DATE: February 20, 2003

REPLY TO ATTENTION: CBFO:QA:MLC:GS:03-0057:UFC 2300.00

SUBJECT: Surveillance Report S-03-08 of the CBFO Office of Program Support

TO: Ms. Barbara E. Smith, Assistant Manager, Office of Program Support

The Carlsbad Field Office (CBFO) conducted a surveillance of the CBFO, Office of Program Support on February 10-13, 2003.

The audit team concluded that, overall, the quality program was adequate, but it was not being satisfactorily implemented and was not effective. Eight (8) Corrective Action Reports have been provided under separate cover for resolution.

The CBFO audit report is attached.

If you have any questions or comments concerning this report, please contact me at (505) 234-7442.

M. Lea Chism
Quality Assurance Specialist

Attachment

cc: w/attachment
A. Holland, CBFO *ED
D. Winters, DNFSB *ED
E. Feltcorn, EPA *ED
M. Eagle, EPA *ED
S. Zappe, NMED *ED
B. Walker, EEG *ED
N. Frank, CTAC *ED
T. Bowden, CTAC *ED
P. Roush, WTS
CBFO QA File
CBFO M&RC
U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

SURVEILLANCE REPORT
OF THE
CARLSBAD FIELD OFFICE
OFFICE OF PROGRAM SUPPORT

CARLSBAD, NM

SURVEILLANCE NUMBER S-03-08

February 10-13, 2003

Prepared by: Lea Chism
Surveillance Team Leader

Approved by: Ava L. Holland
Quality Assurance Manager

Date: 02-20-03

Date: 2/21/03
1.0 EXECUTIVE SUMMARY
Carlsbad Field Office (CBFO) Surveillance S-03-08 was conducted to evaluate the continued adequacy, implementation, and effectiveness of activities within the Office of Program Support (OPS) for the period between January 1, 2002 and February 10, 2003. Ten concerns resulting in eight Corrective Action Reports (CARs), discussed in Section 6.0, were identified during the surveillance. No conditions adverse to quality were corrected during the surveillance. No Observations and no Recommendations are offered for CBFO management consideration.

2.0 SCOPE
Carlsbad Field Office (CBFO) Surveillance S-03-08 was conducted to evaluate the continued adequacy, implementation, and effectiveness of activities within the OPS for the period between January 1, 2002 and February 10, 2003. The specific activities evaluated were:

- Quality Levels
- Personnel Qualification and Training
- Corrective Action
- Procurement
- Document Control
- Records
- Surveillances

SURVEILLANCE TEAM
Lea Chism     Surveillance Team Leader, CBFO
Norman Frank  Surveillance Team Member, CTAC
Jack Walsh    Surveillance Team Member, CTAC

4.0 SURVEILLANCE PARTICIPANTS
Personnel contacted during the surveillance are identified in Attachment 1.

5.0 SUMMARY OF SURVEILLANCE RESULTS
Each area evaluated during this surveillance is discussed below. A summary table for the results of the evaluation of each Management Procedure is provided in Attachment 2. Corrective Action Reports (CARs) are discussed in Section 6.0.

5.1 Quality Levels
MP 1.2 was evaluated by reviewing the completed Determination of Quality Level Questionnaires (DQLQs) and by interviewing personnel involved in the preparation of the DQLQs. Numerous deficiencies were noted during the surveillance, which were documented on CAR 03-028. The quality level determination process was determined to be marginally adequate, unsatisfactorily implemented, and not effective.
5.2 Personnel Qualification and Training

Through interviews with CBFO personnel it was determined that no evidence is available at CBFO to support the requirements delineated in MP 2.1, Rev. 1, *Personnel Qualification and Training*, that personnel within the OPS have been properly trained and/or qualified. CAR 03-033 was written to correct these discrepancies. The training area was determined to be inadequate, unsatisfactorily implemented, and not effective.

5.3 Corrective Action

Two previously issued CARs were reviewed, and the corrective action process was evaluated

**MP 3.1:** The corrective action process was evaluated by reviewing the training of OPS personnel and the processing of the two CARs issued for response from OPS. The training and the processing of CARs by OPS met procedure requirements. The corrective action process was determined to be adequate, implemented, and effective.

**CAR 01-041:** The corrective actions for this CAR were reviewed using a separate checklist. All corrective actions have been completed, and it will be recommended for closure.

**CAR 02-053:** The corrective actions for this CAR were reviewed using a separate checklist. The scheduled completion date is April 4, 2003, and the corrective actions have not been completed. The corrective actions will be re-evaluated after notification that all the corrective actions have been completed.

5.4 Procurement

The procurement process delineated in MP 7.1 was evaluated using interviews and review of objective evidence. CAR 02-053 had been written against the procurement process because MP 7.1 did not address procurement of hardware, yet truck trailers had been directly procured. MP 7.1 was being implemented for services, with one exception described in CAR 03-034. Overall the procurement process was determined to be inadequate with insufficient information to determine implementation and effectiveness.

5.5 Document Control

The document control process delineated in MP 4.1, MP 4.2, and MP 4.4 was reviewed using interviews and review of objective evidence. Document Review Forms were not being completed as required by MP 4.4. This deficiency was documented in CAR 03-035. Overall the document control process was determined to be adequate, implemented and effective.

5.6 Records

The records control process delineated in MPs 4.5, 4.6, 4.7, 4.8, and 4.9 were evaluated using interviews and review of objective evidence. CARs 03-029, 03-030,
03-031, and 03-032 were issued to correct the identified discrepancies. The records area was determined to be adequate, unsatisfactorily implemented, and not effective.

5.7 Surveillances

There have been no surveillances conducted or scheduled by the OPS. This area was determined to be adequate but with insufficient information to determine implementation and effectiveness.

6.0 CORRECTIVE ACTION REPORTS, CORRECTED DURING THE SURVEILLANCE, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

Eight Corrective Action Reports were prepared as a result of this surveillance.

CAR 03-028: The Determination of Quality Level Questionnaires (DQLQs) were not being accurately completed as required by MP 1.2. Errors were found is all 27 reviewed. Examples of errors are:

1. Thirteen were marked "N/A" for "Prepared by Responsible Team Leader"
2. Two had required "QA review", but the signature was in the wrong place
3. 23 had no required "QA review" signature
4. 24 had no "CBFO Manager" signature
5. Three were lined through but not initialed and dated
6. One was correctly changed from "No" to "Yes" regarding questions on activity performed, but the Quality Level (QL) listing was not changed to reflect this. It had "QL 2" and should have been changed to "QL 1"

CAR 03-029: Document Review Records are not being completed as required by MP 4.5 and MP 4.2. Blank spaces have not been filled in on ten document review records for MP 1.2; on five document review records for MP 3.1; and on four document review records for MP 5.2. The document action request and the review/approval matrix were missing from the records files for MP 5.3 and MP 4.11.

CAR 03-030: Temporary records are not being controlled as set forth in MP 4.7. There is no evidence that the following requirements are being met: (1) Records Coordinators (RCs) review RIDS every 12 months to identify temporary records, (2) RCs inform their manager of records having expired retention records, and (3) Assistant Managers send written request for concurrence to the Chief Information Officer to dispose of temporary records.

CAR 03-031: There was no evidence that records coordinators for the Office of the Manager; Office of Program Support; Office of Regulatory Compliance; Office of National TRU Programs; Office of Development and Research and Office of Safety and Operations are implementing the following requirements of MP 4.8: 5.1.4 and 5.2 through 5.6.

CAR 03-032: Records are not identified as quality assurance records in MP 4.6, MP 4.7, MP 4.8, MP 4.9, and MP 5.3. These records are required by MP 4.9, R1,
Paragraph 5.1.1A, 5.4.3, and 5.4.4 to be identified in the appropriate Management Procedure. In addition, procurement QA records are not listed on the RIDS maintained by the Records Coordinator for the OPS.

CAR 03-033: There is no evidence available at CBFO to show that personnel within the Office of Program Support have been properly trained and/or qualified as required by the QAPD, Section 1.2.2 and MP 2.1, Sections 1.0 and 2.0.

CAR 03-034: The "procurement document routing sheet" was not used for the task order, DE-AT04-02AL68088. Thus, the statement required by Section 5.2 of MP 7.1 was not included, and there was no evidence of QA review.

CAR 03-035: The review/approval matrix and document review records (DRRs) are not being completed as required by MP 4.2 and MP 4.4. For Revision 4 of the Functions, Responsibilities, and Authorities Manual (FRAM) nine people listed on the review/approval matrix did not provide comments in any form. There were no DRRs annotated with "No Comments" and signed by the reviewers in the record file. Two other reviewers had provided comments via email and a red lined/strikeout copy. There was no evidence that these reviewers' comments had been resolved and accepted by the reviewers.

6.2 Corrected During the Surveillance

No minor deficiencies requiring only remedial corrective action were identified during the surveillance.

6.3 Observations

No Observations were identified during the surveillance.

6.4 Recommendations

No Recommendations were identified during the surveillance for management consideration.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Surveillance
Attachment 2: Summary Table of Surveillance Results
<table>
<thead>
<tr>
<th>NAME</th>
<th>TITLE/ORG</th>
<th>ENTRANCE MEETING</th>
<th>CONTACTED DURING SURVEILLANCE</th>
<th>EXIT MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivian Allen</td>
<td>L&amp;M Technologies/Document Services</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Al Alonen</td>
<td>L&amp;M Technologies/PRS/Supervisor</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Stanley Colt</td>
<td>Contracts Administration Team/CBFO</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Patricia Crockett</td>
<td>Program Analyst and Training Coordinator/CBFO</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Donna Eavenson</td>
<td>OPS Secretary/CBFO</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Alberta Farmer</td>
<td>L&amp;M Technologies/PRS/Records Clerk</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Michael Fox</td>
<td>PRS Manager/L&amp;M/Manager</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ava Holland</td>
<td>CBFO QA Manager</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Freida Huckeba</td>
<td>Planning &amp; Budget/CBFO</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Harold Johnson</td>
<td>NEPA Compliance Officer/CBFO</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Dennis S. Miehls</td>
<td>Assessment Analyst/CBFO</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Meg Milligan</td>
<td>Chief Information Officer/CBFO</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Barbara Smith</td>
<td>Assistant Manager/CBFO</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Rita Smotherman</td>
<td>Contracts Administration Team/CBFO</td>
<td>X</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Diane Snow</td>
<td>Contracts Administration Team/CBFO</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Inés Triay</td>
<td>CBFO Manager</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Ben Walker</td>
<td>Observer/EEG</td>
<td></td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Katie Williams</td>
<td>L&amp;M Technologies/PRS/Records Clerk</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>CBFO Procedure</td>
<td>Title</td>
<td>Adequacy</td>
<td>Implementation</td>
<td>Effectiveness</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------------------------------------------------</td>
<td>----------</td>
<td>----------------</td>
<td>---------------</td>
</tr>
<tr>
<td>MP 1.2</td>
<td>Selection of Quality Levels</td>
<td>M</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>MP 2.1</td>
<td>Personnel Qualification and Training</td>
<td>U</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>MP 3.1</td>
<td>Corrective Action Reporting</td>
<td>A</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>MP 4.1</td>
<td>Preparation and Maintenance of CBFO Procedures</td>
<td>A</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>MP 4.2</td>
<td>Document Review</td>
<td>A</td>
<td>M</td>
<td>M</td>
</tr>
<tr>
<td>MP 4.4</td>
<td>Document Preparation and Control</td>
<td>A</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>MP 4.5</td>
<td>Generating, Receiving, Storing, and Controlling Active CBFO Project Records</td>
<td>A</td>
<td>M</td>
<td>S</td>
</tr>
<tr>
<td>MP 4.6</td>
<td>Records Filing, Inventorying, Scheduling, and Dispositioning</td>
<td>A</td>
<td>S</td>
<td>S</td>
</tr>
<tr>
<td>MP 4.7</td>
<td>Disposal of Temporary Records</td>
<td>A</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>MP 4.8</td>
<td>Records Transfer and Retrieval</td>
<td>A</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>MP 4.9</td>
<td>Quality Assurance Records</td>
<td>A</td>
<td>U</td>
<td>U</td>
</tr>
<tr>
<td>MP 7.1</td>
<td>QA Requirements for Procurement of Services</td>
<td>U</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td>MP 10.2</td>
<td>Surveillances</td>
<td>A</td>
<td>I</td>
<td>I</td>
</tr>
<tr>
<td><strong>Overall Results</strong></td>
<td></td>
<td>A</td>
<td>U</td>
<td>U</td>
</tr>
</tbody>
</table>

A = Adequate  
S = Satisfactory  
M = Marginal  
U = Unsatisfactory  
I = Indeterminate