To: Dale Hed fr MS 623 S-S 4/14/86 (1)
SMRP

DRAFT

DOCKET CONTROL CENTER

QUALITY AUDIT FINDING

9. QAF Control No. 8605-1	
1. TO: Name 86 APR 14 P3:16 Title	2. Location Richland, WA
3. Reference/Requirements NQA-1-1983, Suppl. 18S-1, Par. 2 Audit Scheduling	4. Audit Or Surveillance Report No. Audit 8605 RHO-BWIP Audit & Surveillanc System

5. Description

The QA program requires that internal and external audits be scheduled in a manner which provides coverage of on-going QA program activities (C.S. 18.1). The audit scheduling system is deemed to be ineffective if (a) audit schedules have not been or are not being maintained, (b) audit schedules do not provide coverage of ongoing QA program activities, and/or (c) audits are not performed as scheduled or documented justification of deviations from the schedule does not exist.

Findings: (a) The file of past audit schedules is incomplete.
(b) Justification for deviations from audit schedules was not consistently provided.
(c) Scheduling omits coverage of some important QA program activities (e.g., RHO-BWIP Project training, project instruction & procedures, etc.).

The system has not been effective.

6. Lead Auditor (Signature)	7. Issue Date	8. Response Due Date

10. Auditee Corrective Action Commitment

WM Record File 101.
WM Project 10
Docket No.
PDR ✓
LPDR ✓ (B)
To: Hedges, NRC
From: Cook, NRC
Distribution: H. Henbrand
D. Hedges J. Kennedy DRM
M. DeMaggatti Linehan S. Bilhorn
G. T. Anderson

NOTE: Action Shall Address Root Cause and Include Measures to Prevent Recurrence (Return to Reviewer)

11. Responsible Action Manager (Signature)	12. Date	13. Action Completion Due Date

ACTION VERIFIED

14. Lead Auditor (Signature)	15. Date

17. Final Distribution

ORIGINAL-Audit/Surveillance Report File

1--Addressee

2--

3--

8606120884 860414
PDR WASTE
WM-10 PDR

16. Final Review and Approval (QAF Closed)

Mgr./Branch Chief, Cognizant Branch — Date

1839

DRAFT (2)

QUALITY AUDIT FINDING

9. QAF Control No.
8605-2

1. TO: Name	Title	2. Location

3. Reference/Requirements	4. Audit Or Surveillance Report No.
NQA-1-1983, Basic 5 Instructions, Procedures, and Dwgs.	Audit 8605

5. Description

The QA Program requires that activities affecting quality be prescribed and performed in accordance with documented procedures. The procedure system is deemed to be ineffective if (a) approved procedures are not, or were not, in place for QA program activities (CS-5.1)

Finding: There is no approved RHO-BWIP procedure in place for determining the adequacy of, or controlling changes to, non-BWIP procedures that prescribe some activities of the RHO-BWIP QA Program.

For example some of the procedures controlled by RHO above BWIP.

6. Lead Auditor (Signature)	7. Issue Date	8. Response Due Date

10. Auditee Corrective Action Commitment

Procurement & Materials
Corrective Actions.
Auditor Training are examples of procedures outside the control

NOTE: Action Shall Address Root Cause and Include Measures to Prevent Recurrence

11. Responsible Action Manager (Signature)	12. Date	13. Action Completion Due Date

ACTION VERIFIED

14. Lead Auditor (Signature)	15. Date

17. Final Distribution

ORIGINAL-Audit/Surveillance Report File

1--Addressee

2--

3--

16. Final Review and Approval (QAF Closed)

Mgr./Branch Chief, Cognizant Branch — Date

DRAFT (3)

QUALITY AUDIT FINDING

9. QAF Control No.
8605-03

1. TO: Name	Title	2. Location

3. Reference/Requirements	4. Audit Or Surveillance Report No.
NQA-1-1983, Basic 2, Par. 3 QUALITY ASSURANCE PROGRAM	Audit 8605

5. Description

The QA Program requires indoctrination and training of personnel performing activities affecting quality to assure proficiency is achieved and maintained. The training system is deemed to be ineffective if (a) training has not been, or is not being, provided on applicable procedures and/or skills, (b) personnel are unaware of QA Program requirements applicable to their work, and/or (c) personnel fail to demonstrate competence in assigned work. (CS-2.5)

Finding: The RHO-BWIP training program has not been implemented.

MA14-201 primary issues is with training

6. Lead Auditor (Signature)	7. Issue Date	8. Response Due Date

10. Auditee Corrective Action Commitment

NOTE: Action Shall Address Root Cause and Include Measures to Prevent Recurrence

11. Responsible Action Manager (Signature)	12. Date	13. Action Completion Due Date

ACTION VERIFIED

14. Lead Auditor (Signature)	15. Date

17. Final Distribution	16. Final Review and Approval (QAF Closed)
ORIGINAL-Audit/Surveillance Report File 1--Addressee 2-- 3--	Mgr./Branch Chief, Cognizant Branch ____ Date ____

DRAFT (4)

QUALITY AUDIT FINDING

9. QAF Control No.
8605-4

1. TO: Name	Title	2. Location

3. Reference/Requirements	4. Audit Or Surveillance Report No.
NQA-1-1983, Basic 5 INSTRUCTIONS, PROCEDURES, AND DRAWINGS	Audit 8605

5. Description

The QA Program requires that quality related activities be performed to prescribed instructions and procedures. Management discipline is deemed to be ineffective if personnel fail to comply with approved procedures. (C.S. 5.2)

Finding: RHO-BWIP has failed to implement the Automated Action Tracking System (AATS) required by their procedures and to input audit findings and finding status into the system.

6. Lead Auditor (Signature)	7. Issue Date	8. Response Due Date

10. Auditee Corrective Action Commitment

NOTE: Action Shall Address Root Cause and Include Measures to Prevent Recurrence

11. Responsible Action Manager (Signature)	12. Date	13. Action Completion Due Date

ACTION VERIFIED

14. Lead Auditor (Signature)	15. Date

17. Final Distribution

ORIGINAL-Audit/Surveillance Report File

1--Addressee

2--

3--

16. Final Review and Approval (QAF Closed)

Mgr./Branch Chief, Cognizant Branch _____ Date _____

DRAFT (5)

QUALITY AUDIT FINDING

9. QAF Control No.
8605-5

1. TO: Name	Title	2. Location

3. Reference/Requirements	4. Audit Or Surveillance Report No.
NQA-1-1983, Supplement 2S-3, par. 3 & 6 QUALIFICATION OF QUALITY ASSURANCE PROGRAM AUDIT PERSONNEL	Audit 8605

5. Description

The QA Program requires that personnel performing certain activities be formally qualified for those activities. Auditors and lead auditors are subject to this requirement. The qualification system is deemed to be ineffective if (a) "Qualified" personnel fail to demonstrate competence in the activities in question (compromises, quality of work), (b) the record fails to provide adequate documentation of the qualification process (compromises credibility). (CS-2.6)

Finding: RHO-BWIP auditor and lead auditor qualification records do not provide adequate documentation of the qualification process.

Note: This problem was previously noted by the RHO-BWIP Training Coordinator and documented on CAR 86-001. BWIP wondered about why this was necessary in light of the CAR on the sheet.

6. Lead Auditor (Signature)	7. Issue Date	8. Response Due Date

10. Auditee Corrective Action Commitment

NOTE: Action Shall Address Root Cause and Include Measures to Prevent Recurrence

11. Responsible Action Manager (Signature)	12. Date	13. Action Completion Due Date

ACTION VERIFIED

14. Lead Auditor (Signature)	15. Date

17. Final Distribution

ORIGINAL-Audit/Surveillance Report File

1--Addressee

2--

3--

16. Final Review and Approval (QAF Closed)

Mgr./Branch Chief, Cognizant Branch — Date

DOE AUDIT No. 8605
Exit Meeting
3/28/86

DRAFT

OBSERVATIONS: BWIP QA SURVEILLANCE PROGRAM

The surveillance program was found to be effective in covering ongoing project activities and resolving deficiencies identified. However, there are a number of areas where refinements would increase effectiveness of, and confidence in, the system. Please note the following observations:

1. At present there is no defined system for evaluating surveillance data for input to the audit scheduling process. The trend analysis program when developed and implemented will provide this important link.

2. Evidence was observed of a lack of timeliness in response, followup and action completion for surveillance findings. Related to this, it was also observed that there is no uniform, defined method of flagging overdue action items to the attention of both QA management and the management of the ar on organization. A computerized tracking system has een developed which could easily support the latter by routine periodic issuance of open and overdue item reports to cognizant management. This system is not yet being used for that purpose.

3. The review for significance of surveillance findings and the possible need for immediate response or action is the responsibility of the QAE without a defined higher level review. For example, the lead QAE is not procedurally in the loop of processing surveillance reports.

   For deficiencies of a technical nature, it is sometimes necessary to route findings to technical personnel outside the normal distribution for evaluation. A defined higher level review would lend confidence that the proper sense of urgency is applied to the problem and proper actions are taken.

4. There is no clear evidence that deficiencies identified in the surveillance process are evaluated for their impact on other items or data. The present procedure doesn't require such a review by the QAE nor does it require that the action organization make the assessment as part of the response/action process. Appropriate procedural changes to require this evaluation plus an assessment of past surveillance findings/responses on this subject would lend confidence that the surveillance system has not and will not allow significant deficiencies to persist.

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