

United States Government



Department of Energy

memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: July 1, 2008

REPLY TO
ATTN OF: CBFO:QA:MPN:KBS:08-0366:UFC 2300.00

SUBJECT: Issuance of Corrective Action Reports 08-031 through 08-035 from Audit A-08-18 of Hanford Transuranic Waste Characterization Program

TO: Mark French, DOE-RL

The Carlsbad Field Office (CBFO) performed Audit A-08-18 of the Hanford Transuranic Waste characterization activities June 16 – 20, 2008. The resulting CBFO Corrective Action Reports (CARs) 08-031 through 08-035 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 concerning the audit, please contact me at (575) 234-7483.

Martin P. Navarrete
Senior Quality Assurance Specialist

Enclosure

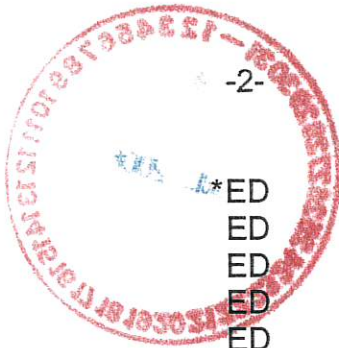
080701



Mark French

July 1, 2008

-2-



- cc: w/attachment
- A. Holland, CBFO ED
- N. Castaneda, CBFO ED
- D. Gadbury, CBFO ED
- C. Fesmire, CBFO ED
- R. Dunn, Hanford ED
- S. Huggins, Hanford ED
- K. McDonald, Hanford ED
- S. Hailey, Hanford ED
- J. Hale, Hanford ED
- K. Kover, Hanford ED
- M. Horhota, Hanford ED
- E. Greager, Hanford ED
- M. Eagle, EPA ED
- E. Feltcorn, EPA ED
- R. Joglekar, EPA ED
- S. Ghose, EPA ED
- S. Zappe, NMED ED
- S. Holmes, NMED ED
- T. Kesterson, DOE OB WIPP NMED ED
- D. Winters, DNFSB ED
- P. Gilbert, LANL-CO ED
- G. Lyshik, LANL-CO ED
- A. Pangle, CTAC ED
- A.E. Bradford, CTAC ED
- P.Y. Martinez, CTAC ED
- P. Martinez, CTAC ED
- S. Calvert, CTAC ED

WIPP Operating Record, MS: 452-09

CBFO QA File

CBFO M&RC

*ED denotes electronic distribution

CORRECTIVE ACTION REPORT

1. CAR No.: 08-031	2. Activity Report No.: A-08-18	3. Page 1 of 3
4. Controlling document: HNF-2599	5. CBFO Assessment Team Leader: M. Navarrete	
6. Responsible organization: Hanford	7. CAQ was discussed with: S. Hailey	
8. Requirement that was violated: HNF-2599, Section B1-3, "Containers whose contents prevent full examination of the remaining contents shall be subject to visual examination unless the site certifies that visual examination would provide no additional relevant information for that container based on the acceptable knowledge information for the waste stream. Such certification will be documented in TRU Project records.		
9. Condition Adverse to Quality (CAQ): Contents of drum RHZ-301-A14938 (MPFPD waste stream) were mixed with contents of drum RH-A-88-023. Both drums were moved to the CSWOC (now called RLSWOC) waste stream. The AK provided was the original contents inventory sheets for drum RH-A-88-023, dated March 9, 1989. No documentation was provided to identify contents of drum RH-A-88-023 after repackaging (July 13, 2005). Certification that visual examination would provide no additional relevant information for that container based on the acceptable knowledge information was not documented.		
10. Suggested actions (Optional):		
11a. Significant CAQ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11b. Work Suspension recommended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. RCRA related? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11d. Accelerated corrective action required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		12. Type of actions required: Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Root Cause Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13a. Trend Code: RT-06	13b. CAR Initiator: <u>Porf Martinez by Karen Gajdoski</u> Date: <u>6/30/08</u> (printed name) Karen Gajdoski/Porf Martinez	
14a. Response due date: <u>7-16-08</u>		
14b. Required corrective action completion date: <u>7-31-08</u>		
15. Concurrence:		
a. Assessment Team Leader: <u>Martin Navarrete</u>		Date: <u>6-30-08</u>
(printed name) <u>MARTIN NAVARRETE</u>		
b. CBFO Quality Assurance Manager (if applicable): <u>Ava L Holland</u>		Date: <u>7/1/08</u>
(printed name) <u>AVA L HOLLAND</u>		
16. Acceptance of Proposed Corrective Actions: _____		Date: _____
(printed name)		
17. Acceptance of Corrective Action Completion: _____		Date: _____
(printed name)		
18. Closure: _____		Date: _____
(printed name)		

CAR CONTINUATION SHEET

1. CAR No: 08-031

2. Activity No: A-08-18

3. Page 2 of 3

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

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

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

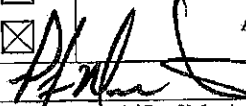
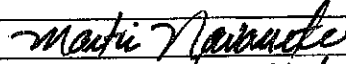
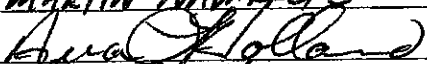
The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, 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 plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 08-031
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. 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 actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective 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.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 08-032	2. Activity Report No.: A-08-18	3. Page 1 of 3
4. Controlling document: HNF-2599	5. CBFO Assessment Team Leader: M. Navarrete	
6. Responsible organization: Hanford	7. CAQ was discussed with: S. Hailey	
8. Requirement that was violated: HNF-2599, Section B1-3, "Containers whose contents prevent full examination of the remaining contents shall be subject to visual examination unless the site certifies that visual examination would provide no additional relevant information for that container based on the acceptable knowledge information for the waste stream. Such certification will be documented in TRU Project records.		
9. Condition Adverse to Quality (CAQ): SWB 0013137, BDR WR-TB-2007-250, was rejected because of liquid in an open ended hose. NCR 07-NCR-129 was initiated to address the presence of the liquid and dispositioned as "use-as-is", based upon the liquid being less than 1% of the container volume. The 1% determination was based upon the total volume of the container. In addition to the liquid, there was an impenetrable item that was not identified in the NCR. With the presence of the impenetrable item, there is a possibility that the impenetrable item could mask the presence of additional liquid.		
10. Suggested actions (Optional): 		
11a. Significant CAQ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11b. Work Suspension recommended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12. Type of actions required: Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Root Cause Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11c. RCRA related? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	11d. Accelerated corrective action required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	13a. Trend Code: RT-06	13b. CAR Initiator:  (printed name) Karch Gaydosch/ Porf Martinez Date: 6/24/08
14a. Response due date: 7-11-08		
14b. Required corrective action completion date: 7-31-08		
15. Concurrence:		
a. Assessment Team Leader:  (printed name) MARTIN NAVARRETE	Date: 6-30-08	
b. CBFO Quality Assurance Manager (if applicable):  (printed name) AVA L HOLLAND	Date: 7/1/08	
16. Acceptance of Proposed Corrective Actions: _____ (printed name) _____		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name) _____		Date: _____
18. Closure: _____ (printed name) _____		Date: _____

CAR CONTINUATION SHEET

1. CAR No: 08-032	2. Activity No: A-08-18	3. Page <u>2</u> of <u>3</u>

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

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

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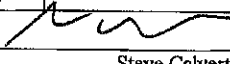
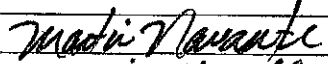
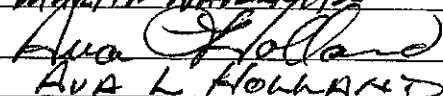
The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, 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 plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 08-032
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. 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 actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective 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.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 08-033	2. Activity Report No.: A-08-18	3. Page 1 of 3
4. Controlling document:	5. CBFO Assessment Team Leader: M. Navarrete	
6. Responsible organization: Hanford	7. CAQ was discussed with: Rick Dunn, Kent McDonald, Mike Horhota	
8. Requirement that was violated: The Hanford Waste Certification Plan, HNF-2600, Rev. 22, Para. 5.1, states in part, "The organizational structure and responsibility assignments shall be sure that: Quality achievement is verified by personnel or organizations that are not directly responsible for performing the work."		
9. Condition Adverse to Quality (CAQ): The Quality Assurance Manager, as well as other QA personnel, have been reviewing and approving BDRs as the designated Site Project Manager (SPM)		
10. Suggested actions (Optional):		
11a. Significant CAQ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11b. Work Suspension recommended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. RCRA related? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11d. Accelerated corrective action required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		12. Type of actions required: Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Root Cause Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13a. Trend Code: QA-06	13b. CAR Initiator:  (printed name) Steve Calvert	Date: 6/25/08
14a. Response due date: 7-24-08		
14b. Required corrective action completion date:		
15. Concurrence:		
a. Assessment Team Leader:  (printed name) MARTIN NAVARRETE		Date: 6-30-08
b. CBFO Quality Assurance Manager (if applicable):  (printed name) AVA L. HOLLAND		Date: 7/1/08
16. Acceptance of Proposed Corrective Actions: (printed name)		Date:
17. Acceptance of Corrective Action Completion: (printed name)		Date:
18. Closure: (printed name)		Date:

CAR CONTINUATION SHEET

1. CAR No: 08-033

2. Activity No: A-08-18

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

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

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In order to develop the corrective action plan, 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 plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 08-033
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
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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.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 08-034	2. Activity Report No.: A-08-18	3. Page 1 of 3												
4. Controlling document: LA-523-426	5. CBFO Assessment Team Leader: M. Navarrete													
6. Responsible organization: Hanford	7. CAQ was discussed with: J. Hale / K. Kover													
8. Requirement that was violated: <ul style="list-style-type: none"> LA-523-426, "Determination of Permanent Gases in TRU Waste Container Headspace", states the following: <ul style="list-style-type: none"> • Section 6.0, Quality Control Protocol: "Table 3 provides a summary of laboratory control samples and frequencies and defines when corrective action is required." • Table 3: "Method performance samples (minimum frequency) seven (7) samples initially and four (4) semiannually." • Section 6.2.3, MDL determination: "(Note) MDLs may also be used as method performance samples." • Section 4.1, Prerequisites: "Method performance samples shall be analyzed initially and repeated semiannually." 														
9. Condition Adverse to Quality (CAQ): Hanford analyst did not analyze the MDL/Method performance samples for hydrogen/methane in accordance with Procedure LA-523-426. The last analysis was performed on June 14, 2007. The frequency, which is once every 6 months, was not maintained. There is no upper tier requirement for performance of this task.														
10. Suggested actions (Optional):														
11a. Significant CAQ? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11b. Work Suspension recommended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. RCRA related? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11d. Accelerated corrective action required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12. Type of actions required: <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Remedial?</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Investigative?</td> <td>Yes <input checked="" type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> <tr> <td>Root Cause Analysis?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> <tr> <td>Actions to Preclude Recurrence?</td> <td>Yes <input type="checkbox"/></td> <td>No <input checked="" type="checkbox"/></td> </tr> </table>		Remedial?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Investigative?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	Root Cause Analysis?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Actions to Preclude Recurrence?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Remedial?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>												
Investigative?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>												
Root Cause Analysis?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
Actions to Preclude Recurrence?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>												
13a. Trend Code: TR-01	13b. CAR Initiator: <u>Earl Bradford for</u> (printed name) Mavis Lin / Prissy Martinez	Date: <u>6/30/08</u>												
14a. Response due date: <u>7-28-08</u>														
14b. Required corrective action completion date: <u>N/A</u>														
15. Concurrence:														
a. Assessment Team Leader: <u>Martin Navarrete</u> (printed name) MARTIN NAVARRETE		Date: <u>6-30-08</u>												
b. CBFO Quality Assurance Manager (if applicable): <u>N/A</u> (printed name)		Date: _____												
16. Acceptance of Proposed Corrective Actions: _____		Date: _____												
(printed name) _____		Date: _____												
17. Acceptance of Corrective Action Completion: _____		Date: _____												
(printed name) _____		Date: _____												
18. Closure: _____		Date: _____												
(printed name) _____		Date: _____												

CAR CONTINUATION SHEET

1. CAR No: 08-034

2. Activity No: A-08-18

3. Page 2 **of** 2 .

1. CAR No: 08-034	2. Activity No: A-08-18	3. Page <u>2</u> of <u>2</u> .

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

**INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
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The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, 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 plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 08-034
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. 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 actions.
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3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 08-035	2. Activity Report No.: A-08-18	3. Page 1 of 3
4. Controlling document: Hanford QAP, HNF 2599		5. CBFO Assessment Team Leader: M. Navarrete
6. Responsible organization: Hanford		7. CAQ was discussed with: Eric Greager
8. Requirement that was violated: HNF 2599, Section B1-4: States in part, "Visual examination personnel shall be requalified once every two years."		
9. Condition Adverse to Quality (CAQ): Procedure WMP-400, Section 1.2.2, does not require VET personnel to be requalified every two years. There is no objective evidence that VET personnel are being requalified on a 2-year cycle. In addition, the appointed VEE person has not performed VE in the facility identified for three years. Note: HNF-2599, Section B1-4, states in part, "VE personnel are requalified once every two years."		
10. Suggested actions (Optional):		
11a. Significant CAQ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11b. Work Suspension recommended? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. RCRA related? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11d. Accelerated corrective action required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		12. Type of actions required: Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Root Cause Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13a. Trend Code: VE-04	13b. CAR Initiator: <u>Rhett Bradford / Jimmy Wilburn</u> <small>(printed name)</small>	Date: <u>6-30-08</u>
14a. Response due date: <u>7-11-08</u>		
14b. Required corrective action completion date: <u>7-31-08</u>		
15. Concurrence:		
a. Assessment Team Leader: <u>Martin Navarrete</u> <small>(printed name)</small> MARTIN NAVARRETE		Date: <u>6-30-08</u>
b. CBFO Quality Assurance Manager (if applicable): <u>Ava L. Holland</u> <small>(printed name)</small> AVA L. HOLLAND		Date: <u>7/1/08</u>
16. Acceptance of Proposed Corrective Actions: _____ <small>(printed name)</small>		Date: _____
17. Acceptance of Corrective Action Completion: _____ <small>(printed name)</small>		Date: _____
18. Closure: _____ <small>(printed name)</small>		Date: _____

CAR CONTINUATION SHEET

1. CAR No: 08-035	2. Activity No: A-08-18	3. Page <u>2</u> of <u>3</u> .

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
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1. Corrective action response for CAR # 08-035
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. 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 actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective 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.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.