



Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
August 13, 2008



Mr. David H. Haar
Washington TRU Solutions
P.O. Box 2078
Carlsbad, NM 88220

Subject: Issuance of Corrective Action Report 08-036 from Audit A-08-24, Argonne National Laboratory Central Characterization Project Remote Handled Waste

Dear Mr. Haar:

The Carlsbad Field Office (CBFO) performed Audit A-08-24 of the Argonne National Laboratory (ANL) Central Characterization Project (CCP) remote-handled (RH) waste characterization activities August 5 - 7, 2008. CBFO Corrective Action Report (CAR) 08-036 is enclosed.

On the enclosed CAR continuation sheet please document your proposed corrective actions and a schedule for their completion. The due date for submittal of the proposed corrective actions and schedule is August 23, 2008.

If you have any questions or comments, please contact me at (575) 234-7491.

Sincerely,

Dennis S. Miehls
Senior Quality Assurance Specialist

Enclosure



Mr. David H. Haar

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August 13, 2008

cc: w/enclosure

A. Holland, CBFO	*ED
M. Navarrete, CBFO	ED
D. Gadbury, CBFO	ED
J. R. Stroble, CBFO	ED
C. Fesmire, CBFO	ED
N. Castaneda, CBFO	ED
D. Ploetz, WTS/CCP	ED
L. Porter, WTS/CCP	ED
V. Cannon, WTS/CCP	ED
A. Fisher, WTS/CCP	ED
M. Walker, WTS/CCP	ED
J. Hoff, WTS	ED
M. Mullins, WTS	ED
D. Dietzel, DOE-CH	ED
K. Joshi, DOE-CH	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
G. Lyshik, LANL-CO	ED
P. Gilbert, LANL-CO	ED
C. Castillo, CTAC	ED
A. Atwood, WTS/CCP	ED
S. Percy, WTS/CCP	ED
C. Riggs, CTAC	ED
A. Pangle, CTAC	ED

WIPP Operating Record, MS 452-09

CBFO QA File

CBFO M&RC

*ED denotes electronic distribution

CORRECTIVE ACTION REPORT

1. CAR No.: 08-036	2. Activity Report No.: A-08-24	3. Page 1 of 1
4. Controlling document: CCP-QP-008, Revision 14	5. CBFO Assessment Team Leader: Dennis Miehl	
6. Responsible organization: Training/Records	7. CAQ was discussed with: Alyca Atwood/Sheila Pearcy	
8. Requirement that was violated: CCP-QP-008, Revision 14, Section 4.8, NOTES and Paragraph A., A.1; A.2: [A] states, "Obtain validation of a QA record through one of the following methods: [A.1] stamp, initial, or sign and date hard copy records; [A.2] If the nature of the record precludes stamping or signing, THEN validate the QA record using any reasonable form which clearly indicates that an authorized individual believes the record to be complete and accurate."		
9. Condition Adverse to Quality (CAQ): QA Records (ANL-E List of Qualified Individuals [LOQIs]) are not being validated by the SPM and dated. LOQIs are listed as QA/Nonpermanent records on the approved ANL-E RH RIDS, which states that the RH ANL-E LOQI will be validated by SPM signature and date.		
10. Suggested actions (Optional): N/A		
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: 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 checked="" type="checkbox"/> No <input type="checkbox"/>
13a. Trend Code: RM-05	13b. CAR Initiator: <u>Cindi Castillo/Charlie Riggs</u> <small>(printed name)</small>	Date: <u>7/1/08</u>
14a. Response due date: 8/23/08		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader: <u>Dennis Miehl</u> <small>(printed name)</small>		Date: 8-13-08
b. CBFO Quality Assurance Manager (if applicable): N/A <small>(printed name)</small>		Date: _____
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: _____