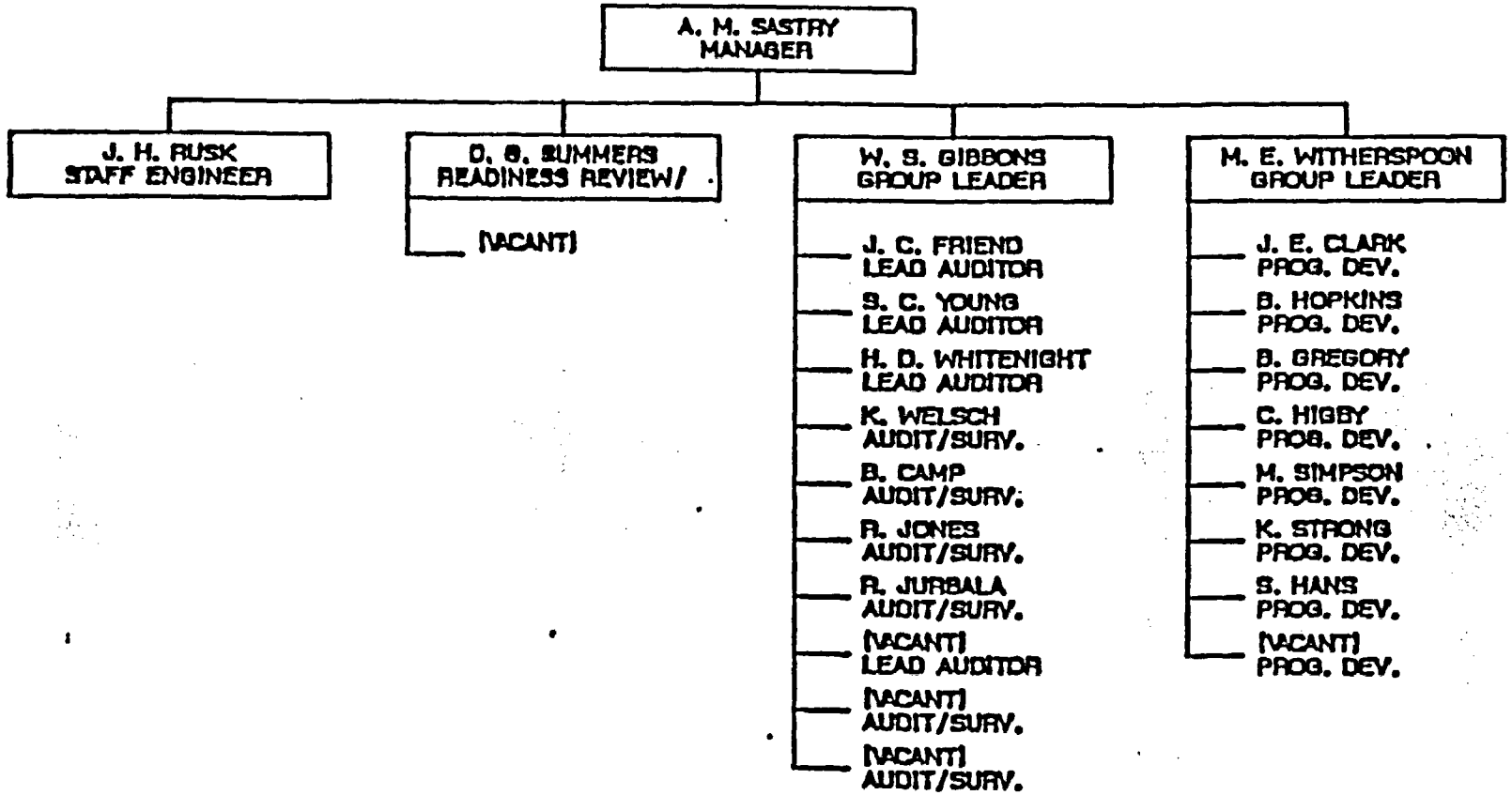
- Full correlation of training materials, task lists and planned training
  - Program plans for all job descriptions
  - Well defined courses for all job descriptions
- Transfer emphasis from indoctrination to technical training
- 300-500 approved lesson plans and OJT guides
- 150-200 trained OJT evaluators

Project Quality Assurance Staffing Levels

	On Board	Vacancies
DOE-RL	6	1*
MACTEC	21	5
WHC	61	8
M-K	7	0
KE/PB	2	0
PNL	5	0
Total	102	14

* Offer accepted - report September 1987.

MACTEC BWIP
QUALITY ASSURANCE



ATTACHMENT H

NNWSI PROJECT QA STATUS REPORT

QACG MEETING - 7/23/87

NNWSI

QA PLANS STATUS REPORT

Submitted By: WMPO

As Of: 7/16/87

Note: Participant QAPPs are presently under revision so as to meet the requirements of NVO-196-17, Rev. 5. The due date for submittal to WMPO for approval is detailed below. The participant QAPPs (equivalent to the NRC term QA Administrative Procedures) are the documents which provide the instructions to implement and apply the Project QA requirements. The Project Office will approve participant QAPPs.

Major Participant	Document Identification	Rev. No.	*Status	Approval Date	Remarks
USGS	QAPP-01	3	5/2	10/86	A total of 22 documents make up the USGS QAPP. Due date for submittal of revisions - 8/7/87
Los Alamos	QAPP-01	1	5/2	4/87	Due date for submittal of revision - 8/7/87
SNL	QAPP	0	5/2	12/86	Due date for submittal of revision - 7/31/87
SAIC	QAPP-1	3	5/2	12/86	Presently being consolidated with the DOE WMPO QA Program. Expected completion - 9/30/87
LLNL	QAPP-NWMP	0	5/4/2	Various	A total of 41 documents make up the LLNL QAPP. Thirty-eight have been approved for implementation. Three are in process of comment resolution. Due date for submittal of revisions - 8/7/87
F&S	QAPP-001	1	5/4	2/86	Revision 2 is presently being reviewed by WMPO for compliance to NVO-196-17, Revision 5.
H&N	QAPP	1	5/4	8/86	Revision to the H&N QAPP is presently being reviewed for compliance to NVO-196-17, Revision 5.
REECo	568-DOE-115	4	5/4	12/86	Revision 5 is presently being reviewed by WMPO for compliance to NVO-196-17, Revision 5.

*Status Legend

(1) Planned
(2) Under Preparation
(3) For Comment Resolution
(4) For Project Approval
(5) Issued for Implementation
(6) For HQ/OGR Approval

NNWSI

IMPLEMENTING PROCEDURES DEVELOPMENT SUMMARY

Submitted By: WMPO

As Of: 7/16/87

Procedures Status	Project Office QMPs	Project Interface Procedure APs	Project Totals	Remarks
Total Required*	30	18	48	
Approved and Issued by Project Office	12	7	19	All QMPs and APs are presently under revision for compliance to Revision 5 of NVO-196-17.
Under Review/ Comment	0	0	0	
Under Preparation	11	6	17	
Not Yet Started	7	5	12	

QMP - Quality Management Procedure: An implementing procedure which identifies the control methods to meet Project QA requirements utilized by WMPO, WMPO matrix support, and QASC personnel.

AP - Administrative Procedure: An implementing procedure which identifies the interface control methods to meet QA requirements. The control methods are those which govern Project wide systems and are implemented by all Project participants

*Represents the total number of QMPs required to implement a consolidated WMPO/T&MSS QA Program.

STOP WORK ORDER STATUS

OACG 7/87

STATUS OF HNWSI STOP WORK ORDERS

RESCINDED STOP WORK ORDERS

- LANL STOP WORK ORDER RESCINDED NOVEMBER 1986
- SAIC STOP WORK ORDER RESCINDED MARCH 1987
- SNL STOP WORK ORDER RESCINDED DECEMBER 1986
- REECO STOP WORK ORDER RESCINDED JANUARY 1987

QACG 7/87

USGS STOP WORK ORDER STATUS

- GENERIC CONDITIONS COMPLETED
  1. CORRECTIVE ACTIONS TO AUDIT FINDINGS APPROVED BY WMPO
  2. USGS QAPP REVISED AND APPROVED BY WMPO
  3. INDOCTRINATION AND TRAINING WAS COMPLETED BY USGS
  4. ADEQUATE QA RESOURCES IDENTIFIED

- REVIEW AND APPROVAL OF QUALITY ASSURANCE LEVEL ASSIGNMENTS (QALA) TO WORK EFFORT CONTINUES

  SCIENTIFIC INVESTIGATION PLANS AND QALAS APPROVED - 3

  SCIENTIFIC INVESTIGATION PLANS AND QALAS FOR APPROVAL - 15

  SCIENTIFIC INVESTIGATION PLANS AND QALAS UNDER REVIEW - 16

  SCIENTIFIC INVESTIGATION PLANS AND QALAS REMAINING - 22
  (4 CURRENT WORK - 18 FUTURE WORK)

QACG 7/87

LLNL STOP WORK ORDER STATUS

- REVIEW AND APPROVAL OF QUALITY ASSURANCE LEVEL ASSIGNMENTS (QALA) TO WORK EFFORT CONTINUES

SCIENTIFIC INVESTIGATION PLANS AND QALAS APPROVED - 5

SCIENTIFIC INVESTIGATION PLANS AND QALAS UNDER REVIEW - 3

SCIENTIFIC INVESTIGATION PLANS AND QALAS REMAINING - 2

QACG 7/87

AUDIT AND SURVEILLANCE STATUS REPORT

QACG 7/87

NNWSI PROJECT

FY 86 QA AUDIT SCHEDULE AND SUMMARY

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	LOCATION	DATE		SCOPE	RESULTS SUMMARY
		SCHED.	ACTUAL		
LLNL 86-1	Livermore, CA	2/3/86	2/4-7/86	Requirements of NVO-196-17 Implementing QA Procedures	Seven findings of nonconformance were reported.
USGS/Denver 86-2a	Denver, CO	3/10/86	3/11-14/86	" "	Twenty-two findings of nonconformance were reported.
USGS/Menlo Park 86-2b	Menlo Park, CA	3/17/86	Cancelled	" "	N/A
REECO 86-3	Las Vegas & Mercury, NV	4/14/86	4/14-18/86	" "	Twenty-one findings of nonconformance were reported.
F&S 86-4	Las Vegas & Mercury, NV	6/16/86	6/16-18/86	" "	No findings were reported.
Los Alamos 86-5	Los Alamos, NM	7/14/86	Cancelled	" "	N/A
WMPO/NV 86-6	Las Vegas, NV	9/8/86	9/8-12/86	" "	Twenty-nine findings of nonconformance were reported.
H&N 86-7	Las Vegas & Mercury, NV	8/18/86	Cancelled	" "	N/A
SNL 86-8	Albuquerque, NM	9/15/86	Cancelled	" "	N/A
SAIC/T&MSS 86-9	Las Vegas, NV	5/26/86	Cancelled	" "	N/A

NNWSI PROJECT
FY 86 QA AUDIT STATUS REPORT

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	AUDITS	AUDIT FINDINGS				REMARKS
		TOTAL			QTR.	
	CO	IS	CL	OP	CL	
LLNL	1	7	4	3	1	o Violation of 4 procedures o 3 inadequate or lack of procedures
USGS/Denver	1	22	19	3	11	o Violation of 13 procedures o 9 inadequate or lack of procedures
REECo	1	21	20	1	3	o Violation of 17 procedures o 4 inadequate or lack of procedures
WMPO/NV	1	29	10	19	8	

LEGEND CO - COMPLETED CL - CLOSED
IS - ISSUED OP - OPEN

FY 86 CONSOLIDATED AUDIT FINDINGS

- LACK OF ADEQUATE MANPOWER STAFFING IN QA OPERATIONS ORGANIZATIONS.
- LACK OF KNOWLEDGE/UNDERSTANDING OF QUALITY ASSURANCE AS A DISCIPLINE AND THE PURPOSE OF A QUALITY ASSURANCE PROGRAM AND ITS REQUIREMENTS BY MANY PEOPLE IN THE NNWSI PROGRAM PARTICULARLY IN THE SCIENTIFIC DISCIPLINES.
- LACK OF TRAINING AND INDOCTRINATION OF PERSONNEL IN NNWSI QUALITY ASSURANCE REQUIREMENTS.
- LACK OF AND INADEQUATE IMPLEMENTING PROCEDURES.
- WORKING WITHOUT WMPO APPROVED QA LEVEL ASSIGNMENTS.
- INADEQUATE PRACTICES FOR CALIBRATION OF MEASURING AND TEST EQUIPMENT (TRACEABILITY TO NBS).
- MINIMUM OR LACK OF AUDITS AND SURVEILLANCES OF SUPPLIERS/CONTRACTORS AND INTERNAL ACTIVITIES.
- ABSENCE OF IMPLEMENTATION OF CORRECTIVE ACTION PROGRAMS TO IDENTIFY NEED FOR CORRECTION OF REPETITIVE PROBLEMS.
- INADEQUATE DOCUMENTATION (TRACEABILITY) OF TECHNICAL REVIEWS.

NNWSI PROJECT

FY 87 QA AUDIT SCHEDULE AND SUMMARY

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	LOCATION	DATE		SCOPE	RESULTS SUMMARY
		SCHED.	ACTUAL		
Los Alamos	Los Alamos, NM	March	3/30/87	NVO-196-17, Los Alamos QAPP	11 Standard Deficiency Reports (SDRs)
H&N	Las Vegas & Mercury, NV	Sept.**		NVO-196-17, H&N QAPP	
LLNL	Livermore, CA	April Supple-mental	4/27/87 6/19/87	NVO-196-17, LLNL QAPP J-13 Water	5 SDRs 3 SDRs - pending issue
SAIC/T&MSS	Las Vegas, NV	June**	6/15/87	NVO-196-17, SAIC QAPP	11 SDRs - pending issue
SNL	Albuquerque, NM	June	6/1/87	NVO-196-17, SNL QAPP	8 SDRs - pending issue
USGS	Denver, CO	Aug.**		NVO-196-17, USGS QAPP	
USGS	Menlo Park, CA	Aug.**		NVO-196-17, USGS QAPP	
F&S	Tulsa, OK	July		NVO-196-17, F&S QAPP	
F&S	Las Vegas, NV	July		NVO-196-17, F&S QAPP	
REECo	Las Vegas & Mercury, NV	August		NVO-196-17, REECo QAPP	
WMPO	Las Vegas, NV	Sept.		NVO-196-18	

*Firm dates will be coordinated and issued in audit notification letter 30 days prior to audit.

**Rescheduled since last issue

NNWSI PROJECT
FY 87 QA AUDIT STATUS REPORT

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	AUDITS			AUDIT FINDINGS					REMARKS
	FISCAL YEAR		QTR.	FISCAL YEAR			QTR.		
	PL	CO	CO	IS	CL	OP	IS	CL	
Los Alamos	1	1	0	11	0	11	0	0	Issued as SDRs
LLNL	1	2	2	8	0	8	8	0	5 SDRs - Audit No. 87-3 3 SDRs - Audit No. S-87-1 Pending Issue
SAIC/T&MSS	1	1	1	11	0	11	11	0	Pending Issue
SNL	1	1	1	8	0	8	8	0	Pending Issue

LEGEND PL - PLANNED IS - ISSUED CL - CLOSED
CO - COMPLETED OP - OPEN

FY 87 CONSOLIDATED AUDIT FINDINGS

- LACK OF AND INADEQUATE IMPLEMENTING PROCEDURES
- FAILURE TO IMPLEMENT APPROVED PROCEDURES
- INADEQUATE CALIBRATION OF MEASURING AND TEST EQUIPMENT
- FAILURE TO CORRECTLY SPECIFY QA REQUIREMENTS IN PROCUREMENT DOCUMENTS
- ERRORS IN QA RECORD PREPARATION
- INCORRECT APPLICATION OF QA LEVEL ASSIGNMENT
- FAILURE TO IMPLEMENT AN ADEQUATE SYSTEM FOR SURVEILLANCES
- FAILURE TO PERFORM REQUIRED AUDITS OF SUPPLIERS
- USING COMPUTER SOFTWARE THAT WAS NOT DEVELOPED UNDER THE QA PROGRAM REQUIREMENTS

NNWSI PROJECT
FY 86 QA SURVEILLANCE STATUS REPORT

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	SURVEIL-LANCES	NONCONFORMANCE REPORTS				REMARKS
		TOTAL			QTR.	
	CO	IS	CL	OP	CL	
REECo	10	4	4	0	0	
USGS	19	11	3	8	3	
SNL	8	4	4	0	0	
SAIC	5	5	3	2	1	
LLNL	4	5	2	3	0	
H&N	4	0	0	0	0	
F&S	3	0	0	0	0	
Los Alamos	2	1	0	1	0	
WMPO	2	2	1	1	0	
WEC	1	0	0	0	0	

LEGEND CO - COMPLETED CL - CLOSED
IS - ISSUED OP - OPEN

NNWSI PROJECT
FY 87 QA SURVEILLANCE STATUS REPORT

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	SURVEILLANCES			NONCONFORMANCE REPORTS					REMARKS
	FISCAL YEAR		QTR.	FISCAL YEAR			QTR.		
	PL	CO	CO	IS	CL	OP	IS	CL	
REECO	7	4	1	0					
USGS	13	5	2	3	0	3	3	0	Pending Issue
SNL	7	2	1	0					
SAIC	7	3	3	5	0	5	0	0	
LLNL	7	1	1	0					
H&N	9	1	1	0					
F&S	8	2	1	0					
Los Alamos	6	0	0	0					
WMPO	6	2	1	0					
NTS/G Tunnel	14	0	0	0					

LEGEND PL - PLANNED IS - ISSUED CL - CLOSED
CO - COMPLETED OP - OPEN

NNWSI PROJECT

TOTAL DEFICIENCIES

(CARs, NCRs, AFSs, AND SDRs)

INITIATING ORGANIZATION WMPO

QUARTER ENDING 6/30/87

ORGANIZATION	FY 86				FY 87				REMARKS
	TOTAL			QTR.	TOTAL			QTR.	
	IS	CL	OP	CL	IS	CL	OP	CL	
WMPO	34	11	23	8					
SAIC/T&MSS	5	3	2	1	5	0	5	0	
LOS ALAMOS	1	0	1	0	11	0	11	0	
H&N	0	0	0	0	0	0	0	0	
LLNL	12	6	6	1	5	0	5	0	
SNL	4	4	0	0	0	0	0	0	
USGS	34	22	12	14	0	0	0	0	
REECO	25	24	1	3	0	0	0	0	
F&S	0	0	0	0	0	0	0	0	

ATTACHMENT I

SRPO QA ACTIVITY
STATUS REPORT

PRESENTED BY: T. J. REESE
SRPO QA MANAGER

QACG MEETING
JULY 21 - 23, 1987

SRPO ACTIVITY STATUS

APRIL - JULY, 1987

QA Plan - The SRPO QA Plan is being revised to include SRPO organizational changes and to address comments form OGR, a DOE/CH QA program evaluation, and NRC Revision 0 review.

QA Procedures - OGR has approved 24 new or revised SRPO QA Administrative Procedures for issuance and use. One new QAAP and one revised QAAP has been submitted to OGR for approval. Three new QAAPs are in the preparation and the review cycle.

Training - Training on the QA Plan and on Administrative Procedures is required within 30 days after the documents have been issued. The training for the 24 Administrative Procedures has been initiated or completed. Five SRP Lead Auditor Training courses have been presented since October, 1986. The beginning auditor Course, "The Practice and Process of Auditing," has been presented three times. Reviewing legal requirements associated with personnel training files and DOE/CH support capabilities regarding SRPO training information is in process.

Staffing - SRPO QA Staff consists of: DOE Manager, one QA Specialist, and five Contractor QA Specialists. Resumes are being reviewed to add three SRPO and one Contractor QA Specialists.

Readiness for NRC Audit - The relocation of the SRPO to Texas has delayed the date when the office would be ready for an NRC audit to the first quarter of FY88. This timing is dependent on completion of the relocation to Texas, Administrative Procedures, training of SRPO staff, internal surveillances and audits by the SRPO QA organization, and an audit by DOE-HQ. It is planned that 60 days after completion of those activities DOE-HQ can be notified that the SRPO is prepared for an NRC audit.

Organization and Activities Ready for NRC "Mini" Audit:

TBEG - Sample Storage Facility
ONWI - Technical Reviews/QA Department
PB/PB-KBB - Whole program
PNL - Waste Package Laboratory work
ANL - Technical and Peer Reviews

STATUS OF THE WRITING OF THE SALT PROJECT SCP

SRPO LETTER OF MARCH 5, 1987 AUTHORIZED COMMENCEMENT OF WRITING SCP IN ACCORDANCE WITH THE APPROVED SCP AUTHOR COORDINATION FORMS.

EXAMPLES OF, SECTIONS 8.2 "ISSUES AND INFORMATION", 8.3 "TESTS, ANALYSIS AND STUDIES", AND 8.5 "MILESTONES, DECISION POINTS AND SCHEDULES", HAVE BEEN DEVELOPED AND REVIEWED BY SRPO. SRPO AND DOE/HQ WILL FURNISH GUIDANCE PRIOR TO THE START OF WRITING.

BPMD QA AND LICENSING DEPARTMENTS HAVE PERFORMED PRODUCTION ASSESSMENTS OF SCP ACTIVITIES; NO DEFICIENCIES WERE IDENTIFIED.

PROPOSED END DATES FOR DRAFT SCP CHAPTER/SECTIONS

CHAPTER	DRAFT CHAPTER DUE TO SRPO
1	JULY 10, 1987*
2	JULY 10, 1987*
3	JULY 24, 1987
4	JULY 10, 1987*
5	JULY 17, 1987
6	JULY 17, 1987
7	JULY 31, 1987
8.0	JUNE 18, 1987**
8.1	JUNE 18, 1987**
8.4	JULY 17, 1987
8.6	JULY 10, 1987*
8.7	JULY 10, 1987*
8.2, 8.3, 8.5	TBD

* IN SRPO REVIEW
** IN REVISION AFTER SRPO REVIEW

QA PROCEDURES DEVELOPMENT SUMMARY
SALT REPOSITORY PROJECT OFFICE

MAJOR PARTICIPANTS

PROJECT PROCEDURES STATUS	OFFICE	BPMD	FLUOR	PB/PB-KBB	PARSONS-REDPATH	TBEG
TOTAL REQUIRED (IDENTIFIED)	*****	84	10	58*	42	20****
ISSUED FOR IMPLEMENTATION		78	10	57*	40	16
APPROVED BY PROJECT OFFICE		4	8**		40	2
UNDER REVIEW/ COMMENT		***		1*	2	3
UNDER PREPARATION		6		64*		12
NOT YET STARTED		0		9#		3

\# TOTAL UNDER QA PLAN ES-346-1 DATED JULY, 87

* TOTAL UNDER QA PLAN ES-200-1 DATED 2/20/87

** THE QA PROCEDURES WERE APPROVED BY DOE LETTER ST#493-86 DATED 6/2/86, AS PART OF THE FLUOR QA MANUAL (REV. 2) APPROVAL. INDIVIDUAL PROCEDURES HAVE NOT YET BEEN APPROVED. PROCEDURES 5.1 AND 6.1 WERE ISSUED FOR USE AFTER THE 6/2/86 APPROVAL.

*** ALL PROCEDURES REVIEWED ANNUALLY.

**** DUE TO COMBINING AND RESTRUCTURING OF PROCEDURES.

***** SEE SRPO QA PROGRAM STATUS ATTACHMENT.

QA PLAN OR MANUAL STATUS REPORT

SALT REPOSITORY PROJECT OFFICE

MAJOR PARTICIPANT	DOCUMENT IDENTIFICATION	REV. #	STATUS	APPROVAL DATE
FLUOR	N/A	1 DATED 1/19/87	4	5/1/87
PB/PB-KBB	ES 346-1	1 DATED JULY/87	4	
PARSONS-REDPATH	N/A	1 DATED 10/4/86	5	11/21/86
ONWI	N/A	REV. 8	5	CONDITIONALLY APPROVED 1/22/87
TBEG	N/A	REV. 6	3	N/A

STATUS LEGEND (1) PLANNED; (2) UNDER PREPARATION; (3) FOR COMMENT RESOLUTION; (4) FOR PROJECT APPROVAL (5) ISSUED FOR IMPLEMENTATION; (6) FOR HQ-OGR APPROVAL.

SRPO CORE RECORDS SURVEILLANCE STATUS

DATE	CONTRACTOR	SURVEILLANCE NO	RESULTS	OPEN/CLOSED
Nov. 12-13, 1986	Texas Bureau of Economic Geology	S-TBEG-87-I-E	Two deficiency notices were issued. The areas of noncompliance were: • Inadequate procedures. • Specific Work Instruction.	Open
Dec. 4, 1986	Arizona State University	86-S-14	One deficiency notice was issued. • Inadequate procedures.	Closed*
Dec. 17-18, 1986	Stone & Webster Engineering Corp.	86-S-14	One deficiency notice was issued. • Inadequate procedures.	Closed*
Jan. 21-22, 1987	United Nuclear Corporation (Bendix)	S-UNC-87-2-E	One deficiency notice was issued. • Inadequate procedures.	Open
March 17-18, 1987	Pacific Northwest Laboratory	S-PNL-87-4-E	One deficiency notice was issued. The area of noncompliance was: • Inadequate procedure revision.	Open
April 6-7, 1987	RE/SPEC, Inc.	87-S-02	One deficiency notice was issued. The area of noncompliance was: • Inadequate procedure revisions.	Closed*
May 12-13, 1987	USGS	S-USGS-87-007-E	One deficiency notice was issued. The area of noncompliance was: • Inadequate procedure revisions.	Open
May 19-20, 1987	LLNL	S-LLNL-87-005-E	One deficiency notice was issued. The area of noncompliance was: • Inadequate procedure revisions.	Open

* Closed pending verification of corrective action

SRPO EXTERNAL AUDITS AND SURVEILLANCES

DATE	CONTRACTOR	ACTIVITY NO	RESULTS	OPEN/CLOSED
April 7-9, 1987	Brookhaven National Laboratory	BNL-87-5-E	Five audit action reports were issued. Areas of noncompliance were: • Document Control • Dual record storage • Lead Auditor Certification • Corrective Action • Test Procedures	Open
April 14, 1987	Parsons-Redpath	S-PR-87-05-E	No deficiencies were issued as a result of this surveillance.	Closed
April 21-23, 1987	UNC Technical Services	UNC-87-7-E	Four audit action reports were issued. Areas of noncompliance were: • Management Assessment • Software Configuration Management • Indoctrination and Training • Trend Analysis	Open
April 29 - May 1, 87	Lawrence Livermore National Laboratory	LLNL-87-04-E	Three audit action reports were issued. Areas of noncompliance were: • Software Configuration Management • Computer Code Backup Logs • Indoctrination and Training	Open

SRPO EXTERNAL AUDITS AND SURVEILLANCES

DATE	CONTRACTOR	ACTIVITY NO	RESULTS	OPEN/CLOSED
May 5-6, 1987	Lawrence Berkeley Laboratory	LBL-87-006-E	Six audit action reports were issued. Areas of noncompliance were: • Technical Reviews • Indoctrination and Training • Use of unapproved documents • Quality Records • Contract Submittals • Laboratory Notebook changes	Open
May 27, 1987	Argonne National Laboratory	ANL-87-10-E	Three audit action reports were issued. Areas of noncompliance were: • Verification of reviewer independence • Indoctrination and Training • Surveillance Processes	Open
June 15-16, 1987	Westinghouse-Hanford	HEDL-87-12-E	One audit action report was issued. Area of noncompliance was: • Procedure Implementation	Open
June 16-19, 1987	Pacific Northwest Laboratory	PNL-87-09-E	One audit action report was issued. Area of noncompliance was: • Failure to revise corrective action schedule	Open

SRPO INTERNAL SURVEILLANCES

DATE	ACTIVITY	ACTIVITY NO	RESULTS	OPEN/CLOSED
May 11-14, 1987	Contractor Quality Assurance Document Review	S-SRPO-87-004-I	No deficiencies were issued as a result of this surveillance.	Closed
May 18-June 6, 87	SRPO Technical and Peer Review	S-SRPO-87-006-I	No deficiencies were issued as a result of this surveillance.	Closed

STATUS OF DOE/SRPO LEAD AUDITOR TRAINING COURSE

LOCATION OF COURSE	DATE OF COURSE	NUMBER OF PARTICIPANTS	NUMBER OF PARTICIPANTS WHO PASSED THE EXAM	TYPE OF PARTICIPANTS
Cincinnati, OH	Oct. 27-31, 1986	20	18	Representatives from: DOE-HQ ONWI State of Texas SRPO Contractors
Columbus, OH	Dec. 15-19, 1986	15	14	Representatives from: National Laboratories BPMD CER SRPO Contractors
Richland, WA	March 23-27, 1987	20	16	Representatives from: DOE/RL State of Washington BWIP Contractors NRC
Albuquerque, NM	June 8-12, 1987	19	18	Representatives from: SRPO Contractors BPMD Contractors National Laboratories NRC
Richland, WA	July 13-17, 1987	24	*	*
Las Vegas, NV	Aug. 31- Sep. 4, 1987	*	*	*
Amarillo, TX	October, 1987	*	*	*
Washington, D. C.	TBD	*	*	*

* Data not yet available.