

United States Government

Department of Energy

memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: July 12, 2001

REPLY TO
ATTN OF: CBFO:QA:SAV:VW:01-1170:UFC:2300

SUBJECT: Audit Report A-01-11 of LANL for Compliance with the WIPP Hazardous Waste Permit

TO: James Nunz, LAAO

The Carlsbad Field Office (CBFO) conducted a certification audit of the Los Alamos National Laboratory (LANL) Transuranic Waste Characterization Program (TWCP) waste characterization activities for compliance with the WIPP Hazardous Waste Permit in August and September of 2000. The audit team concluded that assessed activities were adequate, effective, and satisfactorily implemented for debris waste streams.

The CBFO Audit A-01-11 was conducted to evaluate the adequacy, implementation, and effectiveness of the LANL TWCP to control the additional activities associated with Visual Examination (VE) and packaging of newly generated debris wastes. The audit was conducted at the LANL facilities May 8th and 9th and May 14th through 16, 2001. The audit team concluded that the LANL technical and quality assurance procedures are adequate, with one exception, relative to the flow down of requirements from the Waste Analysis Plan (WAP) of the WIPP Hazardous Waste Permit. The process determined to be inadequate was the packaging operations and Visual Examination process being conducted in TA-55.

The audit team concluded that the LANL QA Program is satisfactorily implemented in accordance with the LANL Quality Assurance Project Plan (QAPjP) and implementing procedures. The implementation and effectiveness of the AK process, as implemented by the OSR Program, was determined to be marginal.

Three Corrective Action Reports (CARs) were identified and forwarded via separate correspondence. Two Observations and four Recommendations are presented for management action and consideration. The CBFO is preparing to submit the Final Audit Report to NMED, pending closure of CARs 01-038, 01-039, and 01-040.

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


Samuel A. Vega
Quality Assurance Manager

Attachment

010738



James Nunz

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July 12, 2001

cc: w/attachment
K. Watson, CBFO
L. Chism, CBFO
P. Rogers, LANL
M. Gavett, LANL
D. Winters, DNFSB
S. Zappe, NMED
S. Monroe, EPA
M. Eagle, EPA
B. Walker, EEG
M. Gerle, WTS Operating Record
T. Bowden, CTAC



U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

AUDIT REPORT

OF THE

LOS ALAMOS NATIONAL LABORATORY

LOS ALAMOS, NEW MEXICO

AUDIT NUMBER A-01-11

MAY 8, 9 and 14-16, 2001

TRU WASTE CHARACTERIZATION AND CERTIFICATION



Prepared By: A. Earl Bradford
A. Earl Bradford
Audit Team Leader

Date: 7/3/01

Approved By: Samuel A. Vega
Samuel A. Vega
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Date: 7/11/01

1.0 EXECUTIVE SUMMARY

Los Alamos National Laboratory's (LANL) TRU Waste Certification Program (TWCP) for debris waste was audited in August and September of 2000. Carlsbad Field Office (CBFO) audits, A-00-13 conducted August 28-31, 2000 and A-00-16 conducted September 25-28, 2000, determined that the LANL TWCP procedures were adequate relative to the flow down of requirements from the Carlsbad Field Office Quality Assurance Program Document (QAPD), Waste Acceptance Criteria (WAC), and TRUPACT-II Authorized Methods for Payload Control (TRAMPAC). In addition, during audits A-00-13 and A-00-16 it was also concluded that the LANL QA program was implemented and effective for characterization and certification of debris waste streams.

Carlsbad Field Office Audit A-01-11 was conducted to evaluate the adequacy, implementation, and effectiveness of the LANL TWCP activities for Visual Examination (VE) and packaging of newly generated debris wastes. The VE Technique and packaging activities for the newly generated wastes are conducted by separate LANL organizations not within the currently approved TWCP. The new TWCP participating organizations evaluated were the LANL Nuclear Materials Technology (NMT) Division in Technical Area 55 (TA-55), which examines and packages newly generated wastes and the Environmental Technology Division, Waste Management (E-WM) Organization, which is responsible for visual examination and packaging of the sealed sources for the Off-Site Source Recovery (OSR) Project. Both organizations have initiated interface agreements with the TWCP that address their respective VE process and packaging operations. Final characterization of the newly generated waste, i.e. Nondestructive Assay (NDA) and Headspace Gas (HSG) analysis is the responsibility of the previously approved TWCP.

The audit was conducted at the LANL facilities May 8th and 9th and May 14 through 16, 2001. The audit team concluded that the LANL technical and quality assurance procedures are adequate, with one exception, relative to the flow down of requirements from the Waste Analysis Plan (WAP) of the WIPP Hazardous Waste Permit. The process determined to be inadequate was the packaging operations and Visual Examination process being conducted in TA-55.

The audit team concluded that the LANL QA Program is satisfactorily implemented in accordance with the LANL Quality Assurance Project Plan (QAPjP) and implementing procedures. The LANL technical areas evaluated by the audit team, with the exception of VE technique in TA-55, were determined to be implemented and effective for the identified newly generated debris waste streams. The determination of implementation and effectiveness of the TA-55 packaging and VE process was left open because of the adequacy issue with the implementing procedures. The implementation and effectiveness of the AK process, as implemented by the OSR program, was determined to be marginal.

The audit team identified seven conditions adverse to quality, resulting in the issuance of three Corrective Action Reports (CARs), one in the area of TA-55 Software Control, one concerning the adequacy of the TA-55 VE procedures, and one concerning the adequacy of OSR Program compliance with the TWCP AK Summary reporting process. The Three CARs have been previously issued under separate cover. Two Observations and Four Recommendations were offered for management action and consideration. The CARs, Observations, and Recommendations are described in Section 6.0.

2.0 SCOPE

The audit team evaluated the adequacy, implementation, and effectiveness of technical and quality assurance processes related to the LANL TRU Waste Characterization and Certification activities for newly generated debris waste being packaged and visually examined in TA-55 and by E-WM in the Chemistry, Materials, and Research (CMR) Facility for the OSR Program.

The following Quality Assurance (QA) elements in relation to the LANL support organizations were evaluated in accordance with the Carlsbad Field Office QAPD and the WAP:

- Organization/QA Program
- Personnel Qualification and Training
- Documents and Records
- Control of Nonconforming Items
- Procurement
- Software Quality Assurance

The following characterization technical elements were evaluated in accordance with the Waste Analysis Plan of the WIPP Hazardous Waste Permit:

- Visual Examination Technique conducted in TA-55 and the OSR Program
- Generation Level and Project Level Data Verification and Validation
- Acceptable Knowledge Documentation associated with TA-55 and the OSR Program

Evaluation of LANL TRU Waste Characterization Program (TWCP) documents was based on current revisions of the following documents:

- LANL Transuranic Waste Quality Assurance Project Plan (QAPjP), TWCP-PLAN-0.2.3-001

- LANL Transuranic Waste Certification Quality Program Plan (and TRAMPAC), TWCP PLAN-0.2.4-001

- Related LANL technical and quality assurance implementing procedures

3.0 AUDIT TEAM AND OBSERVERS

AUDITORS/TECHNICAL SPECIALISTS

Jody Plum	Carlsbad Field Office Management Representative
Marlin Horseman	Audit & Assessment Manager, CTAC
Earl Bradford	Audit Team Leader, CTAC
Steven Calvert	Auditor, CTAC
Dee Scott	Auditor, CTAC
Pete Rodriguez	Auditor, CTAC
Wayne Ledford	Auditor/VE Technical Specialist, CTAC
Jim Schuetz	Auditor, CTAC
Charlie Riggs	Auditor, CTAC

OBSERVERS

Steve Zappe	NMED
Steve Holmes	NMED
Will Fetner	NMED
June Dreith	NMED/TechLaw
Steve Phillips	NMED/TechLaw
Ben Walker	EEG

4.0 AUDIT PARTICIPANTS

LANL individuals involved in the audit process are identified in Attachment 1. A pre-audit meeting was held in the Physics Auditorium, Technical Area 3, Building 215, on May 14, 2001. A daily meeting was held with LANL management and staff to discuss issues and potential deficiencies. The audit was concluded with a post-audit meeting held in Conference Room 15, Building 37, Technical Area 50, on May 16, 2001.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

The audit team concluded that the overall LANL QA Program was adequate, satisfactorily implemented and effective to control the activities of the support organizations packaging the newly generated debris wastes.

The audit team concluded that the adequacy of the LANL Technical Processes, with exception of the TA-55 VE process, are satisfactory in meeting the requirements of the current WIPP Hazardous Waste Permit - Waste Analysis Plan (WAP). The AK Summary reporting process being performed by the OSR Program was marginally implemented and marginally effective.

A summary table providing the audit results for each of the QA Program elements and technical processes is provided as Attachment 2. Audit activities, including specific objective evidence reviewed, are described below and in the CBFO checklists. The CBFO Checklists are maintained as QA records. A list of procedures evaluated during the audit is provided as Attachment 3.

5.2 Quality Assurance Activities

The quality assurance elements, Organization and QA Program, Personnel Training and Qualification, Documents and Records, Control of Nonconforming Items, Procurement, and Software Quality Assurance, as they applied to the packaging and VE organizations, were evaluated. There were two conditions adverse to quality and one recommendation that resulted from evaluation of Waste Management System (WMS) software being utilized by TA-55. CARs 01-038 and 01-039 were issued to address the two deficiencies (refer to section 6.1). In addition, the audit team identified one area for improvement of the Software change control process (Refer to Recommendation 1)

Two recommendations regarding deletion of and/or clarifications relative to organizational responsibilities defined in the TA-55 and OSR Program, TRU Waste Interface Documents (TWIDs) were provided to TWCP Management (Refer to Recommendations 2 and 3).

Overall, the quality assurance activities evaluated were determined to be adequate, satisfactorily implemented, and effective.

5.3 Technical Activities

Evaluations of applicable LANL technical activities related to the newly generated debris waste streams are summarized below.

5.3.1 Visual Examination Technique

The Visual Examination Technique was observed in both areas packaging and examining the newly generated wastes at LANL. TA-55 VE activities were observed and batch data reports supporting the activity were evaluated. Several deficiencies were noted in the TA-55 implementing procedures and the method the TA-55 Operators were utilizing to document their VE activities. Procedure deficiencies included procedures referencing forms that were not identified, procedures requiring reports with no format provided, and procedures that did not identify records or define record classification requirements. Process deficiencies were identified with TA-55 WMS system in relation to the electronic approval signature for two individuals performing VE. The first signature is recorded by the WMS software and is applied in one designated location and the required second signature is noted in a comment field. This method of providing objective evidence with the software does not provide functionality for individual application of an electronic approval signature. Consequently, the batch data

generated by TA-55 do not provide sufficient objective evidence that two VE operators performed the WAP required functions. CAR 01-039 was issued to address the deficiencies (refer to section 6.1).

The audit team determined that the visual examination process being performed in TA-55 was inadequate. The written procedures were not adequate and not in compliance with requirements. Implementation and effectiveness of the TA-55 process was left open pending resolution of the procedural deficiencies. The audit team also identified a practice in performing the packaging operation in TA-55 that may lead to a deficient condition in the future. This item is presented as Observation 1 (refer to section 6.2).

The VE technique and packaging operations performed in the CMR Facility for the OSR Program and supporting data packages were determined to be in compliance with requirements. The OSR Program procedures and processes were determined to be adequate, satisfactorily implemented and effective. The audit team identified a practice in performing the data package review for the OSR VE process that may lead to a deficient condition in the future. This item is presented as Observation 2 (refer to section 6.2).

5.3.2 Acceptable Knowledge

Activities related to the Acceptable Knowledge process were reviewed. This review included the evaluation of AK summary documentation for the newly generated wastes being processed by the TA-55 operation and the sealed sources being packaged by the OSR Program. The AK Summary reports were evaluated to ensure that an independent technical review had been completed and for traceability of the roadmap and its supporting documentation. Reference documents were reviewed during the traceability portion of the evaluation. It was determined that traceability of the information utilized in the OSR summary report was unsatisfactory. The AK Summary report did not reference all the supplemental source documents used to establish the conclusions documented in the report. CAR 01-040 was issued to address the deficiency (refer to section 6.1).

During evaluation of the AK process and the associated OSR Program AK documentation, a number of inaccuracies and inconsistencies in data content were identified and discussed. The inaccurate and inconsistent items identified were related to a PCB definition, the needed removal of an inappropriate material code (U213), failure to address a needed material code (D001), and the repeated use of the indecisive term "Usually" in the AK Summary documentation. This concern is identified in Recommendation 4 (refer to section 6.3). LANL chose to follow the audit team's recommendation and processed revisions to the documents. The audit team verified that the recommendations had indeed been implemented prior to the exit meeting.

With the exception of the issue identified in CAR 01-040, the LANL AK written program is adequate and satisfactorily implemented and the technical activities related to the AK process are effective.

5.3.3 Data Validation; Level 1 and 2, Generation Level and Project Level Data Review and Reporting

The data validation process was evaluated by review of batch data packages. The evaluation included examination of the data packages to assure that correct data reviews are occurring.

The audit team determined that the written program is adequate and satisfactorily implemented and that the technical validation activities are effective.

6.0 Corrective Action Reports (CARs), OBSERVATIONS, RECOMMENDATIONS

6.1 Corrective Action Reports (CARs)

The following three Corrective Action Reports were identified during the audit:

6.1.1 CAR 01-038

This CAR documents a deficiency that was identified in the implementation of the TA-55 Software QA Program. Reference is made, in LANL Procedure QA-SQAP-COMP-R01.1, Software Quality Assurance Plan, to the NETLOG database for software inventory and configuration information. This program has recently been retired and procedure references have not been revised. Also, the new network program "CITRIX", used to display the Waste Management System (WMS) on the network, is significantly different in operation structure than the previous network display programs and is not referenced. Procedures must reflect current operation structure and programs to provide details on software operation, configuration and usage.

6.1.2 CAR 01-039

This CAR documents both procedural adequacy issues and process deficiencies that were identified while witnessing the TA-55 VE process and packaging operations. The concerns are as follows:

1. Electronic approval signature for Visual Examination (VE) personnel is applied in only one location with the second VE person noted only in a comment field. Software does not provide functionality for individual application of an electronic approval signature for both VE personnel.
2. The batch data reports reviewed for TA-55 and the associated WMS data do not provide objective evidence that two qualified VE operators perform the process described in NMT7-WI3-SOP-TA55-013 as waste items are packaged into drums. The WAP requires either electronic or written signatures.
3. Procedure NMT7-WI3-SOP-TA55-013 does not identify or reference how the "Raw

Data Collection Form" is generated.

4. The LANL procedures for VE technique in TA-55 do not identify the format or content of a VE technique batch report.
5. The LANL procedures for VE technique in TA-55 do not identify the records generated by performing the procedure or specify their classification, i.e., Lifetime or Non-Permanent.

6.1.3 CAR 01-040

This CAR documents a deficiency that was identified while reviewing the AK Summary Report and supporting source documentation for the OSR Program. The OSR AK Summary report does not reference all source documents in the Road Map.

6.2 Observations

The following two Observations were identified by the audit team as areas of concern that were not yet actual deficient conditions, but which raise the probability of future deficiencies if not corrected.

6.2.1 Observation 1

When waste item numbers are obtained from WMS, the numbers are not immediately marked on the item. This practice relies upon the memory of the operators to correctly identify the items later to assure traceability of the item is maintained. Items numbers should be marked on the item as soon as possible.

6.2.2 Observation 2

On OSR batch report, LA-01-OSR-VE-004, the individual who performed the technical supervisor review also was a data generator (VE recorder on container LA00000058567), while this is not prohibited by the WAP, it is a practice that should be avoided.

6.3 Recommendations

The following four recommendations are provided for management consideration.

6.3.1 Recommendation 1

Software change control forms provide traceability by referencing the in Application Modification Request (AMR) unique identification number on the Software Migration Form (SMF). The audit team recommends that software AMR forms include the SMF

number as a traceability reference that will provide both forward and reverse traceability.

6.3.2 Recommendation 2

The OSR Program TWID, OSR-MISC-002, R.1, identifies individual responsibilities and various activities that are inconsistent and in conflict with TWCP responsibilities and/or are not related to TWCP requirements. These inconsistencies and activities are as follows:

- The TWID states that the OSR Project Leader ensures periodic performance of project assessments. The OSR Project Leader is not responsible for performing assessments.
- The TWID states that the OSR Operations Coordinator ensures collection and routing of records for retention by OSR or TWCP RMDC. All TWCP records are retained by RMDC.
- The TWID states that the OSR QA Representative is responsible for approving corrective actions. The TWCP SQAQO is responsible for TWCP Corrective Actions.
- The TWID states that the OSR QA Representative is responsible for assisting the OSR Team Leader with self-assessments. The OSR Team Leader does not perform self-assessments.
- The TWID states that the OSR Waste Management Coordinator reviews and approves Waste Profile Forms. The Profile forms are not related to the TWCP activities and reference to these forms can be confused with the Waste Stream Profile Forms that must be approved by the TWCP Personnel.
- The TWID states that the TWCP certifies OSR processes. The TWCP is indeed responsible for TWCP work performed by the OSR Program but does not certify the processes.
- The TWID references the use of interface documents between the OSR and other LANL organizations that impact characterization and certification of OSR sources. These are support organizations that provide support but do not perform functions that could impact certification of the waste. The TWID should be revised to address only organization who perform functions that relate to certification activities.

The audit team recommends that the TWID be reevaluated and revised to address roles and responsibilities, as well as, activities directly related to the TWCP required functions.

6.3.3 Recommendation 3

The TA-55 TWID, NMT7-AP-TA55-018, R.3, identifies individual responsibilities and various activities that are inconsistent and in conflict with TWCP responsibilities and/or are not related to TWCP requirements. These inconsistencies and activities are as follows:

- Document references "Currently generated" and "newly generated" wastes. The WAP terminology is "newly generated" and should be considered.
- The TWID references many existing NMT Organizations that do not directly perform characterization functions for the TWCP. The TWID should only reference organizations directly supporting the TWCP.
- The TWID states that the NMT-TWCP Program Coordinator reviews and comments on TWCP documents. The Coordinator utilizes TWCP documents as appropriate but is not part of the review process for these documents.
- The TWID lists the Waste Management Coordinator's responsibilities, none of which are performed in support of the TWCP.
- The TWID states that the Document Control Coordinator generates periodic reports to management. This activity is not performed.
- The TWID states that the Waste Records Manager generates periodic reports for management. This activity is not performed.
- The TWID, Table 7, lists procedures that are not used in support of TWCP activities and, conversely, does not list all the TA-55 procedures that are utilized to support TWCP procedures.

The audit team recommends that the TWID be reevaluated and revised to address roles and responsibilities, as well as, activities directly related to the TWCP required functions

6.3.4 Recommendation 4

During evaluation of the AK processes, several areas for improvement of the AK Summary documentation were discussed with cognizant LANL personnel. The audit team recommends that the AK Summary documentation be revised to incorporate the agreed upon enhancements and clarifications related to:

- PCB Definition
- Remove U213 Code
- Add D001 Code
- Remove the word "Usually" from text

These recommendations were incorporated and verified to be complete during the audit.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit

Attachment 2: Summary Table of Audit Results

Attachment 3: List of Procedures Audited

PERSONNEL CONTACTED DURING AUDIT A-01-11				
NAME	ORG/TITLE	PREAUDIT MEETING	CONTACTED DURING AUDIT	POST AUDIT MEETING
Abeyta, Cristy	EWM OSR, Environmental Scientist		X	
Anderson, David	NMT3, System Administrator		X	
Fabryka-Martin, June	LANL/EET TWCP Deputy SPM	X	X	X
Fernandez, Ruby Ann	LANL/EET Training Coordinator	X	X	X
Garcia, Frank	IM-S, Record Specialist		X	
Garcia, Louise	LANL/EET Document Control Coordinator		X	X
Garcia, Mary Ann	EET, Training Specialist		X	
Gavett, Marjorie	LANL/EET TWCP SPQAO	X	X	X
Gibson, Yvonne	NMT-7, Editor		X	
Goyal, Kapil	NMT-7, Staff Member	X	X	X
Hargis, Ken	EWM OSR, Program Manager			X
Harper, Johnny	EET Deputy Group Leader	X		
Hatchnell, Jeff	NMT-7, Operations Team Leader		X	
Huchton, Roger	NMT-7, Program Coordinator	X	X	
Johnson, Jerry	IM-S, Record Specialist		X	
Kosiewicz, Stan	EET, OSR Interface	X	X	X
Leonard, Lee	E-WM OSR Project Leader			X

PERSONNEL CONTACTED DURING AUDIT A-01-11				
NAME	ORG/TITLE	PREAUDIT MEETING	CONTACTED DURING AUDIT	POST AUDIT MEETING
Matzke, Jim	FWO-SWO		X	
Martinez, Amy	NMT-7, Document Control Custodian		X	
Martinez, Manuel	EET SQA	X	X	X
Montoya, Andrew	NMT-7 Team Leader	X	X	X
Musgrave, John	C-INC AK SMEd		X	
Navarjo, Carlene	CCN-2, Network Administrator		X	
Patton, Patricia	EET, Records Coordinator		X	X
Pearson, Mike	E-WM OSR Project Engineer	X	X	X
Pickrell, Mark	EET Group Leader	X	X	
Poteet, Doris	EET, SCMC		X	
Sanchez, Lonnie	NMT7, QA Specialist	X	X	X
Rogers, Pamela	EET TWCP SPM		X	X
Souza, Larry	EET TWCP QA	X	X	X
Taylor, Wayne	NMT-11, Staff Member		X	
Trujillo, Michael	NMT-7, Technician		X	
Weide, Ron	NMT7, Group Leader			X
Weir, Shannon	EET Records Manager	X	X	X
Wulff, Dennis	NMT7, Technical Lead		X	X

Summary Table of Audit Results

Evaluation Area	Concern Classification				QA Evaluation		
	CARs	CDAs	Obs	Rec	Adequacy	Implementation	Effectiveness
TECHNICAL							
Visual Examination (VE) TA-55	6, 7, 8, 9		10		Inadequate	Left Open	Left Open
Visual Examination (VE) OSR Program			13		A	S	E
Acceptable Knowledge (AK)	12			11	A	S (OSR)M	E (OSR)M
Project Level V & V					A	S	E
QUALITY PROGRAM							
Organization/QA Program				4, 5	A	S	E
Training/Qualification					A	S	E
Procurement					A	S	E
Document Control					A	S	E
Non-conformances/Corrective Action					A	S	E
Records					A	S	E
Software Control	1,2			3	A	S	E
TOTALS	7		2	4			

Definitions

E = Effective
 S = Satisfactory
 U = Unsatisfactory
 I = Indeterminate
 A = Adequate

CDA = Corrected During Audit
 CAR = Corrective Action Report
 Obs = Observation
 Rec = Recommendation

LIST OF PROCEDURES AUDITED (A-01-11)			
NUMBER	PROCEDURE NUMBER	REVISION	TITLE
1.	QP 1.1-002	R.4	Document Control
2.	QP 1.1-003	R.7,IC1	TWCP Training
3.	QP 1.1-004	R.6,IC1	Records Management
4.	QP-1.1-005	R.6	Procurement
5.	QP 1.1-007	R.8	Nonconformance Reporting and Tracking
6.	QP-1.1-008	R.6/IC1	Corrective Action Reporting and Tracking
7.	QP-1.1-010	R.11	Project Level Data Validation and Verification
8.	QP-1.1-021	R.5/IC3	Acceptable Knowledge Documentation
9.	DTP-1.2-064	R.3	Waste Characterization Data Reconciliation with Acceptable Knowledge
10.	OSR-MISC-002	R1	Off-Site Source Recovery Transuranic Waste Interface Document
11.	OSR-OP-120	R5	Visual Examination and Packaging of OSR Sealed Sources
12.	NMT7-AP-TA55-018	R3	TA-55 Transuranic Waste Interface Document
13.	NMT7-AP-005	R1	TRU Waste Documents Development and Control
14.	NMT7-AP-012	R3	Waste Records Management
15.	NMT7-SOP-TA55-013	R1	Inspecting, Packaging, Rejecting, and Remediating Transuranic Waste for WIPP and for TA-54 Safe Storage
16.	NMT7-WI1-SOP-TA55-013	R1	Inspecting, Labeling, and Preparing TRU Waste Containers
17.	NMT7-WI2-SOP-TA55-013	R3	Performing Visual Examinations of TRU Waste
18.	NMT7-WI3-SOP-TA55-013	R1	Packing TRU Waste Containers
19.	NMT7-WI4-SOP-TA55-013	R1	Sealing TRU Waste Containers
20.	NMT7-WI5-SOP-TA55-013	R1	Nonconformances
21.	NMT7-WI6-SOP-TA55-013	R1	Data Review, Validation, and Verification for TRU Waste
22.	QA-SQAP-COMP-R01.1	R01.1	Software Quality Assurance Plan
23.	QA-TP-WMS-000.001	000.001	TA-55 Waste Management System