

United States Government

Department of Energy

**memorandum**Carlsbad Field Office  
Carlsbad, New Mexico 88221

DATE: November 1, 2002

REPLY TO  
ATTN OF: CBFO:QA:DSM:GS:02-1945:UFC:2300.00

SUBJECT: Issuance of Corrective Action Reports 03-001 and 03-002

TO: Herbert M. Crapse, SR

The Carlsbad Field Office (CBFO) performed Audit A-03-01 of the Savannah River Site (SRS) on October 22-25, 2002. CBFO CARs 03-001 and 03-002 are attached.

Please document on the enclosed CAR Continuation Sheets 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) 234-7491.

Dennis S. Miehl  
Quality Assurance Specialist

## Attachment

## cc w/attachment:

A. Holland, CBFO \*ED  
 K. Watson, CBFO \*ED  
 B. Bennington, CBFO \*ED  
 M. Kokovich, SRS \*ED  
 D. Winters, DNFSB \*ED  
 E. Feltcorn, EPA \*ED  
 R. Joglekar, EPA \*ED  
 M. Eagle, EPA \*ED  
 S. Zappe, NMED \*ED  
 S. Webb, EEG \*ED  
 M. Mason, SRS \*ED  
 A. Pangle, CTAC \*ED  
 D. Haar, WTS \*ED  
 S. Peterman, WTS \*ED  
 F. Sharif, WTS \*ED  
 P. Roush, WTS  
 CBFO QA File  
 CBFO M&RC

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# CORRECTIVE ACTION REPORT

1. CAR No.: 03-001	2. Activity Report No.: A-03-01	3. Page <u>1</u> of
4. Controlling Document: HWFP WAP		5. CBFO Assessment Team Leader: Ava Holland
6. Responsible Organization: SRS/CP AK		7. CAQ Was Discussed With: Dutch Conrad, Dave Haar, Sue Petterman, Adela Cantu,
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. RCRA-Related (Yes or No): YES		
11d. Accelerated Corrective Action Required (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>R. Blauvelt/S. Calvert/S. Davis</u> Date: <u>10/25/02</u>		
14. Response Due Date: <u>11-15-02</u> Corrective Action Plan Required: YES Required Corrective Action Completion Date: <u>12-1-02</u>		
15. a. Concurrence: <u>[Signature]</u> <u>11-1-02</u> b. <u>N/A</u> <u>N/A</u> Assessment Team Leader Date Responsible Assistant Manager Date		
c. <u>[Signature]</u> <u>11/1/02</u> 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		
18. Verification of Corrective Action Completion: (Use CAR Continuation Sheet)		
19a. Verified By: _____ Name Date		
19b. Trend Cause Code: _____		
20. Closure: _____ Quality Assurance Manager Date		