Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

April 5, 2023

U.S. Nuclear Regulatory Commissions
Washington, DC 20555-0001

Attention: Kerri Kavanagh, Chief
Quality Assurance Vendor Inspection Branch
Division of Reactor Oversight
Office of Nuclear Reactor Regulation

Subject: Reply to Notice of Nonconformance

Reference: Nuclear Regulatory Commission Inspection Report No. 99900060/2023-201 and Notice of Nonconformance dated March, 8, 2023

Enclosed please find EMS -Target Rock Farmingdale, Naval & Power Curtiss Wright reply to Notice of Nonconformance 99900060/2023-201. This response is documented on the enclosed Target Rock (TR) Internal Corrective Action Request No. 23-012.

Please contact me if you have any questions or require any additional information.

Sincerely,

William Meehan
Quality Assurance Manager - Energy Products

Curtiss-Wright
EMS - Target Rock Group, Naval & Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA
T: 631.396.4558
bmeehan@curtisswright.com

Enclosure: TR Corrective Action Request 23-012

Cc: A. DiMeo, Director of Quality Assurance
M. Fattibene, Supplier Quality and Audits Supervisor
M. Cinque, General Manger
J. White, Senior General Manager

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-012 A1

To: A. DiMeo (QA) **Cc:** B. Meehan (QA) M. Fattibene (QA) M. Cinque (GM) **Originator / Date:** A. DiMeo 26 Jan 23	**Project / Part / Serial No.:** All / All / All **Response Due Date:** 24 Feb 23, Extended to 7 Apr 23 **Reviewed by / Date:** B. Meehan 26 Jan 23

☐ **A 5-Why / Causal Analysis (QMP1020 Form 2) is required to be submitted with this CAR's response.**

Description of the Nonconformance

Reference
NRC Nonconformance Number 99900060/2023-201-01
CAR 21-212 – NUPIC Deficiency for Audit Reports not issued within 30 days of the audit completion
CAR 22-335 – 2022 Internal Audit not completed within 2022

1. CAR 21-212 was issued since several prior year audits were not approved by the lead auditor and Manager of Supplier Quality Audits within 30 days. Additionally, only the Lead auditor approved the audit reports and associated cover memorandums were not always signed by the Manager, Supplier Quality and Audits as procedurally required. The corrective action was to implement a status column in the internal audit schedule and include a signature block for the Manager, Supplier Quality and Audits.

2. CAR 22-335 was issued to document the 2022 Internal Audit not being completed within 2022. Audit 22-01 was completed in 2022 but the audit report was not completed within 30 days of the audit completion.

Contrary to the requirements of QMP1017, Paragraph 5.2.1.3, the activities affecting quality were not audited at least once per year. The 2022 Internal Audit was not completed in 2022. Contrary to the requirements of QMP1017, Paragraph 5.2.4.5, Internal Audit 22-01 Report was not completed within 30 day of audit completion. The Corrective Actions associated with CARs 21-212 and 22-335 have been determined to not be effective. This CAR will be used to determine Root Cause(s) and Corrective Actions, particularly identifying why CAR 22-335 was not written sooner and why the audit reports continue to be completed past the due dates.

Immediate Action Taken to Correct the Identified Nonconformance

1. N/A – at the time in which the finding was administered, all completed audit reports up to that date (including those identified in the Nonconformance) had already been signed and distributed to auditees and management.

2. Target Rock completed the planning for the 2022 Internal Audit by 2/3/2023. The 2022 internal audit was completed by 3/31/2023. See Attachment 1 for 2022 Internal Audit results – Audit Section 22-01 through 22-05.

Root Cause of the Identified Nonconformance

TR notes that the overall Corrective Action Process was determined to be effectively implemented by Inspection team in all areas and the failure in Corrective Action implementation is limited to the Internal Audits Program.

1. The corrective action associated with CAR 21-212 failed to prevent reoccurrence of cases where audit reports are issued more than 30 days from post-audit conference. The status column helps to maintain the results of the internal audit section; however, it is only a passive solution to ensure that the audit team is signing the reports within 30 days of audit completion. At the time of NRC Inspection, Target Rock had not developed an active solution to ensure audit reports are signed and distributed within 30 days.

2. When developing a 2022 Revised Internal Audit Schedule, Target Rock failed to consider the number of lead auditors that would be required to complete the unfinished sections set forth in the revised schedule. At the same time, an increased number of supplier audits were required since the pandemic restrictions were easing in 2022. Target Rock recognizes that the issues acknowledged in CAR 22-235 should have been identified earlier in the year.

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-012 A1

Change Impact Evaluation (for revised drawings, procedures, WO, etc.)

☒ No impact ☐ Change Review Meeting ☐ Limited Scope FMEA ☐ Full FMEA

Root Cause Corrective and Preventative Action ***(List PBL Action Item No. for unfinished Corrective and Preventative Actions)***

1. Target Rock will now utilize its internal business management system (Process Based Leadership – PBL) to track the completion (signature and distribution) of internal audit section reports. This will elevate the attention of Internal Audit progress and completion to Senior Management oversight. Upon the completion of an in-person internal audit section, the Manager/Supervisor, Supplier Quality and Audits will assign an action to the section's Lead Auditor which states that signature and distribution of the audit report shall be conducted within 30 days. Note that this requirement has been added to QMP1014 – Corrective and Preventative Action (Paragraph 5.2.2.5) for all CAR Corrective and Preventative Actions that are not complete at the time of the CAR response.

2. Target Rock has completed the plan for the 2023 Internal Audit. See Attachment 2 for 2023 Internal Audit Plan. Target Rock has added a qualified Lead Auditor in Q1 of 2023 and Target Rock projects to have an additional individual qualified as a Lead Auditor by the end of 2023 in accordance with the criteria described in NQA-1. This will reduce the burden of planning and performing the 2023 Internal Audit.

Other Hardware / Product Affected ***(If none, state the basis for this determination)*** **Problem Report Required Yes ___ No X**

None. There is no product effected as this is a documentation issue.

Response Provided by: Matt Sattline 4/5/2023
Date

Response Approved by: A D, mes 4/5/2023
Date

QA Manager Approval: 4/5/2023
Date

Follow Up Verification Plan: ***(If none, state the basis for this determination)***

None. All corrective and preventative actions are complete.

QA Manager Approval: _____ 4/5/2023
(Target Rock) **Date**

Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

INTERNAL AUDIT REPORT
Internal Audit No: 22-01

1.0 Description of the Audit Scope

Departments:	Contracts, Design and Drafting, Project Engineering (Defense – Nuclear, Defense – Non-Nuclear, Energy Products)
Scope:	The scope of this audit was to perform an evaluation of the specified departments and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Audit Dates: Contracts Administration: 10/6/2022
Navy Non-Nuclear Project Engineering: 10/12/2022
Energy Products Project Engineering: 10/18/2022
Navy Nuclear Project Engineering: 10/27/2022
Design Engineering: 11/8/2022

1.1 Quality Management System Manual

Procedure	Revision
QMP1000	Revision Q
QMP1023	Ed. 11 Rev. 1

1.2 Quality Management Procedure(s)

QMP1003	K	QMP1007	F	QMP1015	J	QMP1022	C				
QMP1004	J	QMP1010	H	QMP1016	B	QMP1023	11				
QMP1005	E	QMP1013	N	QMP1017	J	QMP1025	B				
QMP1006	K	QMP1014	K	QMP1018	K						

2.0 Identification of Audit Personnel

Name Title	Name Title
Identification of Audit Personnel	**Personnel Contacted During the Audit**
Lead Auditor: Matthew Fattibene, Supplier Quality and Audits Supervisor	Design and Drafting
Auditor: Maha Waheed, Quality Assurance Engineer	William Velkoff, Design Engineering Manager
Auditor: Brandon Kotan, Quality Assurance Engineer	Eric Myones, Design Engineering
Auditor: Mike Savino, Quality Assurance Engineer	Gene Schumann, Design/Drafting Supervisor
Auditor: Jose Menjivar, Quality Assurance Engineer	Navy Non-Nuclear Project Engineering
	Johnly Lin, EB Manager
	Don Abrams, Project Engineer
	Eric He, Project Engineer
	EP Project Engineering
	Walter Opak, Engineering Manager
	Katherine Ramirez, Project Engineer

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	Sean Kim, Project Engineer
	Navy Nuclear Project Engineering
	Scott Diamond, Engineering Manager
	Joe Petrancosta, Project Engineer
	Dan Harris, Project Engineer
	Matt Burke, Project Engineer
	Contracts
	CeCe Davies, Contracts Manager
	Brian O'Connor, Sr. Contracts Administrator
	Jesus Guevara, Contracts Administrator
	Joseph Ford, Contracts Administrator

3.0 Conclusion: Summary of Audit Results and Program Effectiveness

Note: Prepared by Matthew Fattibene

Check one (1)	X	Effectively implemented		No Corrective Action Required
		Effectively Implemented with Exceptions	Corrective Action(s) Required	See Paragraph 4.0
		Requires Management Attention	Corrective Action(s) required	See Paragraph 4.0

3.0 Conclusion: Summary of Audit Results and Program Effectiveness (continued):

The scope of the audit was to perform an evaluation of Contracts Administration, Design and Drafting, Project Engineering (Defense – Nuclear, Defense – Non-Nuclear, Energy Products) and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. Please refer to Section 1.2 which references the applicable QMPs for the departments that were audited. In addition, the audit reviewed areas of concerns that have been identified in previous internal and external corrective actions.

Contracts and Proposals:

The audit took place on 10/6/2021 and reviewed procedures and processes for the Contracts program. The audit team interviewed the Contracts Manager along with three Contracts Administrators. The audit team found that the Contracts Department was compliant with the procedures outlined in applicable QMPs.

It is to be noted that the Contracts Manager, CeCe Davies, is new to Target Rock, and this is the first time with the Internal Audit process. Brian O'Connor served as the interim Contracts Manager and was able to provide support and guidance regarding the presentation / explanation of objective evidence to demonstrate compliance to the relevant QMPs.

Defense Non-Nuclear Project Engineering:

The audit occurred on 10/12/2022 and reviewed procedures and processes for the Defense Non-Nuclear Project Engineering program. The audit team interviewed the Defense Non-Nuclear Engineer Manager and two Defense Non-Nuclear Project Engineers. The audit team found that the Defense Non-Nuclear Project Engineering department was compliant with the procedures outlined in applicable QMPs.

It is to be noted that the Defense Non-Nuclear Manager, Johnly Lin, was new to his current position at the time of audit. He served as a Project Engineer for the department, and this is his first time moving through the internal audit process in the capacity of a manager for the department.

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Energy Products Project Engineering:
The audit occurred on 10/18/2022 and reviewed procedures and processes for the EP Project Engineering program. The audit team interviewed the EP Engineering Manager and two EP Project Engineers. The audit team found that the Energy Products Project Engineering department was compliant with the procedures outlined in applicable QMPs.

Defense Nuclear Project Engineering:
The audit occurred on 10/27/22 and reviewed procedures and processes for the Defense Nuclear Project Engineering program. The audit team interviewed the Defense Nuclear Engineering Manager and three Defense Nuclear Project Engineer. The audit team found that the Defense Nuclear Project Engineering department was compliant with the procedures outlined in applicable QMPs.

Design Engineering/Drafting:
The audit occurred on 11/8/2022 and reviewed procedures and processes for the Design Engineering/Drafting program. The audit team interviewed the Design Engineering Manager, the Design/Drafting Supervisor, and a Design Engineer. The audit team found that the Design Engineering/Drafting department was compliant with the procedures outlined in applicable QMPs.

4.0 Audit Findings

The audit team found that Contracts, Design and Drafting, Project Engineering (Defense – Nuclear, Defense – Non-Nuclear, Energy Products) are compliant to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Lead Auditor Matthew Fattibene, Supplier Quality and Audits Supervisor	Matt Fattibene	3/27/2023
	Signature	Date
Manager / Supervisor Supplier Quality and Audits, Matthew Fattibene	Matt Fattibene	3/27/2023
	Signature	Date

Target Rock Farmingdale
Naval and Power
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E. Farmingdale, NY 11735, USA

INTERNAL AUDIT REPORT
Internal Audit No: 22-02

1.0 Description of the Audit Scope

Departments:	Planning, Production Control, and Purchasing.
Scope:	The scope of this audit was to perform an evaluation of the specified departments and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Audit Dates: Purchasing: February 8th, 2023
Production Control: February 22nd, 2023
Planning: March 21st, 2023

1.1 Quality Management System Manual

Procedure	Revision
QMP1000	Revision Q
QMP1023	Ed. 11 Rev. 1

1.2 Quality Management Procedure(s)

QMP1001	H	QMP1006	K	QMP1012	D	QMP1018	K				
QMP1002	H	QMP1007	F	QMP1013	N	QMP1021	A				
QMP1004	J	QMP1008	D	QMP1015	J	QMP1025	B				
QMP1005	E	QMP1009	C	QMP1016	B						

2.0 Identification of Audit Personnel

Name Title	Name Title
Identification of Audit Personnel	**Personnel Contacted During the Audit**
Lead Auditor: Matthew Fattibene, Supplier Quality and Audits Supervisor	Purchasing
Auditor: Jose Menjivar, Quality Assurance Engineer	Jim Arena, Purchasing Manager
Jesus Guevara, Contracts Administrator	Production Control:
	Greg Ryan, Director Materials Management
	Chris Debesis, Production Control manager
	Eric Somfleth, Production Control Coordinator
	Planning:
	Jillian Neidig, Materials Supervisor
	Alycia Quarterman, Materials Supervisor
	Brian Cahill, Planner
	James Wakeford, Senior Planner
	Carol Gratzer, Production Control Coordinator

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3.0 Conclusion: Summary of Audit Results and Program Effectiveness Note: Prepared by Matthew Fattibene				
Check one (1)	x	Effectively implemented		No Corrective Action Required
		Effectively Implemented with Exceptions	Corrective Action(s) Required	See Paragraph 4.0
		Requires Management Attention	Corrective Action(s) required	See Paragraph 4.0

3.0 Conclusion: Summary of Audit Results and Program Effectiveness (continued):

The scope of the audit was to perform an evaluation of Planning, Production Control, and Purchasing (Defense – Nuclear, Defense – Non-Nuclear, Energy Products) and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. Please refer to Section 1.2 which references the applicable QMPs for the departments that were audited. In addition, the audit reviewed areas of concerns that have been identified in previous internal and external corrective actions.

Purchasing:
The audit occurred on 2/8/2023 and yielded 0 findings and 0 observations. The audit team interviewed the Purchasing Manager to validate compliance with the responsibilities outline in the QMPs. The audit team found that the Purchasing Department was compliant with the procedures outlined in applicable QMPs.

Production Control:
The audit occurred on 2/22/2023 and yielded 0 findings and 1 observation. The audit team found: QMP1008 was out of date and needs a revision as it references processes that no longer occur within the department. Additionally, it was found that robust tracking tools are in place that allow PC to manage the RMA process, however, these tools or procedures are not recorded in a Target Rock lower-level procedure and is largely dependent upon triable knowledge.

The audit team also notes that Chris Debesis is new to Target Rock. At the time of the audit, Chris had been in his new role for less than two weeks. The audit served as a training evolution for Chris as the auditing process was described in greater detail. Given Chris's arrival to the department, the importance of maintaining training records was reinforced during he audit. At the time of the audit there were no training records that were made available for review.

OBS 23-045:
When reviewing sections of QMP 1008, the audit team noticed a term called "work output ticket" (WOP). The audit team notes that the Production Control team was not familiar with the term or acronym. The audit team confirmed that this WOT is an outdated term. Therefore, the audit team advised Production Control to update QMP 1008 to remove mentions of WOT. This modification will keep the QMP 1008 consistent with the current terms used at Target Rock.

When the process for controlling an RMA was described to the audit team, an excel file was presented to the team. This excel file is used by Production Control to record and track each RMA that is generated and returned to Target Rock. The audit team recommends that the process for maintaining / tracking RMAs be written into a lower-level procedure to become standard practice for future Production Control staff.

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Planning:

The audit occurred on 3/21/2023 and yielded 0 findings and 1 observation. The audit team notes that he Planning Department was heavily impacted by Target Rock's move to a PLT structure. Other departments maintained a functional group with core management (think Quality Assurance), however, in the case of Planning the individuals exclusively report upwards in the PLT structure without any independent managerial functions. For this reason, the audit team found that a gap had developed when it came to maintaining individual training records.

OBS 23-046: The planning groups were evaluated holistically across Target Rock's product lines. The group was not able to furnish training records for the audit team to review. This is a divergence from last year as training records were found to be in place and adequately completed. This lack of training records coincides with Target Rock's move to a PLT structure. Planners no longer report to a central manager for Production Control / Planning, rather the individuals were reporting directly through the PLT structure. Training records have not been maintained during this transition period, and it was unclear amongst the group who was responsible for managing and tracking individual training.

4.0 Audit Findings

The audit team found that Planning, Production Control, and Purchasing (Defense – Nuclear, Defense – Non-Nuclear, Energy Products) are compliant to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Lead Auditor Matthew Fattibene, Supplier Quality and Audits Supervisor	Matt Fattibene	3/30/2023
	Signature	Date
Manager / Supervisor Supplier Quality and Audits, Matthew Fattibene	Matt Fattibene	3/30/2023
	Signature	Date

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-045

To: Chris Debesis (PC) Greg Ryan (Director of Materials) **Cc:** Alex DiMeo (QA) Matt Fattibene (QA) **Originator / Date: Jose Menjivar (2/22/2023)**	**Project / Part / Serial No.:** **Internal Audit Section 22-02**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

When reviewing sections of QMP 1008, the audit team noticed a term called "work output ticket" (WOP). The audit team notes that the Production Control team was not familiar with the term or acronym. The audit team confirmed that this WOT is an outdated term. Therefore, the audit team advised Production Control to update QMP 1008 to remove mentions of WOT. This modification will keep the QMP 1008 consistent with the current terms used at Target Rock.

When the process for controlling an RMA was described to the audit team, an excel file was presented to the team. This excel file is used by Production Control to record and track each RMA that is generated and returned to Target Rock. At this time, the tools and procedures are not recorded in a Target Rock lower-level procedure and is largely dependent upon triable knowledge. The audit team recommends that the process for maintaining / tracking RMAs be written into a lower-level procedure to become standard practice for future Production Control staff.

Immediate Action Taken to Correct the Identified Condition:

There was no immediate adverse impact to quality as identified via the observation.

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-046

To: Greg Ryan (Director of Materials) **Cc:** A. DiMeo (QA) **Originator / Date:** Matt Fattibene (QA) / 3/21/2023	**Project / Part / Serial No.:** **Internal Audit Section 22-02**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

The planning groups were evaluated holistically across Target Rock's product lines. The group was not able to furnish training records for the audit team to review. This is a divergence from last year as training records were found to be in place and adequately completed. This lack of training records coincides with Target Rock's move to a PLT structure. Planners no longer report to a central manager for Production Control / Planning, rather the individuals were reporting directly through the PLT structure. Training records have not been maintained during this transition period, and it was unclear amongst the group who was responsible for managing and tracking individual training.

Immediate Action Taken to Correct the Identified Condition:

There was no immediate adverse impact to quality as identified via the observation.

Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

INTERNAL AUDIT REPORT
Internal Audit No: 22-03

1.0 Description of the Audit Scope

Departments:	Manufacturing Engineering, Welding, Production, Assembly and Test
Scope:	The scope of this audit was to perform an evaluation of the specified departments and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Audit Dates: February 6th, 2023 – March 8th, 2023

1.1 Quality Management System Manual

Procedure	Revision
QMP1000	Revision S
QMP1023	Ed. 12 Rev. 0

1.2 Quality Management Procedure(s)

QMP1005	E	QMP1011	K	QMP1015	K	QMP1025	B				
QMP1008	E	QMP1012	D	QMP1016	C						
QMP1009	C	QMP1013	N	QMP1018	L						
QMP1010	H	QMP1014	K	QMP1022	D						

2.0 Identification of Audit Personnel

Name Title	Name Title
Identification of Audit Personnel	**Personnel Contacted During the Audit**
Lead Auditor: Bill Meehan, QA Manager	Manufacturing Engineering
Auditor: Maha Waheed, Quality Assurance Engineer	Rafael Tejada, Manufacturing Engineering Supervisor
Auditor: Jason Kim, Quality Assurance Engineer	Production
Auditor: Brandon Kotan, Quality Assurance Engineer	Michael Funk, Manufacturing Supervisor
	Wojciech Lutrzykowski, CNC Machinist – Master 1 & 2
	Assembly and Test
	Dave Neidig, Assembly and Test Supervisor (BPMI)
	Alan Diaz, Assembly and Test Supervisor (EP)
	Welding
	Eric McPeak, Welding Operations Manager
	Charles Leser, Welding Supervisor
	Dan Applegate, Welding Engineer
	Sandy Castelli, Operations Supervisor

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3.0 Conclusion: Summary of Audit Results and Program Effectiveness

Check one (1)		Effectively implemented		No Corrective Action Required
	x	Effectively Implemented with Exceptions	Corrective Action(s) Required CAR 23-027, 23-047	See Paragraph 4.0
		Requires Management Attention	Corrective Action(s) required	See Paragraph 4.0

3.0 Conclusion: Summary of Audit Results and Program Effectiveness (continued):

The scope of the audit was to perform an evaluation of Manufacturing Engineering, Production, Assembly and Test, and Welding and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. Please refer to Section 1.2 which references the applicable QMPs for the departments that were audited. In addition, the audit reviewed areas of concerns that have been identified in previous internal and external corrective actions.

Manufacturing Engineering:

The audit reviewed procedures and processes for the Manufacturing Engineering program. The audit team interviewed the Manufacturing Engineering, Supervisor. The audit team found that the Manufacturing Engineering department was fully compliant with the procedures outlined in QMP1005, QMP1008, QMP1015, QMP1016, QMP1018, QMP1022, ME013, ME014, ME015. An exception was found and documented in CAR 23-047. Please note that the audit team did proactively help redline procedures from observations encompassing the department evaluation from the past internal audit. The audit team notes that Manufacturing Supervisor, Rafael Tejada, is new to Target Rock and this is the first time with the internal audit process.

CAR 23-047: The audit team found that there were several observations and Quality Concern Reports (QCRs) that were generated during the 2021 internal audit which had gone unanswered. As a result, the audit team consolidated these open responses on a single CAR. The responses to this CAR were corrected on the spot and the CAR is considered closed.

Production:

The audit reviewed procedures and processes for the Production program. The audit team interviewed the Plant Manager and two CNC Machinists. The audit team found that the Production department was fully compliant with the procedures outlined in QMP1008, QMP1009, QMP1010, QMP1016, QMP1018, QMP1022, ME014, ME015. An exception was found and documented in CAR 23-027. Please note the corrective actions were put into place immediately and the CAR has been closed.

CAR 23-027: MIL-STD-2041E w/Not.1 para 5.2.1.3 specifies handling equipment made of carbon steel shall be free of rust prior to use. 5.4.3 requires visual inspections prior to thermal treatments shall be performed for evidence of prohibited metals IAW 5.2.1.3 Carbon steel chains with visible rust were utilized for handling body serial number 349. Rust surfaces on chains were in contact with body surfaces through heat treat at Bennett (Ct # 22-3856). Note: Work order 479695 and TRP 8429 Lifting and Handling Procedure for 24" HOGV do not include specific instructions for use of stainless-steel chains in lieu of carbon steel chains. Reference CAR at end of document to view appendices.

Assembly and Test:

The audit reviewed procedures and processes for the Assembly and Test program. The audit team interviewed the Assembly and Test Supervisor for both BPMI and EP Product Line Teams. The audit team found that the Assembly and Test department was fully compliant with the procedures outlined in QMP1005, QMP1008, QMP1009, QMP1010, QMP1011, QMP1012, QMP1013, QMP1016, QMP1018, A&T004.

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Welding:

The audit reviewed procedures and processes for the Welding program. The audit team interviewed the Welding Operations Manager, a Welding Engineer, a Welding Supervisor, and one Operations Supervisor. The audit team found that the Welding department was fully compliant with the procedures outlined in QMP1005, QMP1008, QMP1009, QMP1011, QMP1012, QMP1016, QMP1018. The audit team did note an observation resulting from the department evaluation. The audit team notes that the Welding Supervisor, Eric McPeak, is new to his current role and this is the first time with the internal audit process.

OBS 23-048:

In the 2021 Internal Audit the following OBS 21-400 was identified:

The JWP specifies the acceptable range of gas flow rate. To verify the value is compliant to the lower and upper limits of the JWP, an argon gas regulator is affixed to the argon cylinder which controls the flow rate of the gas. The survey team found that the regulator was not part of Target Rock's calibration program and was not subject to a regular calibration period.

In the 2022 internal audit it was identified that the gage had not been installed:

The audit team witnessed TR calibrated gauges TR7446-A and TR7446-H (09/20/22-09/20/23). The welding department scheduled installation of TR calibrated gauges for monitoring gas flow rates by April 30, 2023.

4.0 Audit Findings

The audit team found that Manufacturing Engineering, Production, Assembly and Test, and Welding are compliant to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. The observations and CARs identified by the audit team do not have an immediate, adverse effect on Target Rock product quality.

Lead Auditor Bill Meehan, Quality Supervisor		3/30/23
	Signature	Date
Manager / Supervisor Supplier Quality and Audits, Matthew Fattibene		3/30/2023
	Signature	Date

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-027 A2
To: S. Diamond (Eng) M Quartiere (QA) **Cc:** G. Ryan, M. Grant, M. Funk **Originator / Date:** W. Meehan 06 Feb 23	**Project / Part / Serial No.:** B-16TT 820-7334322-1 24" Body SN 349 NCR 26246 Internal Audit 22-03 **Response Due Date:** 21 Feb 23 **Reviewed by / Date:** A. DiMeo 06 Feb 23

☐ **A 5-Why / Causal Analysis (QMP1020 Form 2) is required to be submitted with this CAR's response.**

Description of the Nonconformance

MIL-STD-2041E w/Not.1 para 5.2.1.3 specifies handling equipment made of carbon steel shall be free of rust prior to use. 5.4.3 requires visual inspections prior to thermal treatments shall be performed for evidence of prohibited metals IAW 5.2.1.3

Carbon steel chains with visible rust were utilized for handling body serial number 349. Rust surfaces on chains were in contact with body surfaces through heat treat at Bennett (Ct # 22-3856).

Note: Work order 479695 and TRP 8429 Lifting and Handling Procedure for 24" HOGV do not include specific instructions for use of stainless steel chains in lieu of carbon steel chains.

Immediate Action Taken to Correct the Identified Nonconformance

Instructions were given to further process the Body and a Hold point was placed at final inspection to verify the rework: removal of rust IAW MIL-STD-2041 REV E Note 1 Appendix C.

The chain used was alloy identification tested and determined to be made from carbon steel and not stainless-steel. The chain was disposed of. All other chains used on the 24-in body where checked and found to be conforming (stainless-steel).

Root Cause of the Identified Nonconformance

The routing and TRP 8429 (lifting and handling procedure for 24" HOGV) do not require the chains to be made from stainless-steel. Nor do they call for an inspection for rust prior to use. Therefore, the carbon steel chain which was used to hold down the body to the cradle, formed rust after the 24-inch body was removed from the steam cleaning room.

Change Impact Evaluation (for revised drawings, procedures, WO, etc.)

☐ No impact ☒ Change Review Meeting ☐ Limited Scope FMEA ☐ Full FMEA

Root Cause Corrective and Preventative Action *(List PBL Action Item No. for unfinished Corrective and Preventative Actions)*

Update the body routing to include specific instructions to ensure all handling equipment is clean and free of rust prior to use, only stainless-steel chains are to be used, and ensure paint is removed from the turn buckle before use. To be completed by Joe. M Action Item Number: 71281 by 31 Mar 23.

Update the TRP 8429 to include specific instructions to ensure all handling equipment is clean and free of rust prior to use and only stainless-steel chains are to be used. To be completed by Joe. M Action Item Number: 71281 by 31 Mar 23.

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-027 A2

Other Hardware / Product Affected *(If none, state the basis for this determination)* **Problem Report Required Yes ___ No X**

None. There is no product effected see immediate actions above.

Response Provided by: 2/22/23
Date

Response Approved by: 2/22/23
Date

QA Manager Approval: 22FEB23
Date

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-027 A2

Follow Up Verification Plan: ***(If none, state the basis for this determination)***

Ensure all 24-in body routing (820-7334322) are updated to include specific instructions to ensure all handling equipment is clean and free of rust prior to use, only stainless-steel chains are to be used, and ensure paint is removed from the turn buckle before use.

Ensure TRP 8429 is revised to include specific instructions to ensure all handling equipment is clean and free of rust prior to use and only stainless-steel chains are to be used.

QA Manager Approval: _____ 23FEB23
(Target Rock) **Date**

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-047 A2

To: Rafael Tejada (ME) **Cc:** Alex DiMeo (QA) Bill Meehan (QA) Matthew Fattibene (QA) **Originator / Date: Maha Waheed / 3/20/2023**	**Project / Part / Serial No.:** **Internal Audit 22-03** **Response Due Date: Complete** **Reviewed by / Date: Matthew Fattibene 3/20/2023**

☐ **A 5-Why / Causal Analysis (QMP1020 Form 2) is required to be submitted with this CAR's response.**

Description of the Nonconformance

The audit team found that there were several observations and Quality Concern Reports (QCRs) that were generated during the 2021 internal audit which had gone unanswered. As a result, the audit team consolidated these open responses on a single CAR. These items below were originally generated during the 2021 internal audit:

OBS 21-396: QMP1008 Rev. D includes several references to the roles and responsibilities of the Manufacturing Engineering department. However, upon review on the job descriptions for relevant Manufacturing Engineering positions, it was identified that QMP1008 is not referenced as part of the required QMP trainings. Additionally, the QMP states, "Manufacturing Engineering shall review customer requirements (the purchase order and/or associated specifications and procedures) for proper location, method, type, serial numbers and/or any special instructions that are required to be placed on parts." The review of the PO specifications does not currently take place.

OBS 21-397: Per QMP1013 Rev. N, "Mfg Engineering will e-mail a list, on a weekly basis, of parts deemed scrap to Inspection Supervisor, Material Handler, Expeditor, and Planning Supervisor." The survey team found that this process was not conducted, and the scrap list was not generated or distributed by Manufacturing Engineering. Currently the scrap determination is integrated into the NCR MRB review process and parts which are deemed to be in a condition unsuitable to be reworked will be dispositioned as scrap.

QCR (1): per ME-015 Rev. L, "ME management, depending on part complexity, schedule requirements, or other considerations, may determine that an operation sheet is not required for job lot quantities of generally six parts or less." The survey team found that this was not the case, and regardless of the quantity of parts in the lot an operation sheet shall be generated to accompany the parts as they are processed in the production shop.

QCR (2): it was identified that the production shop operators do not receive training on the requirements associated with MCS-6. Currently, the requirements associated with the different levels of MCS-6 (A, B, & C) are incorporated into the product router. With the implementation of training, the operators will be afforded the opportunity to provide an overcheck on the router and identify if additional operations / sequence of operations meet the intent of MCS-6 (ex. parts with a hardness criterion included in the contract shall be hardness tested after final heat treatment, except for material tested in accordance with STR 17-4 and material for which the heat treat condition cannot be verified by hardness tests.)

Immediate Action Taken to Correct the Identified Nonconformance

At the conclusion of the internal audit, the QA team worked with Manufacturing Engineering to provide appropriate training and guidance regarding procedure amendments to immediately address the reoccurrence of discrepancies. The following specifies the way in which each of the discrepancies described above were resolved:

Resolution of OBS 21-396: QMP1008 Rev. D paragraph 5.2.1.2.A.4 was redlined during the audit to reflect current practice within the ME Department. This redline was a minor change and will be incorporated into the next revision. QMP1002 has been updated to include QMP1008 as required training for the ME Department.

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-047 A2

Resolution of OBS 21-397: QMP1013 Rev. N paragraph 5.2.6.1 was redlined during the audit to reflect current practice within the ME Department. This redline was a minor change and will be incorporated into the next revision.

Resolution of QCR (1): ME-015 Rev. K was in final draft for next revision issue during the audit and removed paragraph 4.3 to close a previous audit 21-03 observation.

Resolution of QCR (2): The Lead Auditor conducted QMP1008 training on March 20, 2023, for the ME Department including training of product identification and traceability requirements per MCS-6, Sub-Safe Level I, and ASME pressure boundary C1 items.

Root Cause of the Identified Nonconformance

Upon completion of the 2021 Internal Audit, the manager of the department transitioned roles away from Curtiss-Wright. The position had been vacant for some time until the current manager assumed the role. Given the timing of the personnel transition, the OBS were not addressed.

Change Impact Evaluation (for revised drawings, procedures, WO, etc.)

☒ No impact ☐ Change Review Meeting ☐ Limited Scope FMEA ☐ Full FMEA

Root Cause Corrective and Preventative Action *(List PBL Action Item No. for unfinished Corrective and Preventative Actions)*

A Manufacturing Engineering Supervisor was hired. Upon disclosure of the discrepancies, the procedure changes were addressed immediately, and trainings were held shortly after the completion of the audit.

Other Hardware / Product Affected *(If none, state the basis for this determination)* **Problem Report Required Yes ___ No ___**

None – no product was impacted with the lapse in OBS response.

Response Provided by: Matt Tuttle 3/31/23
Date

Response Approved by: 3/31/23
Date

QA Manager Approval: 3/31/23
Date

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-047 A2

Follow Up Verification Plan: ***(If none, state the basis for this determination)***

N/A – the procedure amendments were made on the spot and the training was completed.

QA Manager Approval: _____ 3/21/23
(Target Rock) **Date**

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-048

To: Eric McPeak (Welding, Supervisor) **Cc:** Alex DiMeo (QA) Bill Meehan (QA) Matthew Fattibene (QA) **Originator / Date:** Matt Fattibene (QA) / 2/22/2023	**Project / Part / Serial No.:** **Internal Audit Section 22-03**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

In the 2021 Internal Audit the following was identified:
OBS 21-400: The JWP specifies the acceptable range of gas flow rate. To verify the value is compliant to the lower and upper limits of the JWP, an argon gas regulator shall be affixed to the argon cylinder which controls the flow rate of the gas. The audit team recommends that the regulator is part of Target Rock's calibration program and subject to a regular calibration period.

In the 2022 internal audit it was identified that the gage had not been installed:
The audit team witnessed TR calibrated gauges TR7446-A and TR7446-H (09/20/22-09/20/23). The welding department scheduled installation of TR calibrated gauges for monitoring gas flow rates by April 30, 2023.

Immediate Action Taken to Correct the Identified Condition:

No immediate negative impact to quality. Perform follow-up to ensure that the gas flow rate regulator has been installed by the projected completion date.

Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

INTERNAL AUDIT REPORT
Internal Audit No: 22-04

1.0 Description of the Audit Scope

Departments:	Human Resources, Quality Control, Security, Stock Room, Shipping/Receiving
Scope:	The scope of this audit was to perform an evaluation of the specified departments and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Audit Dates:

Human Resources: February 28th, 2023
Quality Control: March 1st, 2023
Shipping/Receiving: March 1st, 2023
Stockroom: March 2nd, 2023
Security: March 14th, 2023

1.1 Quality Management System Manual

Procedure	Revision
QMP1000	Revision R
QMP1023	Ed. 11 Rev. 1

1.2 Quality Management Procedure(s)

QMP1001	H	QMP1005	E	QMP1011	L (RL)	QMP1016	B				
QMP1002	I	QMP1007	F (RL)	QMP1012	D	QMP1018	K				
QMP1003	K	QMP1008	D	QMP1013	N	QMP1021	A				
QMP1004	J	QMP1010	H	QMP1015	J (RL)*						

* - Revised to K after audit plan issuance. Revisions were deemed to not impact findings/observations.

2.0 Identification of Audit Personnel

Name Title	Name Title
Identification of Audit Personnel	**Personnel Contacted During the Audit**
Lead Auditor: Matthew Fattibene, Supplier Quality and Audits Supervisor	**Human Resources**
Auditor: Jose Menjivar, Quality Assurance Engineer	Laura Lodispoto, HR Generalist
Auditor: Alex Longo, Quality Assurance Engineer	Stacy O'Neill, HR Administrator
Auditor: Mike Savino, Quality Assurance Engineer	**Quality Control**
	Oscar Barrera, 1st Class Inspector
	Adam Scheiber, Final Inspection Supervisor
	Al Connolly, Calibration Technician
	Sandro Chilelli, Quality Control Manager
	Alyssa Holmberg, QC Inspector
	Deborah Maone, Inspector

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	Marta Herrera, Calibration Technician
	Thomas Wendt, Quality Engineer (NDT)
	Security
	Sue Simmons, Facility Security Officer
	Jessie Williams, Assistance FSO
	Shannon Matthew, Security Administrator
	Stock Room
	Raymond Brewer, Warehouse Supervisor
	Kay Lambertus, Material Control Clerk
	Gayle Moore, Material Control Clerk
	Shipping/Receiving
	Keith Hispanski, Shipping / Raw Stores Manager
	Ronald Drew, Shipping/Receiving Clerk
	Jack Duncan, Shipping/Receiving Clerk

3.0 Conclusion: Summary of Audit Results and Program Effectiveness

Note: Prepared by Matthew Fattibene

		Effectively implemented		No Corrective Action Required
	X	Effectively Implemented with Exceptions	Corrective Action(s) Required CAR 23-052, CAR 23-055	See Paragraph 4.0
		Requires Management Attention	Corrective Action(s) required	See Paragraph 4.0

3.0 Conclusion: Summary of Audit Results and Program Effectiveness (continued):

The scope of the audit was to perform an evaluation of Human Resources, Quality Control, Security, Stock Room, and Shipping/Receiving and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. Please refer to Section 1.2 and the audit plan which references the applicable QMPs for the departments that were audited. In addition, the audit reviewed areas of concerns that have been identified in previous internal and external corrective actions.

Human Resources:

The audit occurred on February 28th, 2023 and reviewed procedures and processes for the Human Resources department. The audit team interviewed the HR Generalist and Administrator. The audit team found that the Human Resources department was compliant with the procedures outlined in QMP1005, QMP1016, QMP1018. The audit team viewed objective evidence that the corrective action that was issued in 2021 was implemented effectively.

Quality Control:

The audit occurred on March 1st, 2023, and reviewed procedures and processes for the Quality Control program in final inspection, receipt inspection, and NDT (LPI). The audit team interviewed both calibration technicians, inspectors, and NDT personnel. The audit team found that the Quality Control department was compliant with the procedures outlined in QMP1004, QMP1005, QMP1007, QMP1008, QMP1010, QMP1011, QMP1012, QMP1013, QMP1015, QMP1016, QMP1018, QMP1021. It is to be noted that the QC Manager, Sandro Chilelli is new to Target Rock, and this is his first time moving through the internal audit process. The audit team did issue one corrective actions to the QC regarding administration of the calibration program.

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CAR 23-052: It was found that the software Target Rock uses to track M&TE - Gage Track / Deep Blue is currently experiencing significant deficiencies in the automation to alert area supervisors that gages have reached their calibration expiration date. The software is not sending automated emails and there is no feedback loop to alert individuals of expired gages. The number of expired gages continues to grow since the gages are not returned to the calibration lab.

Shipping/Receiving:

The audit occurred on March 1st, 2023 and reviewed procedures and processes for the Shipping/Receiving department. The audit team interviewed the Shipping/Receiving personnel. The audit team found that the Shipping/Receiving department was compliant with the procedures outlined in QMP1005, QMP1007, QMP1008, QMP1015, and QMP1018. It is to be noted that the Shipping and Raw Stores Supervisor, Keith Hispanski, is new to Target Rock, and this is his first time moving through the internal audit process.

Stockroom:

The audit occurred on March 2nd, 2023 and reviewed procedures and processes for the Stockroom. The audit team interviewed the Warehouse Supervisor and a Material Control Clerk. The audit team found that the Stock Room department was compliant with the procedures outlined in QMP1005, QMP1008, QMP1015, QMP1018. An exceptions was noted in the following corrective action pertaining to the revision of procedures which govern department responsibilities.

CAR 23-055: The audit team identified examples when the procedure did not match the operations of the stock room. Procedures should be evaluated to determine if modification is necessary. Cognizant parties to update / redline procedures accordingly to remove outdated references and reflect current processes. Please see CAR in the Appendix for a more in-depth review of the different examples in which the procedure did not align with the current practices of the department.

Security:

The audit occurred on March 14th, 2023, and reviewed procedures and processes for the Security program. The audit team interviewed the FSO and Security team. The audit team confirmed that the corrective action identified during the 2021 internal audit was implemented effectively. The Security department is compliant to the QMP procedures outlined in Section 1.2. One observation was noted pertaining to the flow-down of security training material to job descriptions.

OBS 23-053: The Target Rock Security team will administer trainings to individuals regarding security practices and procedures. Most often these procedures come in the form of TRSD (Target Rock Security Documentation). A training matrix / record was made available for the audit team to review. The log included the names of individuals (including hire date for new employees) and the different TRSDs that were relevant for the individual. When asked about how it was decided which employees required which training, it was explained that individual employees were selected to receive the training on a Need-to-Know basis. The audit team has confidence that the appropriate individuals are receiving the desired training.

The job descriptions in QMP1002 sporadically mention TRSDs as part of a position's required readings. In some instances, it was found that there were positions that did not reference a TRSD, however, the log maintained by the Security team showed that the training had been administered. It is recommended that the Security team review the QMP1002 position descriptions to identify if any TRSD documents were inadvertently included or excluded. It was also discussed that a clause be included as front matter in QMP1002 which addresses the administration of all security procedures given that the TRSD's largely fall outside Target Rock's standard QMP structure.

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4.0 Audit Findings		
The audit team found that Human Resources, Quality Control, Shipping and Receiving, Stock Room, and Security are compliant to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. The OBS and CARs identified by the audit team do not have an immediate, adverse effect on Target Rock product quality.		
Lead Auditor, Matthew Fattibene, Supplier Quality and Audits Supervisor	Matt Fattibene	3/31/2023
	Signature	Date
Supplier Quality and Audits Supervisor Matthew Fattibene	Matt Fattibene	3/31/2023
	Signature	Date

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-052 A2

To: Sando Chilelli (QC) **Cc:** Alex DiMeo (QA) **Originator / Date: Matthew Fattibene / 3/7/2023**	**Project / Part / Serial No.: Internal Audit 22-04** **Response Due Date: 4/28/2023** **Reviewed by / Date: Alex DiMeo / 3/31/2023**

☐ **A 5-Why / Causal Analysis (QMP1020 Form 2) is required to be submitted with this CAR's response.**

Description of the Nonconformance

It was found that the software Target Rock uses to track M&TE - Gage Track / Deep Blue is currently experiencing significant deficiencies in the automation to alert area supervisors that gages have reached their calibration expiration date. The software is not sending automated emails and there is no feedback loop to alert individuals of expired gages. The number of expired gages continues to grow since the gages are not returned to the calibration lab.

Additionally, the audit team notes that a routine BPMI surveillance of the calibration lab was conducted approximately 1-week following the internal audit. BPMI conferred with the audit team and confirmed that similar discrepancies were identified. The following bullet points reflects BPMI's summary of the situation:

- Target Rock maintains a goal of achieving 1 tool per week that has not ben returned to the tool crib. This metric is reported in PBL and was instituted in 2022. Target Rock has not achieved this goal and is currently performing at approximately 20 overdue gages per week that have not been returned to the calibration lab.
- Approximately 400 gages (over 10% of total active gages) require re-calibration. Of this number approximately 35% have not been returned to the lab. The oldest gage requiring re-calibration in June 2022.
- Target Rock identifies that the tool crib comprises approximately 70% of the tools which have not been returned.
- Target Rock noted that given the burn-down rate, additional resources are required to reduce the existing backlog and projected gages for the upcoming month.

Immediate Action Taken to Correct the Identified Nonconformance

The audit team informed the QC Manager of the conditions adverse to quality. If a change is made to the current process for establishing a feedback loop to area management regarding calibration status, the audit team recommends that a cross-functional team of people is brought together, and a Change Review Meeting is conducted. Given that the calibration recall process touches many different areas within Target Rock, this session will help promote transparency of the desired change and aims to maximize the efficacy of rollout.

Root Cause of the Identified Nonconformance

Change Impact Evaluation (for revised drawings, procedures, WO, etc.)

☐ No impact ☒ Change Review Meeting ☐ Limited Scope FMEA ☐ Full FMEA

Root Cause Corrective and Preventative Action *(List PBL Action Item No. for unfinished Corrective and Preventative Actions)*

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-052 A2

Other Hardware / Product Affected *(If none, state the basis for this determination)* **Problem Report Required Yes ___ No ___**

Response Provided by:_____
Date

Response Approved by:_____
Date

QA Manager Approval: _____
Date

Follow Up Verification Plan: ***(If none, state the basis for this determination)***

QA Manager Approval: _____
(Target Rock) **Date**

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-055 A2

To: Ray Brewer **Cc:** Alex DiMeo Greg Ryan **Originator / Date:** Matthew Fattibene / 3/30/2023	**Project / Part / Serial No.:** Internal Audit 22-04 **Response Due Date:** 5/5/2023 **Reviewed by / Date:** Alex DiMeo 3/31/2023

☐ **A 5-Why / Causal Analysis (QMP1020 Form 2) is required to be submitted with this CAR's response.**

Description of the Nonconformance

The audit team identified examples when the procedure did not match the operations of the stock room. Procedures should be evaluated to determine if modification is necessary. Cognizant parties to update / redline procedures accordingly to remove outdated references and reflect current processes.

Example 1: QMP1015 includes MHP1015 as reference documentation. MHP1015 should be examined as a candidate for obsolescence given that it includes several dated depictions of Target Rock. Furthermore, MHP1015 references a color code system that is no longer utilized at Target Rock. Please see the excerpt below:

2.5 Color Codes – Definitions

Gray Bins – Material in Process
Red Bins Transport material from Shipping to Inspection to Stock
Blue Bins – Finished Material from stockroom to/from A&T.

Black Jackets – Standard Travelers
Yellow Jackets – Standard Rework Travelers

Customer Colors

BPMI - Violet
Commercial – Blue
JP-5 - Lavender
Electric Boat – Teal
ALRE (Flight Crit) - Green

Example 2: QMP1015 states, "Stock Room Supervisor is to perform monthly identification and purge (scrap) of expired shelf life limited items per business system expiration data." It was found that this monthly action is not taking place with the periodicity described in the QMP.

Example 3: under QMP1015 Appendix A 'Stockroom Policies" it states, "Travelers are to be broken down into respective color coded bins. The originally posted traveler is to be sent to the receptionist for scanning. It is the Parts Movers responsibility to return ALL recyclable items to the planning department for re-use." The audit team found that the completed travelers were organized by month in the stock room, however, a color-coded system was not applicable. Furthermore, the travelers are not being scanned.

Example 4: under QMP1015 Appendix A 'Stockroom Policies" it states, "The stockroom will "Soft" allocate and do a move transaction on completed valves, from "VALVE" to "STS" for sales orders that need to ship, as advised by Production Control. The Stock Room personnel shared that his function was primarily a responsibility of Planning / Production Control.

Immediate Action Taken to Correct the Identified Nonconformance

At the time of audit, the team shared with the auditees that they would review governing procedures of the stock room to identify areas of emphasis where the actual processes did not match the written procedure. The audit team did not identify an immediate negative impact to product quality given that some of the procedures reflect outdated processes and are candidates for obsolescence.

Root Cause of the Identified Nonconformance

CW - TARGET ROCK CORRECTIVE ACTION REQUEST	CAR NO.: 23-055 A2

Change Impact Evaluation (for revised drawings, procedures, WO, etc.)

☐ No impact ☐ Change Review Meeting ☐ Limited Scope FMEA ☐ Full FMEA

Root Cause Corrective and Preventative Action *(List PBL Action Item No. for unfinished Corrective and Preventative Actions)*

Other Hardware / Product Affected *(If none, state the basis for this determination)* **Problem Report Required Yes ___ No ___**

Response Provided by:_____
Date

Response Approved by:_____
Date

QA Manager Approval: _____
Date

Follow Up Verification Plan: ***(If none, state the basis for this determination)***

QA Manager Approval: _____
(Target Rock) **Date**

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-053

To: Sue Simmons (FSO) **Cc:** Alex DiMeo (QA) **Originator / Date:** Matt Fattibene (QA) / 3/14/2023	**Project / Part / Serial No.:** **Internal Audit Section 22-04**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

The Target Rock Security team will administer trainings to individuals regarding security practices and procedures. Most often these procedures come in the form of TRSD (Target Rock Security Documentation). A training matrix / record was made available for the audit team to review. The log included the names of individuals (including hire date for new employees) and the different TRSD that were relevant for the individual. When asked about how it was decided which employees required which training, it was explained that individual employees were selected to receive the training on a Need-to-Know basis. The audit team has confidence that the appropriate individuals are receiving the desired training.

The job descriptions in QMP1002 sporadically mention TRSD as part of a position's required readings. In some instances, it was found that there were positions that did not reference a TRSD, however, the log maintained by the Security team showed that the training had been administered. It is recommended that the Security team review the QMP1002 position descriptions to identify if any TRSD documents were inadvertently included or excluded. It was also discussed that a clause be included as front matter in QMP1002 which addresses the administration of all security procedures given that the TRSD's largely fall outside Target Rock's standard QMP structure.

Immediate Action Taken to Correct the Identified Condition:

No negative immediate impact on quality given that robust training matrix was observed by the audit team.

Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

INTERNAL AUDIT REPORT
Internal Audit No: 22-05

1.0 Description of the Audit Scope

Departments:	Quality Assurance
Scope:	The scope of this audit was to perform an evaluation of the specified departments and verify compliance to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department.

Audit Dates:
Quality Assurance: March 22nd – March 23rd, 2023

1.1 Quality Management System Manual

Procedure	Revision
QMP1000	Revision R
QMP1023	Ed. 11 Rev. 1

1.2 Quality Management Procedure(s)

QMP1001	H	QMP1005	E	QMP1009	C	QMP1013	N	QMP1017	J (RL)	QMP1022	C
QMP1002	I	QMP1006	K (RL)	QMP1010	H	QMP1014	K	QMP1018	K		
QMP1003	K	QMP1007	F (RL)	QMP1011	K	QMP1015	K	QMP1020	F		
QMP1004	J	QMP1008	D	QMP1012	D	QMP1016	B	QMP1021	A		

2.0 Identification of Audit Personnel

Name Title	Name Title
Identification of Audit Personnel	**Personnel Contacted During the Audit**
Lead Auditor: Sean Kim, Project Engineer	**Quality Assurance**
Auditor: Katherine Ramirez, EP Project Engineer	Alex DiMeo, Director of Quality Assurance
Auditor: Dave Torres, BPMI Project Engineer	Bill Meehan, QA Manager, Energy Products
Auditor: Sal Fusco, EB Project Engineer	Mike Savino, Quality Engineer
	Matthew Fattibene, Supervisor of Supplier Quality & Audits
	Brandon Kotan, Quality Engineer
	Jose Menjivar, Quality Engineer

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3.0 Conclusion: Summary of Audit Results and Program Effectiveness Note: Prepared by Sean Kim				
	X	Effectively implemented		No Corrective Action Required
		Effectively Implemented with Exceptions	Corrective Action(s) Required	See Paragraph 4.0
		Requires Management Attention	Corrective Action(s) required	See Paragraph 4.0

3.0 Conclusion: Summary of Audit Results and Program Effectiveness (continued):

The scope of the audit was to perform an evaluation of Quality Assurance that govern the responsibilities and job functions of the personnel within the department. Please refer to Section 1.2 and the audit plan which references the applicable QMPs for the department that was audited. In addition, the audit reviewed areas of concerns that have been identified in previous internal and external corrective actions.

Quality Assurance:

The audit occurred on March 22nd – March 23rd, 2023 and reviewed procedures and processes for the Quality Assurance department. The audit team found that the Quality Assurance department was compliant with the procedures outlined in Section 1.2 with the following OBS described in detail below:

OBS 23-049: When respective QA member reviews PO specifically for BPMI, there is no formal instructions on flow down of implementation of approvals for PO's following QMP 1006. There is an informal PowerPoint presentation that briefly gives instructions on how to review and approve PO's. Power point on instructions, on BPMI PO review. The flow down gives instructions on QMP1006 section 5.2.2.4

OBS 23-050: Current internal audit check lists exposed that QA does not securely scan/file/record form TRM3A. Hard copies of the TRM3A currently kept on Bill Meehan's desk instead of an official secure location. Looking to find the proper personnel / process to scan/file and maintain proper record keeping of TRM3A. This process would help ease the process of locating the associated documentation when establishing the QVD data book once the finished product is being prepared for shipment. Additionally, this would mitigate risk of the hard-copy documentation becoming misplaced.

OBS 23-051: Current internal audit check lists are referencing obsoleted reference documents such as QMP-1021.
All audit check lists should be updated prior to next scheduled audit.

4.0 Audit Findings

The audit team found that the Quality Assurance Department are compliant to the Quality Management Procedures that govern the responsibilities and job functions of the personnel within the department. The OBS recorded are not indicative of systemic conditions that are adverse to quality.

Lead Auditor, Sean Kim	Sean Kim	3/31/2023
	Signature	Date
Supervisor of Supplier Quality and Audits, Matthew Fattibene	Matt Fattibene	3/31/2023
	Signature	Date

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-049

To: M. Fattibene **Cc:** A. DiMeo (QA) (DIR of responsible organization) **Originator / Date: K. Ramirez / March 28, 2023**	**Project / Part / Serial No.: Internal Audit 22-05**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

When respective QA member reviews PO specifically for BPMI, there is no formal instructions on flow down of implementation of approvals for PO's following QMP 1006. There is an informal PowerPoint presentation that briefly gives instructions on how to review and approve PO's. Power point on instructions, on BPMI PO review. The flow down gives instructions on QMP1006 section 5.2.2.4

Current process is as follows:

- Respective QA member looks for drawing revision, found on OTG. Obtains the project release, standard notes (Note 16) no principal supplier. Needs to contact supplier to remove the hold point, compares the order to the project release, the specs, drawing, and all meet the requirements of project release → goes to oracle, and then approves the PO.
- Makes a copy to QA member for records and then a copy goes to purchasing.

Immediate Action Taken to Correct the Identified Condition:

Create a proper procedure to govern the review of PO's or add to QMP 1006 to describe the proper flow down instructions.

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-050

To: B. Meehan **Cc:** A. DiMeo (QA) (DIR of responsible organization) **Originator / Date: K. Ramirez / March 24, 2023**	**Project / Part / Serial No.: Internal Audit 22-05**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

Current internal audit check lists exposed QA does not securely scan/file/record keep TRM3A. Hard copies of the TRM3A currently kept on Bill Meehan's desk instead of an official secure location. Looking to find the proper personnel to scan/file and maintain proper record keeping of TRM3A.

Immediate Action Taken to Correct the Identified Condition:

- **Create a proper process to scan, file, and record keep the TRM3A for all projects in the past, present, and upcoming. Possible options are to create a procedure specifically for TRM3A processes or add to a current procedure on who is responsible for, processing the TRM3A after engineering creates, QA approves, and ANI signs off, and where to properly store/file.**

CW - TARGET ROCK QUALITY OBSERVATION	OBS NO.: 23-051

To: M. Fattibene **Cc:** A. DiMeo (QA) (DIR of responsible organization) **Originator / Date: S. Kim / March 24, 2023**	**Project / Part / Serial No.: Internal Audit 22-05**

The below listed observation is being provided for information. No formal corrective action response is required at this time. However, recurrences of the same or similar conditions may result in the issuance of a CAR and the need to provide formal root cause determination and root cause corrective action.

Description of the Condition Observed:

Current internal audit checklists are referencing obsoleted reference documents such as QMP-1021.
All audit check lists should be updated prior to next scheduled audit.

Immediate Action Taken to Correct the Identified Condition:

No immediate negative impact to quality

Target Rock Farmingdale
Naval and Power
1966E Broadhollow Road
E. Farmingdale, NY 11735, USA

2023 Internal Audit Schedule
Naval Nuclear, Non-Nuclear Military, Commercial Nuclear
Revision - Dated 4/5/2023

Audit No., Applicable QMPs	Departments Audited	Lead Auditor	Start Date	Results
22-01 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1003 Rev. K QMP1004 Rev. J QMP1005 Rev. E QMP1006 Rev. K QMP1007 Rev. F QMP1010 Rev. H QMP1012 Rev. D QMP1013 Rev. N QMP1014 Rev. K QMP1015 Rev. J QMP1016 Rev. B QMP1017 Rev. J QMP1018 Rev. K QMP1022 Rev. C QMP1023 Ed. 11, Rev. 1 QMP1025 Rev. B	Contracts Administration EP Project Engineering EB Project Engineering BPMI Project Engineering Design Engineering	TBD Audit Team: TBD	Tentative Start Date 5/1/2023	
22-02 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1004 Rev. J QMP1005 Rev. E QMP1006 Rev. K QMP1007 Rev. F QMP1008 Rev. D QMP1009 Rev. C QMP1012 Rev. D QMP1013 Rev. N QMP1015 Rev. J QMP1016 Rev. B QMP1018 Rev. K QMP1021 Rev. A QMP1023 Ed. 11, Rev. 1 QMP1025 Rev. B	Purchasing Planning / Production Control	TBD Audit Team: TBD	Tentative Start Date 6/1/2023	
22-03 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1005 Rev. E QMP1008 Rev. D QMP1009 Rev. C QMP1010 Rev. H QMP1011 Rev. K QMP1012 Rev. D QMP1013 Rev. N QMP1016 Rev. B QMP1018 Rev. K QMP1022 Rev. C QMP1023 Ed. 11. Rev. 1	Welding Assembly & Test Manufacturing Engineering Production	TBD Audit Team: TBD	Tentative Start Date 7/1/2023	

22-04 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1003 Rev. K QMP1004 Rev. J QMP1005 Rev. E QMP1007 Rev. F QMP1008 Rev. D QMP1010 Rev. H QMP1011 Rev. K QMP1012 Rev. D QMP1013 Rev. N QMP1015 Rev. J QMP1016 Rev. B QMP1018 Rev. K QMP1021 Rev. A QMP1022 Rev. C QMP1023 Ed. 11, Rev. 1 QMP1025 Rev. B	Security Human Resources Quality Control & NDT Stock Room Shipping	TBD Audit Team: TBD	Tentative Start Date 8/1/2023	
22-05 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1003 Rev. K QMP1004 Rev. J QMP1005 Rev. E QMP1006 Rev. K QMP1007 Rev. F QMP1008 Rev. D QMP1009 Rev. C QMP1010 Rev. H QMP1011 Rev. K QMP1012 Rev. D QMP1013 Rev. N QMP1014 Rev. K QMP1015 Rev. J QMP1016 Rev. B QMP1017 Rev. J QMP1018 Rev. K QMP1020 Rev. F QMP1021 Rev. A QMP1022 Rev. C QMP1023 Ed. 11, Rev. 1 QMP1025 Rev. B	Quality Assurance	TBD Audit Team: TBD	Tentative Start Date 9/1/2023	
22-06 QMP1000 Rev. Q QMP1001 Rev. H QMP1002 Rev. H QMP1018 Rev. K QMP1019 Rev. A QMP1023 Ed. 11, Rev. 1	Field Service	TBD Audit Team: TBD	On Hold – Product Not Present at Field Service Facility	

Approved By:

Matthew Fattibene
Supplier Quality and Audits Supervisor

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