

United States Government



Department of Energy

memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: June 21, 2001

REPLY TO
ATTN OF: CBFO:QA:MLC:VW:01-1149:UFC:2300

SUBJECT: Issuance of Corrective Action Report (CAR) 01-045

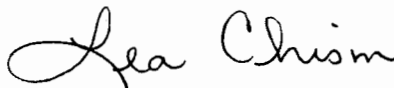
TO: Lori Fritz, ID

2001
RECEIVED

The Carlsbad Field Office (CBFO) has identified a condition adverse to quality regarding the use of the SWEPP Waste Assay Gamma Spectrometer (WAGS) System by INEEL without first being certified to use this system by CBFO.

Please document on the attached CAR Continuation Sheet your proposed corrective actions and a schedule for completion and forward 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.


for Samuel A. Vega
Quality Assurance Manager

Attachment

cc: w/attachment
K. Watson, CBFO
L. Chism, CBFO
J. Wells, DOE-ID
G. Beausoleil, DOE-ID
T. Preston, BBWI
T. Monk, BBWI
M. Eagle, EPA
D. Winter, DNFSB
S. Zappe, NMED
B. Walker, EEG
M. Gerle, WTS
J. Schuetz, CTAC

010611



CORRECTIVE ACTION REPORT

1. CAR No.: 01-045	2. Activity Report No.: NA	3. Page <u>1</u> of <u> </u>
4. Controlling Document: CBFO Certification Letter for INEEL, CBFO:NTP:KWW:VW:01-1022:UFC:5822		5. CBFO Assessment Team Leader: Kerry Watson
6. Responsible Organization: : INEEL		7. CAQ Was Discussed With: Lori Fritz, Jerry Wells, Tom Monk
8. Requirement that was violated: The CBFO certification letter dated May 18, 2001, contains the following stipulation, "TRU waste characterization, certification, or transportation using significantly revised or new processes and systems must be evaluated by the CBFO prior to their implementation."		
9. Condition Adverse to Quality: The INEEL began using the SWEPP Waste Assay Gamma Spectrometer (WAGS) System in December 2000 to assay waste that has been shipped to WIPP. This system and its operating procedure (TPR-1654) had not been evaluated by CBFO and the operating procedure had not been listed as approved in a CBFO certification letter.		
10. Suggested Actions (Optional):		
11a. Significant CAQ (Yes or No): Yes 11b. Work Suspension Recommended (Yes or No): No 11c. CCA-Related (Yes or No): Yes 11d. RCRA-Related (Yes or No): No		
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>Wayne Ledford</u> Date: <u>6/20/2001</u>		
14. Response Due Date: <u>July 4, 2001</u> Corrective Action Plan Required: YES		
15. Concurrence: <u><i>Kerry Watson</i></u> <u>06/20/01</u> <u>NA</u> <u>NA</u> <small>Assessment Team Leader Date Responsible Assistant Manager Date</small> <u><i>Kerry Watson for Sam Vega</i></u> <u>06/20/01</u> <small>Quality Assurance Manager Date</small>		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions:		
_____ <small>Assessment Team Leader Date</small>		
18. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
20. Closure: _____		
<small>Quality Assurance Manager</small>		<small>Date</small>