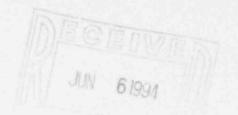
## ENVIROCARE OF UTAH, INC. THE SAFE ALTERNATIVE



QA/94-154 May 27, 1994

Samuel J. Collins Division of Radiation Safety and Safeguards U.S. Nuclear Regulatory Commission 611 Ryan Plaza Drive, Suite 400 Arlington, Texas 76011-8064

doted 5/4/44

Re: ENVIROCARE RESPONSE TO NRC INSPECTION 40-8989/94-01 OF THE SOUTH CLIVE WASTE DISPOSAL FACILITY

Dear Mr. Collins:

Enclosed is Envirocare's response to your comments pursuant to the NRC inspection conducted on April 14 and 15, 1994. Additionally, documentation of audits, calibrations, and corrective actions taken to conform to your recommendations and/or requests are included.

Please contact me at (801) 532-1330 if any clarification or additional information is needed.

Sincerely,

Charles Judd

Executive Vice President

cc: Utah Division of Radiation Control

220040

94-1141

IE-07

#### RESPONSE

- 1.0 Assessment: The inspectors reviewed selected Standard Operating Procedures (SOPs) being developed in accordance with license condition 9.6(a) for use with the lle.(2) disposal activities. The procedures were based on existing procedures already in use for the state licensed conditions and commitments. Newly developed procedures included an lle.(2) waste storage procedure and a respirator/airborne radioactivity procedure being developed to meet license condition 9.6(f). Most of the 45 SOPs identified for development had been written and were undergoing final revisions and approval.
- 1.1 Corrective Actions Taken or Planned: The incorporation of the lle.(2) requirements into the Operating Procedures Manual was assigned and documented as Corrective Action Procedure (CAP) Item Number 21. A procedure for lle.(2) waste storage (RW-6) was added, and a revision was made to procedure PMP-3 (Personal Air Monitoring) to meet lle.(2) license condition 9.6(f). These revisions are under corporate authority's final review and approval.
- 2.0 Assessment: The licensee had established a system for distribution of controlled documents to ensure that outdated or superseded documents were taken out of use. An administrative assistant had been assigned responsibility to change out all controlled documents on site. The licensee had not utilized a signature changeout form for controlled documents. Licensee representatives stated that controlled documents had been audited quarterly but no records of these audits were maintained. They further stated that a process was in development to place tighter controls on distribution by requiring documented confirmation of receipt and changeout of controlled documents.
- 2.1 Corrective Actions Taken or Planned: An internal document transmittal form was generated (Form EC-2815) to accompany all controlled documents. This transmittal form requires a dated signature upon incorporation of the change and return of the form to the Document Control Officer within 10 working days of distribution. The next quarterly audit of the controlled documents is scheduled for May 26, 1994. A copy of this audit, when completed, will be forwarded to the Executive Vice-President for information and will be filed in the internal audit section of the operating record files.
- 3.0 Assessment: The licensee's quality assurance program as defined in the QA Manual and (the) Audit and Assessment Manual had not been fully implemented. At the time of the inspection, the QA Manual was undergoing revision to include the lle.(2) operations.

- 3.1 Corrective Actions Taken or Planned: The Quality Assurance Manual has been revised to incorporate 11e.(2) operations. This manual was approved and distributed on April 28, 1994.
- 4.0 Assessment: It was noted that no system for characterizing the significance of findings or prioritizing the corrective action (item) had been established.
- 4.1 Corrective Actions Taken or Planned: The Corrective Action Program was revised to prioritize each CAP item. Items are assigned a priority of A, B, or C according to the needed urgency of the response. Also, specifically defined fields were added to the database to uniquely classify each Corrective Action Item to facilitate trend analysis. These new fields classify the domain (or general category) of the CAP item, the location or facility area, the department responsible for the corrective action, the department representative who is in charge of implementing the corrective action, and the identifying source of the corrective action (license requirement, external audit, QA, etc.). (See enclosed corrective action form and CAP report).
- 5.0 Assessment: The inspectors met with the QA officer who stated that the QA program should be fully implemented before receipt of lle.(2) byproduct material. At the time of the inspection, no internal audits had been conducted of NRC licensed activities.
- 5.1 Corrective Actions Taken or Planned: The work on the excavation of the 11.e(2) disposal cell had been started three days prior to the NRC inspection, April 14-15, 1994. As a result, no audits had yet been conducted of NRC licensed activities. Scheduled 11.e(2) audits and assessments will be incorporated into the Audit and Assessment Manual by June 3, 1994. Nevertheless, on May 14, 1994 an audit was performed to ensure calibrations were current and correctly marked on all site measuring and testing equipment.
- 6.0 Assessmert: No documentation was available to confirm that density sand to be used had been tested in accordance with American Society for Testing and Materials (ASTM) ASTM D-1556-90, para. 6.2.
- 6.1 Corrective Actions Taken or Planned: On April 21, 1994 the density sand was tested in accordance with ASTM D-1556-90 and confirmed to be in conformance.
- 7.0 Assessment: Soil specific gravity had not been reported as specified in ASTM D-698-91, paragraph 12.1.9.
- 7.1 Corrective Actions Taken or Planned: Soil specific gravity is reported as a part of all proctors performed by outside contract laboratories. Envirocare will modify the existing internal form to record proctor test results which will include the means for reporting the soil specific gravity for all on-site proctors by 6/3/94 (CAP item #54).

- 8.0 Assessment: Certain testing equipment calibrations had not been recorded. The licensee was in the process of completing this task. A comprehensive set of records including manufacturer's information and certificates of calibration should be maintained and kept up-to-date.
- 8.1 Corrective Actions Taken or Planned: On May 14, 1994, all measuring and testing equipment were audited and any necessary calibrations were completed and documented. Measuring and Testing Equipment Control was assigned to the QA Assistant. Henceforth, a monthly list of calibrations due for completion shall be generated to ensure timely completion of all calibration requirements.
- 9.0 Assessment: The Atterberg Limits grooving tool was not in accordance with ASTM D-4318-84, paragraph 6.2.
- 9.1 Corrective Actions Taken or Planned: On May 5, 1994 a new Atterberg Limits grooving tool was purchased, inspected in accordance with ASTM D-4318-84, and the inspection documented.
- 10.0 Assessment: The (Standard) Proctor hammer was not in accordance in with ASTM D-698-91, paragraph 6.2.1.
- 10.1 Corrective Actions Taken or Planned: On May 12, 1994 a new Standard Proctor Manual Rammer was purchased, inspected in accordance to ASTM D-698-91, and the inspection documented.
- 11.0 Assessment: Documentation was unavailable to confirm that the stirring paddle on the mixer meets the requirements of ASTM D-422-63, Figure 1 and that dispersion cups meet the requirements shown in Figure 2.
- 11.1 Corrective Actions Taken or Planned: On May 5 and 10, 1994 the stirring paddle and the dispersion cup, respectively, were inspected and confirmed to be in accordance with ASTM D-422-63, Figure 1 and Figure 2.
- 12.0 Assessment: Documentation was not maintained of outside independent training of soil laboratory and field testing personnel.
- 12.1 Corrective Actions Taken or Planned: Maintained in the Envirocare site files are: certificates of completion of eight hours of Nuclear Density Testing (Troxler) classroom and practical training provided by Nuclear Testing Services for all Troxler qualified personnel, and soil mechanics classroom and practical training which was provided in 1993 by Applied Geotechnical Engineering Consultants, Inc. (AGEC) for field and laboratory testing personnel.

- 13.0 Assessment: Personnel training record files did not contain professional resumes.
- 13.1 Corrective Actions Taken or Planned: Unfortunately, the Envirocare Site Manager was not present the day the audit was conducted by Dr. Spitzberg and Messrs. L Carson, and D. Rom. Professional resumes are maintained on site in the Site Manager's personnel files.
- 14.0 Assessment: Documentation was not on file to confirm that the licensee's contracted outside laboratory meets the requirements of ASTM E-329-90.
- 14.1 Corrective Actions Taken or Planned: The principal outside contract laboratory for soils analysis (AGEC) meets the requirements of ASTM E-329-90. More importantly, AGEC also participates in the Proficiency Sample Program from the AASHTO Materials Reference Laboratory. This provides validation of continued high quality of the data provided. A copy of these documents is now in the Envirocare site files.

#### ENVIROCARE OF UTAH

## CORRECTIVE ACTION PROGRAM (FORM EC-0255)

CORRECTIVE ACTION NUMBER	DATE IDENTIFIED
RESI LE DEPARTMENT HEAD	
DESCRIPTION OF CORRECTIVE ACTION NE	EEDED:
PROPOSED COMPLETION DATE	
	IDENTIFIED BY
	DEPT. HEAD APPROVAL
RESOLUTION OF CORRECTIVE ACTION ITE	M:
DATE COMBLETED	
DATE COMPLETED	RESPONSIBLE DEPT. HEAL
	QA OFFICER CONCURRENCI

#### TREND AWALYSIS FOR CORRECTIVE ACTION PROGRAM (CAP) ITEMS

Five fields will be used for trend analysis of all CAP items. Each field can be sorted to identify continual problems or trends in any aspect of the Envirocare system. The fields are: IN-CHARGE (the department head who is responsible to ensure the CAP item is properly accomplished), DOMAIN (aspect of Envirocare process which the CAP item involves), LOCATION (the afffected area), DEPARTMENT (the department that needs to correct the CAP), and SOURCE (origination of the Corrective Action). Given below is a list of key word entries under the trend fields listed above. The key words are shown with the exact spelling used in the DataBase file. Use the key word as listed. New key words may be added as necessary.

IN-CHARGE		I	DEPARTMENT Scheduling
George Hellstrom			Operations
Dan Owen			QA
G.Copeland			
Ray Jaffe			Occup Safety
Vern A.			Rad. Safety
Jay Vance			Permitting
M.Little			Site Lab
			Engineering
S.Peterson			Training
R.Birt			
M.Wicks			Doc.Contro
C. Warr			Maintenance
Jeff Low			Groundwater
ACII POW			

Jeff Low	(,100,10 % 101)
DOMAIN	LOCATION
Rad. Training	MW Evap Pond
OSHA Training	MW Building
RCRA Training	Site (general)
Safety Training	LARW Strge Pads
Environ Monitor monitoring	BA Mechanc
Access Control	LARW Cell
Railcar Decon	11e.2 Ccll
Equip Decop	MW Cell
Truck Decra	Truck Unloading
Truck Ur loading	Admin. Decon
Rollover	Restreted Roads
11e.2 Accept	Rollover
LARW Acceptance	Env. Stations
MW Acceptance	All disposal cells Disposal (gen.)
MW Storage Pad	Admin. Lab
MW Facility	Soils Lab
MW Tanks	Railcar Decon
MW Evap Pond	MW Strge Pad
MW Records	MW Treatment
Records (general	Corporate Off.
Procedures	Admin. Records
Site Safety	Corp. Records
Vehicles	Access Point Restricted Area Sec. Access
MW Lab Anai.	Norm LARW Wells
LARW Lab Anal.	MW Weils
Eng. Testing	11e.(2) Wells

11e.2 Cell

lie.z Cell	0.004 W. CVC
MW Cell	SOURCE
LARW Cell	Corporate Authority Executive
NORM Cell	IHI Audit
	Safety Meeting
BA Work Areas	DOE Audit
Dust Control	
Bulk Storage	RSO Field Inspec
11e. Storage	Site Mng. Inspec
Envirocare (gen general	Eng. Audit
Groundwater	Health Phy.Audit
Citaliawatei	GWDP Audit
	RCRA Audit
	NOV
	NRC Audit
	11e.2 License
	LARW License
	QA
	EPA
	EFA

#### ENVIROCARE OF UTAH

#### Deneity Sand Calibration

libration Number	Cone & Plate Nu	inber EM	10291	
	A	В	<u>c</u>	D
Wt. of bottle & Cone before filling cone & plate.		2		
Wt. of bottle & Cone after filling cone & plate.		3595.8		
Wt. of sand to fill come & ;	late.	17523		1
Wt. of bottle & send before cone, plate, & O.l cu. ft.	container	1843.5		1
Wt. of bottle & send after for cone, plate, & O.1 cu. ft.	6856.	1.4954.2	6850-2	
Wt. of send to fill cone, pi & O.1 cu. ft. sentainer	1152/11	1641.3	1527.6	X
Wt. of eand to fill cone & p	late (Mnell) 5322.4	5312.9	5322.6	X
Wt. of sand to fill 0.1 cu. container	ft. 1840.2	1840,2		$\leq$
Average Wt. of sand to fill	13482.4 0.1 cu. ft. container	1.3472,7 A. B. C.	(Line 8)	34
Loose density of sand (lbs./				
Average Wt. of sand to fill	cone & plate - A. R.	53.6		
24797 V= 2120	1.3 cm3 or .0754	fr 3	_21 **	1840
$\frac{3479.29}{2126.3  \text{cm}^3} = 1.6$	49/cm3 calin	crated By	SLANE	JOHAN
= 1.64 9 x 1910				
cm3 x0160	5 19/2+3 = 101	. 2 10	(C+ )	

# 6" mold (nater volume calculation)

mold = 6542.3 g mold + plate = 6675.0 g Wt. mold + plate W water = 8679.1

T(°F) OF water = 67.1° 8 (according to table) H20 = ,99833

FIRST MY MELLICE

MASS OF 1/20 = 8679.1 9 -6542.3 [2136.8 9]

Second measure

ut mold & plate W water = 8650, 9

Vz= 2108.69 = 21121 cm3

VAVE = 2140.4 + 2112.1 = 2126.3 cm 3/

2126.3 = 129.75 in 129.75 in 1778 = [.075f

hi= 4.584" hz= 4.586" hz= 4.585" hay= 4.585"

dy = 5.995 x 2.54= 15.23 cm B = 5,986 X 2.54 = 15.20 : 4,585 x 7.54= 11.65

4" mold (volume by water adjulation) ut. moLD = 421,2.7 9 wt. 0/120 + mold = 5215,9 g WT. @ H20 + mold = 5270.5 9 W+ av= 5718.2 g 5218.2 -4262,7 WT. HZO = 955,5 9 T=69.401= 9= ,998029/m3 Vane = 955 = 1957,4 cm3 957.4 cm3  $\frac{58.41 \text{ in}^3}{1778} = 1.0338 \text{ cm}^3$ 16.39

4" mold ( volume by length alculation. height (h) hi= 4.5801" hz= 4.580" hz= 4.590" Lax= 4.585 dianeter at top (d) dy= 3.995" di- 3.994" d== 3,992" de 3.981" d = 3.985" du = 3.983" dAV= 3.988" digreter at honour (do) dy=3.979" d= 3.994" ds: 3.985" dy = 3.99711 du= 3.95711 dy = 3.983" day = 3.983" V= T(3,988 + 3,988)2(4,585)=[.0331ff: 1-3.988 x 2,54 = 10.13 cm V= T(10.13+10.12)2 (11.64) dis= 3.983 x254 = 10.17 cm 4.585 x Z.54= 11.64 cm

Liquid Limit Denice	(ASTM 4318)
6.1.1 BASE -	
617 FEE+	
6.13 Cup - mass = 192.29	7
6.1.3 Cup - mass = 192.2 g 6.1.4 CAM - The CAM raises	the cup smoothly
OVER \$ 700° OF CAM NOTA	ation.
6.1.5. CAITAGE - The CUP CAITAGE The Allow 10 mm of dir The Cup hanges is AHAC The Carriage.	ange was Adjusted
to Allow 10 mm of di	op for the cup.
The Cup hanges is AttAC	uted by a pin to
Le CAVIAGE.	
DIMENSIONS	
1 541	N- 19 mm
A - 54.1mm B - 2mm	P-26 mm
C - 26.3 mm	R - 24 mm
E - 54.1	T. 44 mm
E - 54.1 = 57.6 mm	U-46.1 mm
F - 1.242 x25.4 = 32 mm	V - 3,1 mm
G - 13 mm	W-13 mm
H - 19 mm	Z-7.9 mm
J-59.4 mm	
K- 50.9 mm	
L- 150 mm	

Performed by Stee To

GROOKING TOOL - 5-5-94 A-2.03 mm B - 10.9 mm C- 39.7 mm D- 8.03 mm E-50.0 mm - 2.08 mm G- 10.2 mm H- 18.5 mm J- 60 mm - tau-1 :79 = 60.90 N-70.7 mm GAGE - (ASTM 84318) - 5-5-94 Length - 49,9 mm breadth - 75,3 mm 4.dth - 10.1 mm 1STM D422) Stirring PADDLE - 5-3-94 Hickness - . 049" 398594

Puch hole - 25.3mm . 203" Center to tip - .5" Pontorned by

### Scale 5-5-94

Using cost IFIED weight measurements:

KNOWN MASS

2000 g

1000 g

2000.0 g

20,0 g

20,0 g

200.0 g 50 g

Performed by Sun of The 5-6/94

4" mold (volume by water Ediculation) ut. moLD = 4262.7 9 wt. 0/120 + mold = 5215,9 q WT @ H20 + mold = 5270.5 9 W, ay = 5718.2 g 5218.2 -4262,7 ur. Hz0= 955,5 9 J=69.4° F= Vare = 955 - 1957.4 cm3/ 957.4 cm3 - 58.41 in 3 1728 = 1.0338c 16.39

Performed by Sun Italian

I'ritoined of the Notte 4-21-94/ 6' moid (nater volume calculation) mold = 654239 mold + plate = 6675.09 Ut. mold + plate w/ water = 8679.1 T(OF) OF water = 67.10 9 (according to table) HzO= ,99833 First mysuire MASS OF 1/20 = 8679.1 9 -6542.3 12136.8 9 V,= 2136.8 g - 99833 g = 2140.4 mL = 2140.4 cm<sup>3</sup> Second neasure wt mold & plate W water= 8650.9 MASS HZO = -8650.9 -6542.3 -2108.6 9 Vz= 2108.69 = 21121 cm3 VANC = 2140.4 + 2117.1 2 (1000) = 2126.3cm3/ 2126.3 = 129.75 in3 129.751,3 = [.075ft

DISPORSION CUP FOR ASTM D422 Тор diAneterz = 3.8 " 34 5-10-94
Вотюм diAneterz = +3" 2.6"
Ваffle Location = 610
Height = 7"
Radius = 1.3" Performed by She H

To: File

From: Shane Johanson

QA Assistant

Topic: Audit of Site Measuring and Testing Equipment

On May 14, 1994 an audit was performed on Envirocare's measuring and testing equipment at the Site Facility. Instruments were inspected to ensure calibration stickers were found on all equipment requiring calibration and that calibration requirements were met. In general, all equipment was found in conformance with calibration due dates and appropriately marked. Additionally, the control sheet containing all equipment requiring calibration was inspected, including the calibration dates listed to ensure agreement with the calibration stickers on the instruments. This data sheet was also found to be generally up-to-date.

Concerns noted from this audit include several instruments that require annual calibration and yet do not have a previously performed calibration date. These instruments include: engineering Stadia Pole used for cell survey, the Keason Tape Measure also used for surveying, the Thermometer used in the soils lab. The tape measure must be sent to be calibrated by the State of Utah. The Stadia Pole will be calibrated using the tape measure upon calibration of the tape measure. No facility has yet been found that calibrates thermometers nor has a soils testing lab been found that calibrates their thermometers. Also, the present measuring and testing equipment calibration data sheet contains several instruments that require monthly calibration. The recorded due calibration date for the laboratory Mettler Balance is March This calibration was completed, yet no present calibration requirement is found on the sheet (should be April 21 as last calibration performed). This date was found on the instrument, but not on the sheet. The calibration data sheet should be current enough to include monthly calibrations due.

To: File

From:

Shane Johanson

OA Assistant

Topic:

Calibration of QC Engineering Measuring and Testing

Equipment

On the following dates the noted QC Engineering Measuring and Test Equipment was calibrated in accordance with the referenced ASTM standard.

Equipment	Date	AS	STM Standard
Sand Density	4/21/94	D	1556-91
6 in. Proctor Mold	4/21/94	D	698-91
4 in. Proctor Mold	4/21/94	D	698-91
Flat Grooving Tool	5/5/94	D	4318-84
Gage Block	5/5/94	D	4318-84
Stirring Paddle	5/5/94	D	422-90
Liquid Limit Device	* 5/5/94	D	4318-84
Dispersion Cup	5/10/94	D	422-90
Manual Proctor Ramm	ner 5/12/94	D	698-91
Slump Mold	5/12/94	C	143-90a

<sup>\*</sup> All specifications measured were in compliance with the ASTM Standard. The only part of the device not measured was the hardness of the rubber for the base of the device and the feet of the device. This required equipment we did not have access to. The device was determined to be in compliance and will be tested for hardness when possible.

# CORRECTIVE ACTIONS PROGRAM

Page 1

STATUS	facility Design Change was submitted and placed on hold by Dennis R.	IN-CHARGE has scheduled a training sesinar in May for better project results.	All changes necessary to include ite.(2) specs have been made. Awaits final approval.	Options for facility modification have been submitted for executive decision.	Materials will be picked up Wednesday to install the curb.	Design for change is in progress, bids projected for two weeks (06/06/94).	Project pends completion of design for modification of
REASON FOR CORRECTIVE ACTION	MW Storage Pad Run-Off Ditch Facil appears to leak through to suber natural soil & dirt becomes by De water saturated.	Update Safety Manual to IN-CH reflect current requirements train bette	Pre-requisite for 11e.(2) All chang material acceptance them the period of periods approval.	To prevent overspray outside Options for Restricted Area boundary modificat submitted decision.	Curb necessary to prevent Heter vehicles from sliding off the Wedne dirt road into the evep, pond when roads are wet	Better locker facility needed Design to prevent containation progra outside Restricted Area and two wants locker space also needed.	Asphalt requested to extend Proje beyond the wash pad & continue design
COMPLETE	9	8	2	S.	8	9	g.
SOURCE	5	Executive	11e.(2) License	DOE Audit	IHI Audit	IHI Audit	Executive
LOCATION	M Strge Pad	Site (general)	Site (general)	Admin, Decon	My Evan Pond	Mw Building	Admin, Decon
DOMAIN	MW Storage Pad	Site Safety	Procedures	Truck Decon	AX Evep Pond	Mw Facility	Truck Decon
DEPARTMENT	Operations	05/23/94 Occup Safety	3	Shipmening	perations	ngineering	Engineering
PROPOSAL		05/23/94	04/11/94	06/07/94 Engineering	04/25/94 Operations	07/20/94 Engineering	7 /
INITIATED	04/29/94	11/01/93	02/21/94	03/07/94	26/11/50	03/11/94	03/16/94
PR108117	800	60	60	60	m	60	u
IN-CHARGE PRICAITY	Dan Oven	Ray Jane	6. Copeland	0. 9 5 40 40	San Over	6. 4/ 5 8/ 4/ 4/ 4/	6.
CORRECTIVE ACTION	13.NW Storage Pad Run-Off Ditch appears to leak	20.Revision to Safety and Resith Marusi	21.incorporate 11e.(2) requirements in OP Manual	23. modify Admin. Building Decom Facility	29 Install curb at southeast edge of MM Evac. pond	37 Bestitty Pacifity	36.Fix Asphalt at Administration Building

MAIGRITY A s lamediate resconse necessary. ACTION IMPLEMENTED: as a result of a NOV; to correct a safety or health hazard; or, to correct a non-compliance of a permit or internal procedure guidelines.

Maximus 2 week time period for correction.
Swift response necessary.

ACTION IMPLEMENTED: will take more than 2 weeks to correct; to improve health or safety standards; to seet a recommendation from an external audit; or to add or eliminate in order to improve efficiency.

ACTION IMPLEMENTED: to assure greater efficiency within the company; to increase quality of production; for best management purposes. B a Swift response necessary.

C = Response necessary.

#### CORRECTIVE ACTIONS PROGRAM

CORRECTIVE ACTION	IN-CHARGE	PRICRITY	INITIATED	PROPOSAL	DEPARTMENT	DOMAIN	LOCATION	SOURCE	COMPLETE	REASON FOR CORRECTIVE ACTION	STATUS	
										to changing trailer for best overall appearance	decon pad (CAP 23)	
43.Remove debris from BA mechanic area in R.Area	Dan Owen	C	01/23/94	06/15/94	Operations	BA Work Areas	BA Mechano Area	RSO Field Inspec	HO	Debris, Metal, Tires,etc. has accumulated at Restricted Area mechanic area & must be disposed of or released.		
45.Index for individual records needed at alte	Marci V.	C	03/23/94	06/30/94	Doc. Control	Records(general	Admin. Records	DOE Audit	NO	File index is needed for each individual document to evoid loss of records on file at the site	Project 25% complete. Requires extensive work.	
46.Lab Hood must be labeled with inspec. sticker	M. Little	£	03/23/94	06/30/94	Site Lab	Site Safety	Admin, Lab	DOE Audit	NO	Lab Hood needs to be labelled with an inspection sticker listing date of inspection, air flow, etc.	Ray Jaffe for June to inspect	
50.Place adhesive on tractor to prevent slipping	C.Warr	*	04/22/94	05/09/94	Maintenance	Site Safety	Site (general)	QA.		One person has aiready slipped and been injured. Adhesive sand strips will allow better traction & prevent future injury	Material arrived 05/20/94 and tractor will be operable Monday (05/23/94).	
52.Groundwater Pump Retrofit.	Jeff Low	8	05/16/94	07/01/94	Groundwater	Groundwater	Norm LARV vella	Executive		Stainless steel fittings must be removed and replaced with PVC pipe to prevent corrosion.	New on CAP list.	
53.Update of RCRA Field Permit:	M. Wicks	8	03/03/94	05/27/94	Doc. Control	Records(general	Admin. Records	Executive		Field Permit must be changed to reflect current RCRA permit requirements.	Under QA review.	

PRIORITY A = Immediate response necessary. ACTION IMPLEMENTED: as a result of a NOV; to correct a safety or health hazard; or, to correct a non-compliance of a permit or internal procedure guidelines.

Naximum 2 week time period for correction.

B = Swift response necessary. ACTION IMPLEMENTED: will take more than 2 weeks to correct; to improve health or safety standards; to meet a recommendation from an external audit; or to add or eliminate in order to improve efficiency.

C = Response necessary. ACTION IMPLEMENTED: to assure greater efficiency within the company; to increase quality of production; for best management purposes.

to prevent slipping.

#### CORRECTIVE ACTIONS PROGRAM

CORRECTIVE ACTION	IN-CHARGE PRIORITY I	NITIATED PRO	POSAL DEPARTMENT	DOMAIN	LOCATION	SOURCE	COMPLETE	REASON FOR CORRECTIVE ACTION	STATUS	
54.Add soil specific gravity to Proctor report	G.Copeland B C	5/04/94 06/	03/94 Engineering	Eng. Testing	Soils Lab	NRC Audit	NO	Report of the soil specific gravity is needed with each Proctor as specified in ASTM D-698-91.	Computer software to general this information is being obtained from AGEC.	
CORRECTIVE ACTION OVERDUE	ORIG.DATE IN-CHARGE	NEW DATE	REASON FOR DELAY							
21. Change Operating Pro- cedures Manual ato Incor- porate 11e.(2) Requirements	03/07/94 G.Copelan	d	Project under admin	istrative review	for approval.					
20. Revision to Safety and Health Manual	03/25/94 Ray Jaff	2000	Greater size of pro the project. Ray h by the end of the w	as attended train				eted		
29. Install curb at southeast edge of MW Evep. Pond	03/11/94 ban Oven		Delay in receipt of of the curb can beg		olies will be pick	ed up Wednesday i	and installs	ition of		
43. Remove debris from Broken Arrow's mechanic area inside the Restricted Area.	01/23/94 Dan Oven		Removal of the debr Excess debris surrounties from the Restricted	unding the mechan	nic area in the Re	estricted Area nee	eds to be re			
45. Index for individual records needed at the site.	03/23/94 M. Wicks		extended work has be thet exist at the s					of files		
50. Place adhesive on tractor	04/22/94 C. Warr	05/23/94 0	elay in receipt of	materials. Howe	ver, the adhesive	earrived on 5/20	/94 and the	tractor		

will be secured and in use 05/27/94.

PRIORITY A = Immediate response necessary. ACTION IMPLEMENTED: as a result of a NOV; to correct a safety or health hazard; or, to correct a non-compliance of a permit or internal procedure guidelines.

Maximum 2 week time period for correction.

B = Swift response necessary. ACTION IMPLEMENTED: will take more than 2 weeks to correct; to improve health or safety standards; to meet a recommendation from an external audit; or to add or eliminate in order to improve efficiency.

C = Response necessary. ACTION IMPLEMENTED: to assure greater efficiency within the company; to increase quality of production; for best awnagement purposes.