



ENVIRONMENTAL EVALUATION GROUP

 ENTERED

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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August 24, 2001



Dr. Inés Triay, Manager
Carlsbad Field Office
U. S. Department of Energy
P. O. Box 3090
Carlsbad, NM 88221-3090

Dear Dr. Triay:

Attached is the EEG observer report for the INEEL audit conducted July 30, 2001 through August 3, 2001.

Sincerely,

Matthew Silva
Director

BAW:ss
Enclosure

cc: Scott Monroe, EPA
Steve Zappe, NMED

010832





ENVIRONMENTAL EVALUATION GROUP

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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MEMORANDUM

DATE: August 15, 2001

TO: Matthew Silva, Director

FROM: Ben Walker, QA Specialist *BW*

SUBJECT: INEEL Re-certification Audit, 07/30/01 - 08/03/01

I observed the CBFO recertification audit of INEEL conducted July 30, 2001, to August 3, 2001, by a team of 17 auditors. Two DOE-HQ personnel were present as observers, NMED sent four observers, and the Idaho DEQ also was represented by an observer. The EPA performed a concurrent inspection utilizing two auditors. In order to put the entire INEEL WIPP waste characterization program on the same schedule for annual recertification audits, gas generation and solidified waste characterization efforts were also audited.

Seven draft CARs were initiated as a result of the audit, along with four observations and four recommendations (see attachment 1). There were also 10 deficiencies corrected during the audit (CDA). It appears that INEEL has not only greatly increased the size of its program and staff in the last year, but has also undergone substantive personnel turnover among the older staff; given these conditions, the results of this audit may be thought of as on the positive side. However, the draft CARs do indicate serious lapses in the corrective action, management assessment, and document review processes.

This audit was conducted almost wholly within a 3-day period (not including the opening and closing meetings), which is considerably shorter than the usual four or five days for a certification or recertification audit. However, I did not observe any lessening of audit quality or depth of inspection. This is in part due to the frequency of audits at the INEEL over the past few years, experience from which has been used to create a more efficient auditing process, but it is also due in part to the excellent preparatory activity performed by INEEL personnel.

Memo to Matthew Silva, Director
Page 2
August 15, 2001

Acceptable Knowledge (AK) CAR

To establish the “real” radiological source term for sludge drums, INEEL performed radiochemical sampling and analysis in the 1996-1998 time frame; these values were used as a correction factor for non-destructive assay (NDA) equipment, and for development of the total measurement uncertainty (TMU). However, this information was not included in the AK documentation, and this omission resulted in draft CAR G (see attached).

This incident is in many ways nearly identical to one from the April 24-28, 2000, debris waste recertification audit, in which INEEL NDA personnel had collected other data for confirmatory testing activities but the information had not been reported in AK documents (Concern #19 for that audit). That concern was initially presented as a draft CAR at the audit closeout, but apparently was later dropped from CAR consideration (no mention was made of the concern in the final audit report).¹ The concern was likely changed to a CDA; CDAs at that time were not recorded in CBFO audit reports. The current practice is to record CDAs in the audit reports. Had the concern remained a CAR it seems likely that root cause and investigative actions would have discovered this radiochemical data was not a part of AK, and draft CAR G would not have been necessary.

INEEL AK and Proposed Waste Characterization Changes

Studies at the INEEL have provided the basis for many of the waste characterization requirements for the WIPP, at least in part performed at the INEEL because the wastes in storage there were considered to be representative of the complex-wide retrievably-stored wastes. INEEL personnel also have as much experience with WIPP wastes and requirements as any generator/storage site in the DOE complex. I noted two specific statements during the interview of the INEEL AK experts which would seem to bear on the CBFO’s re-evaluation of waste characterization for the WIPP.

One statement was that INEEL “almost always” adds hazardous waste numbers (HWNs) to waste stream profile forms (WSPFs) after AK is developed, as a result of testing of drum contents. The draft RH-TRU Hazardous Waste Facility Permit (HWFP) modification² provided to the EEG as a part of the RSI peer review panel held during the same week as this audit does not indicate that the sort of testing--headspace gas sampling--of the drums that resulted in the addition of HWNs at the INEEL would take place for RH-TRU, as the only waste

¹“Audit Report of the Idaho Engineering & Environmental Laboratory, Audit Number A-00-06, April 24-28, 2000”

²“Draft Class 3 Permit Modification Request for Remote Handled Transuranic Mixed Waste”, Revision 1 (July 17, 2001, 10:00 a.m).

Memo to Matthew Silva, Director
Page 3
August 15, 2001

characterization methods described in the draft are AK, radiography, and visual examination (Section R-2 of the draft). Any proposed RH-TRU modification would seem to be better for including a requirement for some headspace gas sampling in order to establish the WSPF for the waste stream, and perhaps an occasional sample during staging for shipment to ensure that the population was uniform.

Another statement was that prohibited items were discovered in three or four drums out of every batch of 20, most of which are free liquids (the statement was probably meant to be for a specific waste stream). Free liquids are a possibility noted in the AK information for the waste stream, and hence it is not a non-conformance when these containers are found. These drums are designated as "treatment" drums in the INEEL database, and are tagged as such; the treatment will be performed at the Advanced Mixed Waste Treatment Facility currently under construction. AK personnel were unsure whether or not such drums were physically segregated from WIPP drums, but indicated a belief that they were not.

While the INEEL statement was not intended to be a statistically valid statement, it would appear that the frequency of finding prohibited items is often enough that the radiography/visual examination processes are essential to eliminating prohibited items from the waste. The draft RH-TRU HWFP modification request offers radiography and visual examination as a generator site elective, and then only on a statistical selection basis (Section R-2b of the draft). The modification would seem to need to require radiography or VE when the potential for prohibited items are indicated by the AK information.

Real-Time Radiography

The auditors observed part of a scan of a drum of solidified wastes, performed on the recently certified (April 2001) mobile RTR system. Even at maximum voltage the waste itself was opaque; however, the images from the periphery of the drum were clear and distinct—the operator was able to note a small amount of liquid (he estimated two tablespoons) apparently caught in a fold of the bag liner on the drum about a foot from the bottom. The operator's narration was excellent, and his examination of the drum was thorough.

At my request, the operator showed how he determined that a the drum liner was vented. The system apparently does not have the flexibility to show the opening itself, and the operators determine presence of the opening from structures and distortions of the liner lid that indicate the presence of a vent opening. While this process may be sufficient to verify that a vent hole exists, the indicators did not appear to be sufficient to establish the size of the vent opening.

A Class 2 modification of the drum age criteria (DAC) is currently under evaluation by the NMED, and the vent opening size is a major factor in the proposed changes to the DAC for most containers. The EEG's comments noted that it would be difficult to distinguish between the

Memo to Matthew Silva, Director
Page 4
August 15, 2001

various opening sizes using RTR. Since the INEEL mobile RTR system scans only from a horizontal position it clearly would not be able to verify or establish vent opening sizes without significant modification.

Another major part of the proposed revision to the DAC relates to the number of layers of confinement within a container. During review of data packages I chose at random the 20-drum lot numbered RTR 010022, from a debris waste stream. Though the first scan for drum IDRF0023100844 had been rejected, the scan data was still in the database; I noted that the original scan listed four layers of confinement, while the second scan noted only three. The mandatory replicate scan for this lot was performed on drum IDRF001901529, and it, too showed a discrepancy between the two scans (two layers on the original scan, three on the replicate scan). For this drum the technical supervisor indicated in a note that he agreed with the original scan, and that would undoubtedly be the number used to determine the DAC. When I mentioned the discrepancy an NMED observer pointed out to me that the replicate drum for the batch he was reviewing (batch RTR010151, drum # IDRF004101160) also differed on the number of confinement layers (three layers in the original, four in the replicate scan). The technical supervisor again indicated that he agreed with the original, less conservative, scan. While these data are more on the level of anecdotal information rather than a statistically valid sample, it does indicate that it is not an easy task to accurately ascertain the layers of confinement within a drum.

It is also unclear whether or not the technical supervisor reviews the tape of the drum scans prior to deciding which of the replicates should be used to determine the layers of confinement. For drum IDRF001901529 there were numerous other discrepancies, all of whom I would consider to be insignificant, on which the technical supervisor apparently established which value would be used. Unless the technical supervisor is looking at both scans before making decisions it might be more efficient to simply use the data from the original scan in all cases where the discrepancies are not significant enough to question the entire lot's data.

BAW:ss
Attachment

Attachment 1:

INEEL
DRAFT

CAQS

CORRECTIVE ACTION REPORT

1. CAR No.: A	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: TWCP MCP-2534, Rev. 5, Level 1 Surveillance, MCP-2992, Rev. 3, QA Program Surveillance & TWCP MCP-293, Rev 8		5. CBFO Assessment Team Leader:
6. Responsible Organization: : INEEL		7. CAQ Was Discussed With: T. Preston
8. Requirement that was violated: <ul style="list-style-type: none"> • MCP-2534, Rev. 5, Paragraph 4.3.9 – SQAQ: If corrective actions 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, Rev. 3, Paragraph 4.2.7 - SWAQ: <u>IF</u> corrective actions are required, <u>THEN</u> obtain Corrective Action Statement (Section B of RWMC Form-216) from the appropriate manager. • MCP-2992, Rev. 3, Paragraph 4.2.8 – SQAQ: <u>IF</u> corrective actions was required, <u>THEN</u> verify completion of the corrective action, close out the surveillance (Section C of RWMC Form-216) and notify the appropriate manager. • MCP-2993, Rev 8, Paragraph 4.5.4.1 – <u>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.</u> • MCP-2993, Rev8, Paragraph 4.5.5 – <u>FOR (SQAQ for SPO): Close the deficiency in ICARE.</u> 		
9. Condition Adverse to Quality: (See Continuation Sheet)		
10. Suggested Actions (Optional):		
11a. Significant CAQ (Yes or No): 11b. Work Suspension Recommended (Yes or No): 11c. CCA-Related (Yes or No): 11d. RCRA-Related (Yes or No):		
12. Types of Actions: Remedial: Investigative: ___ Root Cause: ___ Actions to Preclude Recurrence: ___		
13. CAR Initiator: _____ Date: _____		
14. Response Due Date: _____ Corrective Action Plan Required: YES NO		
15. Concurrence: _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Assessment Team Leader _____ Date </div> <div style="text-align: center;"> Responsible Assistant Manager _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Quality Assurance Manager _____ Date </div> </div>		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions: _____ Assessment Team Leader Date		
18. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
20. Closure: _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Quality Assurance Manager _____ Date </div> </div>		

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: A

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

1. Signature by the SQAQ 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 SQAQ 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.

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: B

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 8

- MCP-9179, Rev. 0, Paragraph 4.2.6 – 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.

- MCP-9179, Rev. 0, Paragraph 4.3.2 – 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.

- MCP-9179, Rev. 0, Paragraph 4.3.5 – 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.

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: C

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

- 1) Floor copy of Doe/Wipp 93-1001, Trupact-II operating and maintenance instructions did not have interim change 4, 5/24/01 posted. Interim changes 1, 2, and 3 were placed in the front pocket of the binder, but not posted, effectively, none of the interim changes had been implemented. Westinghouse TRU Solutions had sent INEEL an "Interim change 4 is imminent" (E-Mail) message and an "Interim change four is on the Net e-mail , both e-mails were received by INEEL.

CORRECTIVE ACTION REPORT

1. CAR No.: D	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</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:
6. Responsible Organization: : INEEL		7. CAQ Was Discussed With: S. Lee & R. Peterson
8. Requirement that was violated: NT-AP-08, Section 3.1 – Requires the QADR to ensure that the information entered into TRIPS matches the written data package.		
9. Condition Adverse to Quality: (See Continuation Sheet)		
10. Suggested Actions (Optional):		
11a. Significant CAQ (Yes or No): 11b. Work Suspension Recommended (Yes or No): 11c. CCA-Related (Yes or No): 11d. RCRA-Related (Yes or No):		
12. Types of Actions: Remedial: Investigative: ___ Root Cause: ___ Actions to Preclude Recurrence: ___		
13. CAR Initiator: _____ Date: _____		
14. Response Due Date: _____ Corrective Action Plan Required: YES NO		
15. Concurrence: _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Assessment Team Leader _____ Date </div> <div style="text-align: center;"> Responsible Assistant Manager _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="text-align: center;"> Quality Assurance Manager _____ Date </div> </div>		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions: _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Assessment Team Leader _____ Date </div> </div>		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
20. Closure: _____ <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> Quality Assurance Manager _____ Date </div> </div>		

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: D

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

Data is entered into TRIPS by QADR and ~~SQDR~~^{QADR} does review and release. In a review of 7 data packages (2 coring and 5 VE) there were 2 errors found.

CORRECTIVE ACTION REPORT

1. CAR No.: E	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: TPR-1657, Rev 1, Gas Generation Test System Chromatograph Three-Point Calibration & TPR-1646, Rev. 6, Gas Generation Test System Mobile Gas Analysis System Operation		5. CBFO Assessment Team Leader:
6. Responsible Organization: : INEEL		7. CAQ Was Discussed With: G. Grover
8. Requirement that was violated: TPR-1657, Section 4.2. TPR-1657, Section 5.0 – QAPD Section 1.5.2.2.A1 Generating QA Records & Section 1.5.2.6.D1 Storage, Preservation, Safekeeping, and Disposition of QA Records, Section 2.1.2.B Implementing Procedures		
9. Condition Adverse to Quality: (See Continuation Sheet)		
10. Suggested Actions (Optional):		
11a. Significant CAQ (Yes or No):		
11b. Work Suspension Recommended (Yes or No):		
11c. CCA-Related (Yes or No):		
11d. RCRA-Related (Yes or No):		
12. Types of Actions: Remedial: Investigative: ___ Root Cause: ___ Actions to Preclude Recurrence: ___		
13. CAR Initiator: _____ Date: _____		
14. Response Due Date: _____ Corrective Action Plan Required: YES NO		
15. Concurrence: _____ Date _____ Responsible Assistant Manager _____ Date _____		
<div style="display: flex; justify-content: space-between;"> Assessment Team Leader Date Responsible Assistant Manager Date </div> <div style="display: flex; justify-content: space-between;"> Quality Assurance Manager Date </div>		
16. Corrective Actions Proposed by the Responsible Organization: Use CAR Continuation Sheet		
17. Acceptance of Proposed Corrective Actions:		
<div style="display: flex; justify-content: space-between;"> _____ _____ </div> <div style="display: flex; justify-content: space-between;"> Assessment Team Leader Date </div>		
1. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____		
19b. Trend Cause Code: _____		
20. Closure: _____ Date _____		
<div style="display: flex; justify-content: space-between;"> Quality Assurance Manager Date </div>		

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: E

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

- 1) Section 4.2.51, NOTE: Does not provide objective criteria for assessment of the initial calibration curve acceptability.
- 2) Section 5.0 of the procedure lists the (TPR-1657 case file) as a permanent record and the "GGT Logbook" as two records are the same document.
- 3) An electronic file is not generated and stored for the calibration check (0-100ppm) performed at the start and of sample analysis.

CORRECTIVE ACTION REPORT

1. CAR No.: F	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document: MCP-1803, Rev 13, Software Quality Assurance	5. CBFO Assessment Team Leader:	
6. Responsible Organization: : INEEL	7. CAQ Was Discussed With: T. Brown & D. Lord	
8. Requirement that was violated: <ul style="list-style-type: none"> • MCP-1803, Section 4.7.2 – 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. 		
9. Condition Adverse to Quality: (See Continuation Sheet)		
10. Suggested Actions (Optional):		
11a. Significant CAQ	(Yes or No):	
11b. Work Suspension Recommended	(Yes or No):	
11c. CCA-Related	(Yes or No):	
11d. RCRA-Related	(Yes or No):	
12. Types of Actions: Remedial: Investigative: ___ Root Cause: ___ Actions to Preclude Recurrence: ___		
13. CAR Initiator: _____ Date: _____		
14. Response Due Date: _____ Corrective Action Plan Required: YES NO		
15. Concurrence:		
_____	_____	_____
Assessment Team Leader	Date	Responsible Assistant Manager
_____	_____	_____
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: _____		
20. Closure: _____		
Quality Assurance Manager	Date	

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: F

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

- 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 SRS and Software Design Document (SDD) were approved.

CORRECTIVE ACTION REPORT

1. CAR No.: G	2. Activity Report No.: A-01-14	3. Page <u>1</u> of <u>2</u>
4. Controlling Document:		5. CBFO Assessment Team Leader:
6. Responsible Organization: : INEEL		7. CAQ Was Discussed With: C. Brooks & S. Hailey
8. Requirement that was violated:		
9. Condition Adverse to Quality: (See Continuation Sheet)		
10. Suggested Actions (Optional):		
11a. Significant CAQ	(Yes or No):	
11b. Work Suspension Recommended	(Yes or No):	
11c. CCA-Related	(Yes or No):	
11d. RCRA-Related	(Yes or No):	
12. Types of Actions: Remedial: Investigative: ___ Root Cause: ___ Actions to Preclude Recurrence: ___		
13. CAR Initiator: _____ Date: _____		
14. Response Due Date: _____ Corrective Action Plan Required: YES NO		
15. Concurrence:		
_____	_____	_____
Assessment Team Leader	Date	Responsible Assistant Manager
_____	_____	_____
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: _____		
20. Closure: _____		
Quality Assurance Manager	Date	

CBFO CORRECTIVE ACTION REPORT

(continuation sheet)

1. CAR No.: G

2. Activity No.: A-01-14

3. Page 2 of 2

Block # 9

- The radiochemical data used to support the TMU determination for inorganic and organic sludges is not included in the AK records at INEEL.

INEEL AUDIT A-01-14

RECOMMENDATIONS: #4

1. VE personnel should ensure that VEE decisions are documented as such on the video/audio tape. Although these decisions are usually documented on the video/audio tape, there were some VEE decisions observed that were not attributed to the VEE.
2. Recommend that the second sentence in paragraph 4.7 be rewritten to provide clarification of the term "for all container sets". ^{what document?}
3. The SWEPP Pan Assay System uncertainty analysis (TMU) reports do not adequately reference the Radiochemistry Data utilized to support the TMU basis. It is recommended that a better method for providing references or a cross walk from the reports to the radiochemistry data that supports the data utilized in the reports be implemented!

Document review (TMU):

- SWEEP Pan Assay System uncertainty analysis – Active mode measurements of solidified aqueous sludge waste (inorganic). INEEL/EXT-97-01273, Rev 1, April 2000
- SWEEP Pan Assay System uncertainty analysis – Active mode measurements of organic setups sludge waist (organic). INEEL/EXT-2001-00324, Rev. 0, May 2001

Examples of Radiochemistry Data:

- Analytical Chemistry Laboratory TWCP Radiochemistry Data Report #ACL97020R, Rev 0 on June 2, 1999
- Analytical Chemistry Laboratory TWCP Radiochemistry Data Report #ACL97020U, Rev 0 on June 15, 1989

4. This procedure is no longer in use MCP 1803 is used instead.

• INEEL AUDIT A-01-14

OBSERVATIONS: #4

OBSERVATIONS WERE IDENTIFIED IN THE FOLLOWING AREAS:

1. There is no controlled document that indicate that a final evaluation of all the (AK) information associated with the waste stream has been accomplished. Document Action Request (DAR) has been written to clarify this procedure step.
2. SPO was unaware of the QA procedures being implemented at ANL-W. SPO informed the audit team ANL-W was implementing the SPO QA procedures the auditor discovered ANL-W is still using the ANL-W QA procedures. Better lines of communication need to be established ANL-W and SPO.
3. Several DVF operations checklists (Form-204) were examined and found to omit operation checks (complete). E.g., checker by RCT, forklift operator, and loose washer log check (Form-243). This shows an inattention to detail which could carry over to more serious/WAPP (specific) requirements at some later time.
4. EDF-363, Rev 17 indicates that 15000 containers of homogeneous solids will be RTR'd between Feb 4, 2001 and Feb 3, 2002. Appendix C of EDR-363, which indicates the number of containers required VE, has only been calculated out to 7000 containers undergoing RTR. INEEL demonstrated during the audit that the 46 containers requiring VE would be corrected for 7000 or 1500 containers, INEEL needs to ensure that Appendix C is expanded to be RTR'd in the next year.