DATE: July 24, 2001
REPLY TO ATTN OF: CBFO:QA:MLC:VW:01-1183:UFC:2300
SUBJECT: Issuance of Corrective Action Report (CAR) 01-081

TO: Amrit S. Boparai, ANL

The Carlsbad Field Office (CBFO) performed Surveillance S-01-15 of the Argonne National Laboratory (ANL) in Chicago, Illinois on July 10-11, 2001. The audit team identified one condition adverse to quality, which has been documented in CAR 01-081.

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.

Samuel A. Vega
Quality Assurance Manager

Attachments

cc: w/attachments
K. Watson, CBFO
M. Brown, CBFO
L. Chism, CBFO
M. Eagle, EPA
S. Monroe, EPA
S. Zappe, NMED
B. Walker, EEG
D. Winters, DNFSB
M. Gerle, Operating Record
A. Arceo, CTAC
J. Schuetz, CTAC
C. Watkins, CTAC
**CORRECTIVE ACTION REPORT**

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<th>2. Activity Report No.: S-01-15</th>
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<td>6. Responsible Organization: Argonne National Laboratory (ANL), Analytical Chemistry Laboratory (ACL)</td>
<td>7. CAQ Was Discussed With: Amrit S. Boparai</td>
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8. Requirement that was violated:
SOP: ACL-159, Rev. 2, Paragraph 4.2.10 requires that the internal standard valve be opened ten times to flush the transfer lines with internal standards.

9. Condition Adverse to Quality:
The ACL analyst indicated that he performs the valve opening about six times, not ten times as required by the procedure.

10. Suggested Actions (Optional): In discussing this matter, it became obvious that the ten-times requirement is not necessary for the procedure to be effective. It is suggested that the procedure be revised to require only appropriate number of valve openings to be completed.

11a. Significant CAQ (Yes or No): No
11b. Work Suspension Recommended (Yes or No): No
11c. CCA-Related (Yes or No): No
11d. RCRA-Related (Yes or No): No


13. CAR Initiator: Cliff Watkins Date: 7/11/01

14. Response Due Date: Corrective Action Plan Required: YES NO

15. Concurrence: Assessment Team Leader Date: 7/12/01 Responsible Assistant Manager Date

16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet

17. Acceptance of Proposed Corrective Actions:

18. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)

19a. Verified By: __________________________

19b. Trend Cause Code: _______________

20. Closure: __________________________ Quality Assurance Manager Date
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