



memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: August 10, 2001

REPLY TO
ATTN OF: CBFO:QA:MLC:VW:01-1410:UFC:2300

SUBJECT: Issuance of Idaho National Engineering and Environmental Laboratory (INEEL) TRU Waste Characterization, Corrective Action Reports (CARs); 01-090 Through 01-096

to: Edward Ziemianski, DOE/ID

On July 30 to August 3, 2001 the Carlsbad Field Office (CBFO) performed Audit A-01-14 of the Idaho National Engineering and Environmental Laboratory (INEEL) TRU Waste Characterization, Certification, and Transportation processes. The audit team identified seven (7) conditions adverse to quality in the areas of quality assurance, document control, data entry, procedure adequacy, software control, and acceptable knowledge records. Please see Corrective Action Reports (CARs) 01-090 through 01-096 respectively.

Three of the above seven CARs (01-090, 01-091, and 01-092,) are identified as being a Significant Condition Adverse to Quality. In addition, four of the CARs (01-090, 01-091, 01-093, and 01-096) are issues relating to the compliance of Hazardous Waste Facility Permit. Please determine and document on the attached 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.


for Samuel A. Vega
Quality Assurance Manager

Attachment



Edward Ziemianski

-2-

August 10, 2001

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



CORRECTIVE ACTION REPORT

1. CAR No.: 01-090	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Documents: MCP-2534, Rev. 5, MCP-2992, Rev. 3, MCP-2532, Rev 9, MCP-2993, Rev 8		5. CBFO Assessment Team Leader: Samuel Vega
6. Responsible Organization: : INEEL/BBWI		7. CAQ Was Discussed With: 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): Yes		
11b. Work Suspension Recommended (Yes or No): No		
11c. CCA-Related (Yes or No): No		
11d. RCRA-Related (Yes or No): Yes		
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</u> Date: <u>8/9/01</u>		
14. Response Due Date: <u>09/09/01</u> Corrective Action Plan Required: YES		
15. Concurrence: <u>[Signature]</u> <u>08/09/01</u> <u>N/A</u> _____ <small>Assessment Team Leader Date Responsible Assistant Manager Date</small>		
_____ <u>08/09/01</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>		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
20. Closure: _____ <small>Quality Assurance Manager Date</small>		

C. O CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: 01-090

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 8

1. MCP-2534, *Level 1 Surveillance*, Rev. 5, Paragraph 4.3.9 – SQAO: If corrective action was required, verify completion of the corrective action, close out the surveillance (Section C of the Level 1 Surveillance or letter) and send a copy to the appropriate manager.
MCP-2992, *QA Program Surveillance*, Rev. 3, Paragraph 4.2.7 - SQAO: IF corrective actions are required, THEN obtain Corrective Action Statement (Section B of RWMC Form-216) from the appropriate manager.
Paragraph 4.2.8 – SQAO: IF corrective actions was required, THEN verify completion of the corrective action, close out the surveillance (Section C of RWMC Form-216) and notify the appropriate manager.
2. MCP-1757, *Management Assessment*, Rev. 3, Paragraph 4.1.5, Assessment Team Leader: Based on discussions with the SQAO, develop the scope, objectives, schedule, and the reporting requirements for a particular Management Assessment. This information is included in the Management Assessment Plan. The Management Assessment Plan may include any/or all of the following items:
 - Name of the organization being assessed
 - Schedule and scope of applicable procedures to be assessed
 - Pertinent background information from prior assessments
 - A copy of appropriate checklists that will be used.

Paragraph 4.1.6 SPM: Approve and issue the Management Assessment Plan
3. MCP-2532, *Independent Audits*, Rev. 9, Paragraph 4.6.3, SQAO/Audit Team Leader: Evaluate and approve, in ICARE, responses for adequacy and for prompt completion of the proposed corrective actions. If responses are inadequate or if corrective action completion dates will not result in prompt completion of the proposed corrective action, notify the assessed organization in writing, indicating the reason(s) for rejecting the responses and requesting resubmittal of those responses.
Paragraph 4.6.4, SQAO: Close the audit upon verification that all corrective actions are completed as scheduled.
4. MCP-2993, *Control of Deficiencies and Nonconforming Items*, Rev 8, Paragraph 4.5.4.1 – Assign a Subject Matter Expert (SME), not involved with or responsible for performing any of the corrective actions, to verify completion of the corrective actions by reviewing objective evidence supporting DR closure.
Paragraph 4.5.5 – FQR (SQAO for SPO): Close the deficiency in ICARE.

Block # 9

1. Signature by the SQAO is required for corrective action completed and verification of corrective action completed on Level 1 Surveillance Reports and QA Program Surveillance. This has not been accomplished on the following surveillance reports:
 - SPO-L1-02
 - QAPS-00-04
 - SPO-L1-00-003
 - QAPS-00-06
2. A Management Assessment Plan is to be developed by the assessment team leader and issued by the SPM. There is no evidence this has been completed for the (5) management assessments conducted in CY2000 and 2001.
3. The lead auditor has not signed off verification of completion of Corrective Action and the SQAO has not signed off Closure on Audit finding A-01-01-01, 05, 11, 23 and 68 for Audit A-01-01.
4. The FQR is required to verify completion of corrective action and then close deficiencies. From a sample of four DR's, it was noted that all four DR's were closed by someone other than a FQR.

CORRECTIVE ACTION REPORT

1. CAR No.: 01-091	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: MCP-9179, Rev. 0		5. CBFO Assessment Team Leader: Samuel Vega
6. Responsible Organization: : INEEL/BBWI		7. CAQ Was Discussed With: J. Gilman & A. Flores
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. CCA-Related	(Yes or No): No	
11d. RCRA-Related	(Yes or No): Yes	
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</u>		Date: <u>8/9/01</u>
14. Response Due Date: <u>09/09/01</u>		Corrective Action Plan Required: YES
15. Concurrence: <u>Lea Chism</u>	<u>08/10/01</u>	<u>N/A</u>
<small>for Assessment Team Leader</small>	<small>Date</small>	<small>Responsible Assistant Manager</small>
<u>Lea Chism</u>	<u>08/10/01</u>	
<small>for Quality Assurance Manager</small>	<small>Date</small>	
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions:		
_____	_____	_____
<small>Assessment Team Leader</small>	<small>Date</small>	<small>Date</small>
1. 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>

C O CORRECTIVE ACTION I PORT

(continuation sheet)

1. CAR No.: 01-091

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 8

1. MCP-9179, Rev. 0, Paragraph 4.2.6 states, "Document Owner: Forward the proposed document action to the DCC for non-minor changes, along with:
 - a) Any pertinent background information not readily accessible to reviewers but needed for meaningful review;
 - b) Review and comment due date; and
 - c) List of reviewers as appropriate. This shall include qualified reviewers (other than the originator) and approvers that represent technical discipline(s) and organization(s) affected by the document change action. Document revisions shall undergo the same level of review and approval as the baseline version of the document."
2. MCP-9179, Rev. 0, Paragraph 4.3.2 states, "Provide the proposed document action for review and comment to affected organizations as directed by the document owner. Include the following as appropriate:
 - a) Pertinent background information not readily accessible to reviewers but needed for meaningful review;
 - b) Review criteria, which includes technical accuracy, completeness, and compliance with WIPP requirements;
 - c) Date comments are due;
 - d) The draft document to be reviewed; and
 - e) Mechanism for documenting review comments and resolution."
3. MCP-9179, Rev. 0, Paragraph 4.3.5 states, "Document Owner: evaluate and resolve comments with reviewers and provide comment resolutions and subsequent changes to the DCC or justification for not making the requested change."

Block # 9

1. A listing of required reviewers has not been attached to the document action request for MCP-1815, R/15; MCP-9258, R/O; and MCP-2993, R/9.
2. No review comment resolution form was provided to reviewers of MCP-1815, R/5; MCP-9258, R/O and MCP-2993, R/9.
3. No evidence of resolution of comments for those comments generated during review of MCP-9258, R/O and MCP-2993, R/9

CORRECTIVE ACTION REPORT

1. CAR No.: 01-092	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: PLN-182, Revision 6, INEEL TRU Waste Characterization, Certification, and Transportation Quality Program Plan	5. CBFO Assessment Team Leader: Samuel Vega	
6. Responsible Organization: INEEL	7. CAQ Was Discussed With: T. Brown & D. Lord	
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. CCA-Related (Yes or No): No 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>Tom Ward/Dee Scott</u> Date: <u>8/8/01</u>		
14. Response Due Date: <u>09/09/01</u> Corrective Action Plan Required: YES		
15. Concurrence: <u>Lea Chism</u> <u>08/10/01</u> <u>N/A</u> _____ <small>for Assessment Team Leader Date Responsible Assistant Manager Date</small> <u>Lea Chism</u> <u>08/10/01</u> _____ <small>for 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>		
1. 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>

C O CORRECTIVE ACTION I PORT

(continuation sheet)

1. CAR No.: 01-092

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 8

PLN-182, Revision 6, INEEL TRU Waste Characterization, Certification, and Transportation Quality Program Plan,

1. Section 5.1 Document Control, 1st paragraph, 1st sentence states: "Documents that specify quality requirements or establish activities affecting quality are controlled to ensure accurate and current documents are used."
2. Section 7.1 Work Processes, 2nd paragraph, 4th and 5th sentences states: "Facility managers are responsible for ensuring that workers have the correct procedures, materials, and training to perform quality work. All instructions and procedures are maintained current with a documented and controlled method of revision."

Block # 9

Two floor copies of DOE/WIPP 93-1001, TRUPACT-II Operating and Maintenance Instructions did not have interim changes 1, 2, 3, and 4. One copy of DOE/WIPP 93-1001 had interim changes 1, 2, and 3 placed in the front pocket of the binder, but not posted or placed sequentially in the Operating and Maintenance Instructions.

INEEL Procedure TPR-1649, Revision 9, TRUPACT LOADING OPERATION, Step 4.2.1 still requires the loosening of tie-down adjusting nuts until the tension has been released from the Bellville springs. However, Interim Change 4 to DOE/WIPP 93-1001, TRUPACT-II Operating and Maintenance Instructions eliminated the requirement to loosen the tie-downs if the TRUPACT-II is not to be removed from the trailer for loading.

CORRECTIVE ACTION REPORT

1. CAR No.: 01-093	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>1</u>
4. Controlling Document: NTP-AP-08, Rev. 2, TWCP Waste Characterization Data Input & QA Release for TRIPS; HFEF-OI-6810, Rev. 1, TRIPS – Container Management		5. CBFO Assessment Team Leader: Samuel Vega
6. Responsible Organization: : INEEL/BBWI, ANL-W		7. CAQ Was Discussed With: S. Lee & R. Peterson
8. Requirement that was violated: NT-AP-08, Section 3.1 – Requires the Quality Assurance Data Reviewer (QADR) to ensure that the information entered into TRIPS matches the written data package.		
9. Condition Adverse to Quality: Data is entered into TRIPS by the QADR at ANL-W. The data is then reviewed and released by the QADR, in effect the QADR is reviewing his own work. In a review of 7 data packages (2 coring and 5 visual examination) there were two errors. One of these errors was subsequently identified by the Site Project Office (SPO), but the SPO only does a spot check (~10%) of the TRIPS information. The TRIPS information entered by ANL-W is the data that is downloaded to WWIS.		
10. Suggested Actions (Optional): 		
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): 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>Wayne Ledford</u> Date: <u>8/9/01</u>		
14. Response Due Date: <u>09/09/01</u> Corrective Action Plan Required: YES		
15. Concurrence: <u>Lea Chism</u> <u>08/10/01</u> <u>N/A</u> _____ <small>Assessment Team Leader Date Responsible Assistant Manager Date</small> <u>Lea Chism</u> <u>08/10/01</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>		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____ 19b. Trend Cause Code: _____		
20. Closure: _____ <small>Quality Assurance Manager Date</small>		

CORRECTIVE ACTION REPORT

1. CAR No.: 01-094	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: CAO-94-1012, QAPD, Revision 3, TPR-1657, Revision 1, TPR-1646, Revision 6		5. CBFO Assessment Team Leader: Samuel Vega
6. Responsible Organization: : INEEL/BBWI		7. CAQ Was Discussed With: G. Grover
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. CCA-Related (Yes or No): No		
11d. RCRA-Related (Yes or No): No		
12. Types of Actions: Remedial: <input checked="" type="checkbox"/> Investigative: <input type="checkbox"/> Root Cause: <input type="checkbox"/> Actions to Preclude Recurrence: <input type="checkbox"/>		
13. CAR Initiator: <u>Steve Davis</u>		Date: <u>8/9/01</u>
14. Response Due Date: <u>09/09/01</u>		Corrective Action Plan Required: NO
15. Concurrences: <u>Lea Chism</u> Assessment Team Leader <u>Lea Chism</u> Quality Assurance Manager		<u>08/10/01</u> Date <u>08/10/01</u> Date <u>N/A</u> Responsible Assistant 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: _____		
20. Closure: _____ Quality Assurance Manager		_____ Date

C O CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: 01-094

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 8

CAO-94-1012, QAPD:

1. Section 2.1.2.B. Implementing Procedures, states, Implementing procedures shall include the following information as appropriate to the work to be performed: Section 2.1.2.B.4, states, Quantitative or qualitative acceptance criteria sufficient for determining that activities were satisfactorily accomplished.
2. Section 1.5.2.4 Classifying QA Records, states, QA records shall be classified as either "post-closure," "lifetime," or "nonpermanent."
3. Section 5.3 Data Documentation, Control, and Validation, Section 5.3.1, Data Identification and Usage, states, All data shall be recorded so that they are clearly identifiable and traceable to the test, experiment, study, or other source from which they were generated. Identification and traceability of the data shall be maintained for the lifetime of the WIPP.

Block # 9

1. Procedure TPR-1657, Section 4.2.51, NOTE: Does not provide objective criteria for assessment of initial calibration curve acceptability.
2. Section 5.0 of procedure TPR-1657 lists the "TPR-1657 case file" as a permanent record, and the "GGT Logbook" as a nonpermanent record; however, these two records are the same document (the GGT logbook).
3. Electronic files are not generated and stored for the calibration check standards (Blank and 100ppm) performed at the start and end of sample analysis (procedure TPR-1646).

CORRECTIVE ACTION REPORT

1. CAR No.: 01-095	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>1</u>
4. Controlling Document: MCP-1803, Rev 13, Software Quality Assurance	5. CBFO Assessment Team Leader:	
6. Responsible Organization: : INEEL/BBWI	7. CAQ Was Discussed With: S. Slade & J. Whendon	
8. Requirement that was violated: MCP-1803, Section 4.2.2 – SCCB/Administrator/SE: Complete RWMC Form-094, Software Documentation Log Sheet, by adding the revision number and date, and filing this log sheet in the front of the appropriate logbook. MCP-1803, Section 4.2.2 ‘Application Software’- The revised software can not be released or used by operations until all software and qualification tests have been successfully performed, results evaluated, and any system/software operational changes have been incorporated into the affected Technical procedures.		
9. Condition Adverse to Quality: <ul style="list-style-type: none"> • The SWEPP Gamma-Ray analysis package (SGAP) V.050801 was released without testing on 11/2/00. • The Waste Assay Gamma-Ray Spectrometer (WAGS) program logic controllers for LN2 fill and conveyor/door were tested before the Software Requirements Specification (SRS) and Software Design Document (SDD) were approved. 		
10. Suggested Actions (Optional):		
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	
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>8/9/01</u>		
14. Response Due Date: <u>09/09/01</u> Corrective Action Plan Required: YES		
15. Concurrence: <u>Sea Chism</u> for Assessment Team Leader	<u>08/10/01</u> Date	<u>N/A</u> Responsible Assistant Manager Date
<u>Sea Chism</u> for Quality Assurance Manager	<u>08/10/01</u> 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: _____		
20. Closure: _____		
Quality Assurance Manager	Date	

CORRECTIVE ACTION REPORT

1. CAR No.: 01-096	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>1</u>																
4. Controlling Document: Hazardous Waste Facility Permit, Waste Analysis Plan		5. CBFO Assessment Team Leader: Samuel Vega																
6. Responsible Organization: : INEEL/BBWI		7. CAQ Was Discussed With: C. Brooks & S. Hailey																
<p>8. Requirement that was violated:</p> <p>Waste Analysis Plan, Section B4-2c Supplemental Acceptable Knowledge Information:</p> <p>The Generator Storage sites shall obtain supplemental acceptable knowledge information. The amount and type of supplemental information is site-specific and cannot be mandated, but sites shall collect information as appropriate to support required information. Adequacy of the supplemental information shall be assessed by the Permittees during audits. Sites will use this information to compile the acceptable knowledge written record. Supplemental acceptable knowledge documentation that may used in addition to required information specified, but not limited to, the following information:</p> <ul style="list-style-type: none"> • Analytical data relevant to the waste stream, including results from fingerprint analyses, spot checks, or routine sampling. This may also include new information acquired apart from the confirmatory process which supplements required information. 																		
<p>9. Condition Adverse to Quality:</p> <p>The radiochemical data used to support the TMU determination for inorganic and organic sludges is not included in the AK records at INEEL.</p>																		
10. Suggested Actions (Optional):																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;">11a. Significant CAQ</td> <td>(Yes or No): No</td> </tr> <tr> <td>11b. Work Suspension Recommended</td> <td>(Yes or No): No</td> </tr> <tr> <td>11c. CCA-Related</td> <td>(Yes or No): No</td> </tr> <tr> <td>11d. RCRA-Related</td> <td>(Yes or No): Yes</td> </tr> </table>			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): Yes								
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13. CAR Initiator: <u>Steven D. Calvert</u> Date: <u>8/9/01</u>																		
14. Response Due Date: <u>09/09/01</u> Corrective Action Plan Required: YES																		
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">15. Concurrence: <u>Lea Chism</u></td> <td style="width: 15%;"><u>08/10/01</u></td> <td style="width: 33%;"><u>N/A</u></td> <td style="width: 19%;"></td> </tr> <tr> <td>Assessment Team Leader</td> <td>Date</td> <td>Responsible Assistant Manager</td> <td>Date</td> </tr> <tr> <td><u>Lea Chism</u></td> <td><u>08/10/01</u></td> <td></td> <td></td> </tr> <tr> <td>Quality Assurance Manager</td> <td>Date</td> <td></td> <td></td> </tr> </table>			15. Concurrence: <u>Lea Chism</u>	<u>08/10/01</u>	<u>N/A</u>		Assessment Team Leader	Date	Responsible Assistant Manager	Date	<u>Lea Chism</u>	<u>08/10/01</u>			Quality Assurance Manager	Date		
15. Concurrence: <u>Lea Chism</u>	<u>08/10/01</u>	<u>N/A</u>																
Assessment Team Leader	Date	Responsible Assistant Manager	Date															
<u>Lea Chism</u>	<u>08/10/01</u>																	
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<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border-bottom: 1px solid black;"></td> <td style="width: 40%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center;">Assessment Team Leader</td> <td style="text-align: center;">Date</td> </tr> </table>					Assessment Team Leader	Date												
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