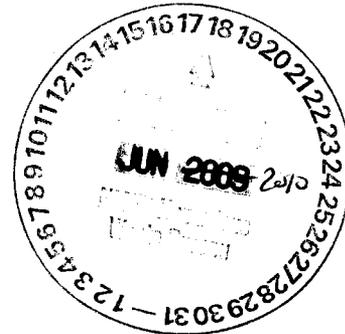


Department of Energy
 Carlsbad Field Office
 P.O. Box 3090
 Carlsbad, New Mexico 88221
 June 18, 2010



Mr. D. K. Ploetz, Manager
 Central Characterization Project
 Washington TRU Solutions, LLC
 P.O. Box 2078
 Carlsbad, NM 88221-2078

Subject: Issuance of CAR 10-036 Identified During Audit A-10-16, INL/CCP Activities

Dear Mr. Ploetz:

The Carlsbad Field Office (CBFO) performed Audit A-10-16 of the Idaho National Laboratories Central Characterization Project (INL/CCP) activities June 8-10, 2010. Enclosed is CBFO Corrective Action Report (CAR) 10-036 addressing the condition adverse to quality identified during the audit.

Please provide a documented response for the CAR, ensuring that the required actions indicated in Block 12 are addressed, including schedules for completion. Please return your response to me on or before the due date indicated in Block 14a.

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

Sincerely,

Dennis S. Miehlis
 Senior Quality Assurance Specialist

Enclosure

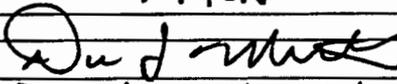
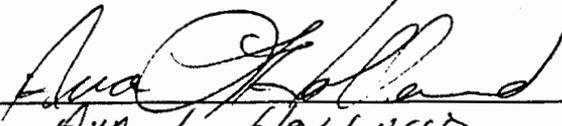
cc: w/enclosure

A. Holland, CBFO	*ED	R. Joglekar, EPA	ED
D. Gadbury, CBFO	ED	S. Ghose, EPA	ED
N. Castaneda, CBFO	ED	R. Lee, EPA	ED
J. R. Stroble, CBFO	ED	S. Zappe, NMED	ED
M. Navarrete, CBFO	ED	S. Holmes, NMED	ED
D. Haar, WTS/CCP	ED	T. Kesterson, DOE OB WIPP NMED	ED
V. Cannon, WTS/CCP	ED	D. Winters, DNFSB	ED
A. Fisher, WTS/CCP	ED	P. Gilbert, LANL-CO	ED
M. Walker, WTS/CCP	ED	G. Lyshik, LANL-CO	ED
Y. Salmon, WTS/CCP	ED	P. Martinez, CTAC	ED
J. Hoff, WTS	ED	A. Pangle, CTAC	ED
M. Mullins, WTS	ED	G. White, CTAC	ED
J. Wells, DOE-ID	ED	T. Bowden, CTAC	ED
W. Lattin, DOE-ID	ED	WIPP Operating Record	ED
T. Peake, EPA	ED	CBFO QA File	
M. Eagle, EPA	ED	CBFO M&RC	
E. Feltcorn, EPA	ED	*ED denotes electronic distribut	



CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-036	2. Activity Report No.: A-10-16	3. Page 1 of 1
4. Controlling document: CCP-QP-005, R18	5. CBFO Assessment Team Leader: Dennis Miehls	
6. Responsible organization: INL/CCP	7. CAQ was discussed with: C. Gomez, L. Jones	
8. Requirement that was violated: CCP-QP-005, R18, Section 2.3.8 "The CCP SPM will notify the U.S. Department of Energy (DOE) Carlsbad Field Office (CBFO) within five (5) calendar days of identification of any non-administrative nonconformances related..."		
9. Condition Adverse to Quality (CAQ): NCR Number NCR-INL-0028-09 was identified at the SPM review level and initiated on 8/20/09. No objective evidence was provided indicating that CBFO was notified of the NCR within the five (5) calendar days as required.		
10. Suggested actions (Optional): None		
11a. Significant CAQ? (If 'Yes', go to block 15b) 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 Determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11b. Work Suspension recommended? (If 'Yes', go to block 15b) 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? (If 'Yes', go to block 15b) 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: CA-05	13b. CAR Initiator:  (printed name) Porf Martinez	Date: 6/16/10
14a. Response due date: 7-2-10		
14b. Required corrective action completion date: 7-19-10		
15. Concurrence:		
a. Assessment Team Leader:  (printed name) Dennis S. Miehls		Date: 6-18-10
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):  (printed name) AVA L. HOLLAND		Date: 6/18/10
16. Acceptance of Proposed Corrective Actions: _____ (printed name) _____		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name) _____		Date: _____
18. Closure: _____ (printed name) _____		Date: _____