

United States Government

Department of Energy

memorandum

Carlsbad Area Office
Carlsbad, New Mexico 88221

DATE: May 5, 2000

REPLY TO
ATTN OF: CAO:QA:SAV:00-0286:UFC 2300.00

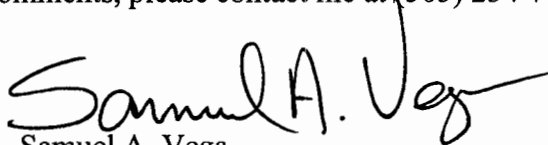
SUBJECT: Issuance of Idaho National Engineering and Environmental laboratory (INEEL) TRU Waste Characterization, Corrective Action Reports (CARs): 00-025, 00-026, 00-027

TO: Lori Fritz, ID

On April 24-28, 2000, the Carlsbad Area Office (CAO) performed Audit A-00-06 of the Idaho National Engineering and Environmental Laboratory (INEEL) TRU Waste Characterization, Certification, and Transportation project. The audit team identified three (3) conditions adverse to quality in the areas of Software QA TRIPS, surveillance reporting and ANL-W personnel training, and VE. Please see Corrective Action Reports (CARs) 00-025, 00-026, and 00-027 respectively.

One of the above three CARs (00-025) is identified as being a Significant Condition Adverse to Quality. Please determine and document on the enclosed CAR continuation sheets, your proposed corrective action plans for these CARs. Please forward the proposed corrective action plans and schedules for completion to me prior to the response due date identified in CAR block 14.

If you have any questions or comments, please contact me at (505) 234-7423


Samuel A. Vega
Quality Assurance Manager

Attachment

cc w/attachment:

K. Watson, CAO
L. Chism, CAO
J. Wells, DOE-ID
G. Beausoleil, DOE-ID
T. Preston, INEEL
T. Monk, INEEL
M. Eagle, EPA
S. Zappe, NMED
B. Walker, EEG
S. Calvert, CTAC
T. Bowden, CTAC
S. Kouba, WID
D. Winter, DNFSB

000517



CORRECTIVE ACTION REPORT

1. CAR No.: 00-025	2. Activity Report No.: A-00-06	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: WIPP WAP; NT-AP-03, R/10; HFEF-OI-6890, R/4a	5. CAO Assessment Team Leader: Samuel Vega	
6. Responsible Organization: : DOE-ID, BBWI, ANL-W	7. CAQ Was Discussed With: F. Dunhour, C. Dwight	
8. Requirement that was violated: See Continuation Sheet		
9. Condition Adverse to Quality: See Continuation Sheet		
10. Suggested Actions (Optional): 		
11a. Significant CAQ (Yes or No): Yes 11b. Work Suspension Recommended (Yes or No): No 11c. RCRA-Related (Yes or No): Yes		
12. Types of Actions: Remedial: <input checked="" type="checkbox"/> Investigative: <input checked="" type="checkbox"/> Root Cause: <input checked="" type="checkbox"/> Actions to Preclude Recurrence: <input checked="" type="checkbox"/>		
13. CAR Initiator: <u>Karen Gaydosh</u> Date: <u>May 1, 2000</u>		
14. Response Due Date: <u>May 15, 2000</u> Corrective Action Plan Required: <u>YES</u>		
15. Concurrence: <u>Samuel Vega</u> <u>5/5/00</u> <u>Samuel Vega</u> <u>5/5/00</u> Assessment Team Leader Date Responsible Assistant Manager Date <u>Samuel Vega</u> <u>5/5/00</u> Quality Assurance Manager Date		
16. Corrective Actions Proposed by the Responsible Organization: <u>Use CAR Continuation Sheet</u>		
17. Acceptance of Proposed Corrective Actions: _____ Date _____ Assessment Team Leader		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
21. Closure: _____ Date _____ Quality Assurance Manager		

C. CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: 00-025

2. Activity No.: A-00-06

3. Page 2 of 2

Block # 8. Requirement that was Violated:

1. WIPP WAP Attachment B2, section B2-1 states in part: "The data obtained from the visual examination shall also be used to determine, with acceptable confidence, the percentage of miscertified waste containers from the radiographic examination..."
2. HFEF-OI -6890, Rev. 4a, paragraph 6.6 states in part: "All visual examination activities... results must be documented on visual examination data forms (Ref. Appendix A, HFEF WCA drum VE record sheet..."
3. NT-AP-03, Rev. 10, paragraph 3.1.b states in part: "Review each container using the Independent Technical Review (ITR)" checklist (Appendix A) in accordance with the instruction in this checklist..."
4. NT-AP-09, Rev. 2, paragraph 4.3(c) states in part: "The VEE prepares ANL-W, TWCP Initial Deficiency Report (IDR) as necessary to document WIPP WAC prohibited items..." Also, HFEF-OI-6890, Rev. 4a, paragraph 8.2.2. (3). (g) states in part: "Inspect... visible area of this drum and each item for the presence of liquid and record..."
5. HFEF-OI-689, Rev. 4a, paragraph 6.6 states in part: "All Visual Examination activities must be documented on video/audio tapes..."

Block # 9. Condition Adverse to Quality:

1. Contrary to the requirement, the miscertification rate in place at INEEL was calculated using data acquired prior to the issuance of the WIPP WAP. The data used has not been evaluated to the requirements of the WIPP WAP.
2. Contrary to the requirement, the raw data for drum 032356 was not entered on the visual examination record sheet.
3. Contrary to the requirement, the Independent Technical Review of VE was not completed for drum 032256.
4. Contrary to the requirements, liquid was found and absorbent added, at SPO direction before an IDR was initiated.
5. Contrary the requirement, the complete visual examination process is not being recorded on audio/video tape.

CORRECTIVE ACTION REPORT

1. CAR No.: 00-026	2. Activity Report No.: A-00-06	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: CAO-94-1012, QAPD, R/3; MCP-2533, R/4; MCP-2534, R/5; and NT-AP-05, R/3		5. CAO Assessment Team Leader: Samuel Vega
6. Responsible Organization: : DOE-ID, BBWI		7. CAQ Was Discussed With: T. Monk, T. Preston
8. Requirement that was violated: See Continuation Sheet		
9. Condition Adverse to Quality: See Continuation Sheet		
10. Suggested Actions (Optional): 		
11a. Significant CAQ (Yes or No): No 11b. Work Suspension Recommended (Yes or No): No 11c. RCRA-Related (Yes or No): No		
12. Types of Actions: Remedial: <u>X</u> Investigative: <u>X</u> Root Cause: <u>X</u> Actions to Preclude Recurrence: <u>X</u>		
13. CAR Initiator: <u>Jack Walsh/Steve Davis</u> Date: <u>May 1, 2000</u>		
14. Response Due Date: <u>May 15, 2000</u> Corrective Action Plan Required: YES		
15. Concurrence: <u>Samuel Vega</u> <u>5/5/00</u> <u>N/A</u> _____ Assessment Team Leader Date Responsible Assistant Manager Date <u>N/A</u> _____ Quality Assurance Manager Date		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions: _____ Assessment Team Leader Date		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
21. Closure: _____ Quality Assurance Manager Date		

CAO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: 00-026

2. Activity No.: A-00-06

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Block # 8. Requirement that was Violated:

1. QAPD, Rev. 3, Section 3.2.3.B states in part: "Surveillances shall accomplish the following:
....
 3. Identify actual and potential conditions adverse to quality
 4. Obtain timely corrective action commitment from cognizant managers for identified conditions adverse to equality
 5. Provide notification to responsible managers of the status and performance of work under surveillance"
2. MCP-2533, Rev. 4, Paragraph 4.2.1 states in part: "SCAQ: Initiate a semiannual report containing the appropriate information (as listed in Appendix B) and submit it to the SPM ..."
3. MCP-2534, Rev. 5, Paragraph 4.1 states in part: "Level I surveillances are conducted at least quarterly ..."
4. NT-AP-05, Rev. 3, Paragraph 2.1.1 states in part: "Indoctrination for all ANL-W TWCP personnel includes thorough formal project training sessions (or required reading) ... specific criteria such as applicable QAPjPs and implementing procedures."

Block # 9. Condition Adverse to Quality:

1. Contrary to the above requirements, surveillance SPO-L1-99-02 was conducted in November 1999 and identified conditions adverse to quality, however, the results were not issued to responsible management until April 4, 2000.
2. Contrary to the above requirements, semiannual reports were not issued to the Site Project Manager in 1999.
3. Contrary to the above requirement, Quarterly Level 1 surveillances were not conducted in 1999.
4. Contrary to the above requirements, training on procedure NT-AP-04, Revision 4, "QA Requirements Implementation" and NP-AP-09, Revision 2, "TWCP VEE Functions and Process" has not been conducted and documented for applicable ANL-W personnel.

CORRECTIVE ACTION REPORT

1. CAR No.: 00-027	2. Activity Report No.: A-00-06	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: PLN-582 TRIPS SCMP, Rev.0, PLN-583 TRIPS SQAP Rev. 0, PLN-584 TRIPS SVVP, PLN-585 TRIPS STP	5. CAO Assessment Team Leader: Samuel Vega	
6. Responsible Organization: : DOE-ID, BBWI	7. CAQ Was Discussed With: S. Teller, S. Krusch	
8. Requirement that was violated: See Continuation Sheet		
9. Condition Adverse to Quality: See Continuation Sheet		
10. Suggested Actions (Optional): 		
11a. Significant CAQ (Yes or No): No 11b. Work Suspension Recommended (Yes or No): No 11c. RCRA-Related (Yes or No): No		
12. Types of Actions: Remedial: <u>X</u> Investigative: <u>X</u> Root Cause: <u>X</u> Actions to Preclude Recurrence: <u>X</u>		
13. CAR Initiator: <u>Mario Chavez</u> Date: <u>May 1, 2000</u>		
14. Response Due Date: _____ Corrective Action Plan Required: YES		
15. Concurrence: <u>Samuel Vega</u> <u>5/5/00</u> <u>N/A</u> _____ Assessment Team Leader Date Responsible Assistant Manager Date <u>N/A</u> _____ Quality Assurance Manager Date		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions: _____ Assessment Team Leader Date		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
21. Closure: _____ Quality Assurance Manager Date		

C. CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.:00-027

2. Activity No.: A-00-06

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Block # 8. Requirement that was Violated:

1. PLN-583, (TRIPS Software QA Plan) Rev.0, Section 3.2 "Mini Designs are modified as needed to reflect the design."
2. PLN-584 (TRIPS Software Verification and Validation Plan), Rev.0, Section 4.2 (Figure 1) "TRIPS V&V Task Summary" requires the SQ Lead to report the status of the software to the project manager; Section 4.4.2 "Technical Documentation Review" A review of requirements and design documentation to ensure they are synchronized with the product. The SQ Lead or their delegate will perform this review; PLN-583 (TRIPS SQAP), Rev.0, Section 4.2.3.1, "Customers and TRIPS Software quality personnel have reviewed these documents (i.e., SDD and IDD) for completeness."
3. PLN-584 (TRIPS SVVP), Section 4.4.2, Technical Documentation Review – A review of requirements and design documentation to ensure they are synchronized with the product. The SQ Lead or their delegate will perform this review.
4. PLN-582 (TRIPS SCMP), Rev. 0, Section 3.1 Configuration Identification (CI) Table 3 TRIPS CI and Change Methods: Test Reports, RWMC Equipment List, and Software CI identifies the configuration item, type, identification, and change management method to be used for configuration management; PLN-585 (TRIPS Software Test Plan), Rev. 0, Section 10, Deliverables provides a list of the information the test will contain for major releases.
5. PLN-582 (TRIPS SCMP), Rev. 0, Section 3.1 Configuration Identification: Software CI identifies the configuration item, type, identification, and change management method to be used for configuration management.

Block # 9. Condition Adverse to Quality:

1. Several TRIPS Change Request did not identify which Mini Design or Business Process Requirement is impacted by the modification.
2. There was no review of the TRIPS Implementation phase (i.e., a review of the source code against the design).
3. The number of TRIPS Change Requests (TCRs) identified in the INEEL/INT-99-00710 TRIPS Software Test Report Abstract did not match the number of TCRs in the TRIPS TCR Test Summary Log.
4. The Version numbers for the Operating System, Oracle Application Software, and the Uniface Application software were not documented as configuration items and were not reported as part of the test configuration.
5. The TRIPS Build Scripts were not identified on the CI list or mapped to the proper configuration management method.