

EVALUATION RESEARCH CORPORATION

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COMANCHE PEAK RESPONSE TEAM

PROJECT PROCEDURE FOR QA/QC ISSUE-SPECIFIC ACTION PLANS

PROCEDURE NO: CPP-004

REVISION: 2

ISSUE DATE: 12/17/85

PROJECT WORKING FILES

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1.0 PURPOSE

To establish the methods and responsibilities for the management of QA/QC Review Team records. Specifically, this procedure provides the method to identify, collect, index, and maintain project records. It also provides for the establishment, control, and turnover of Project Working Files to the Comanche Peak Response Team (CPRT) Project Central File.

2.0 APPLICABILITY

This procedure applies to the documents required to be turned over to the Comanche Peak Response Team (CPRT) Project Central File.

3.0 REFERENCES

None

4.0 GENERAL

4.1 Responsibilities

4.1.1 The Records Administrator has overall responsibility for the identification and collection of project records, the establishment of the Project Working Files and their subsequent turnover of documentation to the Project Central File.

4.1.2 Issue Coordinators are responsible for the collection, filing, and maintenance of documentation under their control.

4.2 Policy

4.2.1 Project Working File records shall be legible, in good physical condition, and complete.

4.2.2 Alterations to approved QA/QC Review Team records by means of white-out, correction tape, scribbling-out information, marking over data, etc., are prohibited. Revisions to complete QA/QC Review Team records shall be in accordance with applicable procedures. Otherwise, corrections shall be made by lining-out the information, making the correction, then initialing and dating near the correction.

Changes to approved documents shall be reviewed and approved by the same organization/discipline that performed the original review and approval.

4.2.3. Pertinent documentation/information shall not be added to the reverse side of a QA/QC Review Team record. Additional sheets may be used to provide any supplemental information. The continuation sheets shall reference the document to which it is attached, and be controlled to the same requirements as that document.

4.2.4 The use of felt tip pens, or markers to highlight or color code QA/QC Review Team records is normally unacceptable and should be avoided. Felt tip pen ink is usually soluble and highlighting may obscure the material during reproduction.

4.3 Definition

4.3.1 Project Working File

A collection of records received or generated as a result of QA/QC Review Team activities which contains all material, or references to material in other controlled files upon which the conclusions of Action Plan Results Reports and/or the Final Results Report are based.

5.0 PROCEDURE

The activities described in Sections 5.2, 5.3, and 5.4 are performed by the responsible QA/QC Issue Coordinator/Supervisor for records under their control.

5.1 Identification of QA/QC Review Team Records

The Records Administrator shall establish and maintain a Records File Index (Attachment 6.1) for each Project Working File and review issued CPRT Project Procedures (CPPs), Quality Instructions and Issue Specific Action Plans (ISAPs) for impact on the Action Plan Indexes, then upgrade the indexes as necessary.

5.2 Collection of Records

5.2.1 QA/QC Review Team members shall forward QA/QC Review Team Records to the Records Administrator as required by applicable CPP's.

5.2.2 CPSES controlled documents may be included in the Project Working File by copy, or by reference which includes the document name, number and revision.

NOTE: It is acceptable to copy only the appropriate pages from the sources by clearly marking the description of the source on the excerpted pages and including them in the Project Working File.

Should copies of excerpted CPSES documents be included in the Project Working File, a Document Excerpt Cover Sheet (Attachment 6.2) shall also be prepared.

5.3 Receipt of Documentation for Project Working Files

- 5.3.1 The Records Administrator shall review each document received for filing for physical quality (e.g., reproducibility, legibility, condition) and completeness (e.g., number, file location, sequence of attachments, etc.).
- 5.3.2 The Records Administrator shall coordinate with the appropriate QA/QC Review Team personnel to correct any deficiencies in the physical quality and completeness of the records.
- 5.3.3 Upon completion of satisfactory review, the Records Administrator shall log the document received on the appropriate File Content Log (Attachment 6.3).

Should a document be applicable to more than one ISAP, separate copies are placed in applicable file locations. Otherwise the documents are filed in one location and cross-referenced on a File Content Log reserved for that purpose.

- 5.3.4 The Records Administrator shall file documents consistent with the assigned File Index numbers.

5.4 Maintenance and Control of Project Working Files

The Records Administrator shall maintain and control the Project Working Files as follows:

- ° Restrict access to the files.
- ° Ensure that an "Out Card" is completed and filed in place of each document borrowed from the Project Working File.
- ° Ensure the timely return of all borrowed records to the files and their completeness.
- ° Ensure that the Project Working Files are secured at the end of each workday or when unattended.

5.5 Turnover of Project Working Files to CPRT Project Central Files

The Project Working File for each Action Plan shall be transmitted to the CPRT Project Central File within 5 working days after the SRT approved the Results Report for the Issue-Specific Action Plan. Issue Coordinators shall advise the Records Administrator of Results Reports approved by the SRT.

As applicable, other Project Working Files, e.g., the Certification and Qualification files maintained by the QA/QC Certification Administrator, are transmitted to the CPRT Project Central File within 5 working days after the SRT approved the Final Results Report. The QA/QC Review Team Leader shall advise the Records Administrator and other appropriate QA/QC Review Team members, e.g., the QA/QC Certification Administrator, when the Final Results Report is approved by the SRT.

- 5.5.1 Prior to the records turnover, the responsible QA/QC Review Team personnel shall review the file to ensure that all records needed to support the reports are included and that all of the documents have a specific relationship with the activity involved with completing the QA/QC activity.
- 5.5.2 Prior to Turnover, the Issue Coordinator should complete a Document Use Coding Sheet (Attachment 6.4) for each document or group of documents within a Project Working File to ensure their applicability to the specific ISAP and its completion.
- 5.5.3 Upon notification from and with the responsible QA/QC Review Team personnel, the Records Administrator shall review the files to ensure that they are orderly and complete, then complete the QA/QC Review Team Records Turnover Index (Attachment 6.5) as required.
- 5.5.4 Finally, the Records Administrator prepares a letter to transmit the complete Project Working File to the custodian of the Project Central File and obtains acknowledgement of receipt.

6.0 ATTACHMENTS

- 6.1 QA/QC Review Team Records File Index (Sample)
- 6.2 Document Excerpt Cover Sheet (Sample)
- 6.3 File Content Log (Sample)
- 6.4 Document Use Coding Sheet
- 6.5 QA/QC Review Team Records Turnover Index (Sample)

QA/QC REVIEW TEAM RECORDS FILES INDEX
 (Sample Page)

<u>Prefix</u>	<u>Primary File #</u>	<u>Subfile #</u>	<u>Content</u>
VII.b.2	1	1A 1B	Action Plan Issued Plans
VII.b.2	2		Qualifications and Training of Personnel
VII.b.2	3		Specific Procedures
VII.b.2	4	4A 4B 4C 4D	Calculations and Evaluations Calculations Engineering Evaluations Root Cause and Generic Implications Evaluations Evaluations of Safety Significance
VII.b.2	5	5A 5B 5C	Inspections Inspection Procedures Certifications of Inspection Personnel Inspection Results Documentation
VII.b.2	6	6A 6B 6C	Testing Testing Procedures Certifications of Testing Personnel Test Results Documentation
VII.b.2	7	7A 7B	Records Reviews Review Procedures (Including Sampling) Review Results Documentation
VII.b.2	8		Results Reports

DOCUMENT EXCERPT COVER SHEET

DOCUMENT EXCERPT COVER SHEET

The attached is an excerpt from the following document:

Title: _____

Document Number: _____

Revision: _____

Date of revision: _____

Source of document (DCC, CPRT Library, etc.): _____

Date obtained from source: _____

_____ The above is the latest revision of the controlled document

_____ The above is not the most recent revision of the controlled document. However, it is the appropriate revision for analyzing the particular NPSIS feature (s) for which it was used.

Pages or sheet numbers contained in the excerpt: _____

SAMPLE

FILE CONTENT LOG

ACTION PLAN NUMBER _____	FILE _____	SUBFILE _____
LOG NUMBER	DESCRIPTION	DATE

SAMPLE

DOCUMENT USE CODING SHEET

This sheet or its equivalent is to be used to indicate how a document or group of documents pertain to the respective Action Plan.

ACTION PLAN NUMBER: _____ Applicable Section: _____

The attached document(s) were used in completing the above Action Plan in the following way:

- _____ Provided engineering or construction details used in the implementation of the Action Plan.
Examples: Controlled drawings, specifications, or procedures
- _____ Served as randomly selected samples used to determine the adequacy of the design, construction or conformance to a procedure.
Examples: Construction records, as-builts drawings, design documents
- _____ Provided the basis against which the design or construction was inspected or tested.
Examples: Design criteria (FSAR), design specifications, design drawings, design or construction procedures, codes or standards (ASTM, ACI, IEEE, etc.)
- _____ Document the completion of an inspection or test conducted in conformance with the Action Plan.
Examples: CPRT QA/QC inspection reports, independent testing, contractor test records.
- _____ Document calculations performed as part of the Action Plan to check or verify the adequacy of the design or to check existing CPSES calculations.
Examples: Calculations performed by CPRT personnel
- _____ Used to establish the population from which random samples were selected.
Examples: Lists of documents or CPSES elements (conduits, concrete placements, pipe hangers, etc.) which comprise the population.
- _____ Document the communication among the participants in the Action Plan.
Examples: Letters, Memoranda, Telephone notes, Meeting notes

DOCUMENT USE CODING SHEET (Example)

(Cont'd)

_____ Summarize the results of the inspections and test conducted in conformance with the Action Plan.

Examples: Lists that correlate data from several sources

_____ Provide as-built information analyzed for conformance with design documents.

Examples: As-built drawings or sketches developed by the CPSES project team, photographs or video tapes

_____ Other: _____

QA/QC REVIEW TEAM RECORDS TURNOVER INDEX

QA/QC REVIEW TEAM
RECORDS TURNOVER INDEX

DESCRIPTION OF RECORDS	DATE TRANSMITTED	TRANSMITTAL ID NO.	DATE ACCEPTED

SAMPLE