



Department of Energy
 Carlsbad Field Office
 P. O. Box 3090
 Carlsbad, New Mexico 88221
 October 17, 2003



Mr. Dave Haar
 Washington TRU Solutions, LLC
 P.O. Box 2078
 Carlsbad, NM 88221-2078

Subject: Issuance of Corrective Action Reports Initiated During Audit A-04-04

Dear Mr. Haar:

The Carlsbad Field Office performed Audit A-04-04 of the NTS/CCP, on October 6-9, 2003. Corrective Action Reports (CARs) 04-003 and 04-004 are enclosed.

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) 234-7483.

Sincerely,


 Martin P. Navarrete
 Quality Assurance Specialist

Enclosure(s)

- cc: w/enclosures
- A. Holland, CBFO *ED
- D. Miehl, CBFO *ED
- K. Watson, CBFO *ED
- T. Harms, DOE/HQ *ED
- A. Colarusso, NTS *ED
- B. Walker, EEG *ED
- S. Holmes, NMED *ED
- F. Sharif, WTS *ED.
- T. Hedahl, WTS *ED
- A.J. Fisher, WTS *ED
- S. Rose, WTS *ED
- A. Pangle, CTAC *ED
- P. Rodriguez, CTAC*ED
- K. Dunbar, WRES
- CBFO QA File
- CBFO M&RC

*ED denotes electronic distribution
 CBFO:QA:MPN:GS:03-2916:UFC 2300.00



CORRECTIVE ACTION REPORT

| | | |
|--|--|---------------------------------------|
| 1. CAR No.: 04-003 | 2. Activity Report No.: A-04-04 | 3. Page <u>1</u> of <u> </u> |
| 4. Controlling Document: CCP-TP-029, Section 2.3.16 [c] | 5. CBFO Assessment Team Leader: D. S. Michis ^{MDL 10-17-03} <u>M.P. NAVARRETE</u> | |
| 6. Responsible Organization: NTS/CCP | 7. CAQ Was Discussed With: C. Fesmire | |
| 8. Requirement that was violated: CCP-TP-029, Section 2.3.16 [c] states that "All gas standards shall be replaced according to supplier's specified expiration date". | | |
| 9. Condition Adverse to Quality: During the Headspace Gas Sampling and Analysis process an On-line Control Sample (OSC) gas cylinder (certified gas standard) was used past the expiration date as noted on certificate of analysis. (Reference cylinder ALM 067164) | | |
| 10. Suggested Actions (Optional): | | |
| 11a. Significant CAQ | (Yes or No): No | |
| 11b. Work Suspension Recommended | (Yes or No): No | |
| 11c. RCRA-Related | (Yes or No): No | |
| 11d. Accelerated Corrective Action Required | (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>B.J. Verret / Porf Martinez</u> Date: <u>10/09/03</u> | | |
| 14. Response Due Date: <u>11-17-03</u> Corrective Action Plan Required: YES Required Corrective Action Completion Date: <u>N/A</u> | | |
| 15. a. Concurrence: <u>M.P. Navarrete</u> | <u>10-17-03</u> | b. <u>N/A</u> |
| Assessment Team Leader | Date | Responsible Assistant Manager Date |
| c. <u>N/A</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 |

CORRECTIVE ACTION REPORT

| | | |
|---|---|---------------------------------|
| 1. CAR No.: 04-004 | 2. Activity Report No.: A-04-04 | 3. Page <u>1</u> of <u> </u> |
| 4. Controlling Document: DOE/WIPP-02-3122, Section A-4.2, page A-12 | 5. CBFO Assessment Team Leader: M.P. Navarrete | |
| 6. Responsible Organization: NTS/CCP | 7. CAQ Was Discussed With: C. Fesmire, J. Franco, D. Harr | |
| 8. Requirement that was violated: DOE/WIPP-02-3122, Section A-4.2, Table A-4.2, page A-12, requires that the following occur in response to a 3 σ failure of a performance measurement: NDA work on the affected instrument shall; the occurrence shall be documented (e.g., an NCR shall be initiated); and, a recalibration or calibration verification shall be performed prior to returning the system to service. | | |
| 9. Condition Adverse to Quality: The NTS SGS had a 3 σ failure in the 10-15-02 daily performance check. The required response was not taken and the NCR was initiated 4 months later. The actions taken ensured some level of measurement control, however, the NDA operator appears to have been unaware of the requirements for calibration verification in DOE/WIPP-02-31222. | | |
| 10. Suggested Actions (Optional): | | |
| 11a. Significant CAQ (Yes or No): No 11b. Work Suspension Recommended (Yes or No): No 11c. RCRA-Related (Yes or No): No 11d. Accelerated Corrective Action Required (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>Patrick Kelly</u> Date: <u>10/09/03</u> | | |
| 14. Response Due Date: <u>11-17-03</u> Corrective Action Plan Required: YES Required Corrective Action Completion Date: <u>N/A</u> | | |
| 15. a. Concurrence: <u>M.P. Navarrete</u> <u>10-17-03</u> b. <u>N/A</u> Assessment Team Leader Date Responsible Assistant Manager Date c. <u>N/A</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: _____ Date _____ Name Date | | |
| 19b. Trend Cause Code: _____ | | |
| 20. Closure: _____ Date _____ Quality Assurance Manager Date | | |

INSTRUCTIONS FOR PROVIDING CORRECTIVE ACTION RESPONSE

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office

CAR NO: _____
PAGE _____ OF _____

INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION RESPONSE TO A CAR ADDRESSING A CONDITION ADVERSE TO QUALITY

You are requested to provide a corrective action in response to this corrective action report (CAR) by the due date identified in block 14 of the CAR. If this date cannot be met, provide a written request for extension to the assessment team leader (block 5). This request must include justification for the delay and must be provided prior to the due date.

The response shall address the corrective actions indicated in block 12. As appropriate, develop the response in accordance with the following sequence and format:

In order to develop the CAR response, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The response shall include the following information, as appropriate to block 12.

1. Corrective action response for CAR # _____
 - A. **Remedial Action**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Extent and Impact of the Deficiency**-Describe the investigative actions performed to determine the extent and impact of the condition and the results. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
 - C. **Root Cause Determination**-Identify the root cause of the condition as determined through investigative action.
 - D. **Corrective Action to Preclude Recurrence**-Identify the actions required to address the root cause of the condition in order to preclude recurrence.
2. For each action above, identify the individual assigned responsibility for completion of the action and the anticipated (or actual, if complete) completion date.
3. The response must identify the individual having the overall responsibility for completion of the corrective actions.