



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

AUG 6 2010



Mr. Jon E. Hoff, Manager
 Quality Assurance
 Washington TRU Solutions, LLC
 P.O. Box 2078
 Carlsbad, NM 88221-2078

Subject: Issuance of CARs 10-040 through 10-047 from Surveillance S-10-29, WTS Industrial Safety and Health Program

Dear Mr. Hoff:

The Carlsbad Field Office (CBFO) performed Surveillance S-10-29 of the Washington TRU Solutions (WTS) Industrial Safety and Health Program on July 27-29, 2010. Enclosed are CBFO Corrective Action Reports (CARs) 10-040 through 10-047 addressing the conditions adverse to quality identified during the surveillance.

Please provide a documented response for each CAR, ensuring that each of the required actions indicated in CAR Block 12 is addressed, including a schedule for completion. Please return your responses to me on or before the due dates identified in CAR Block 14a.

If you have any questions or comments, please contact me at (575) 234-7442.

Sincerely,

M. Lea Chism
 Quality Assurance Specialist

Enclosure

cc: w/enclosure
 A. Holland, CBFO
 H. Budweg, CBFO
 G. Gamlin, CBFO
 H. Chiou, CBFO
 F. Sharif, WTS
 M. A. Mullins, WTS
 T. Peake, EPA
 M. Eagle, EPA
 E. Feltcorn, EPA
 R. Joglekar, EPA
 S. Ghose, EPA

*ED
 ED
 ED

R. Lee, EPA
 S. Zappe, NMED
 S. Holmes, NMED
 T. Kesterson, DOE OB WIPP NMED
 D. Winters, DNFSB
 N. Frank, CTAC
 A. Pangle, CTAC
 G. White, CTAC
 WIPP Operating Record
 CBFO QA File
 CBFO M&RC

ED
 ED

*ED denotes electronic distribution



CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-040		2. Activity Report No.: S-10-29		3. Page 1 of 1	
4. Controlling document: WP 12-IH1815, R0, Local Exhaust Annual Face Velocity Testing		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Tom Ferguson, John Doherty, Paul Hoffman			
8. Requirement that was violated: WP 12-IH1815, R0, Section 1.0 states, "Performer must complete on-the-job training under qualified IS&H personnel prior to performing this procedure."					
9. Condition Adverse to Quality (CAQ): Personnel performing this procedure have not completed on-the-job training. The personnel performing this procedure are Certified Industrial Hygienist (CIH) or Certified Safety Professional. Out of 13 procedures used for this surveillance this is the only one that used the wording "on-the-job training".					
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>			
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		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"/>			
13a. Trend Code: TQ-04		13b. CAR Initiator: Priscilla Martinez <i>(printed name)</i> <u>Priscilla G. Martinez</u>		Date: 8-3-10	
14a. Response due date: 09-02-10					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader: <u>M. Lea Chism</u> <i>(printed name)</i> M. Lea Chism		Date: 08-05-10			
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <i>(printed name)</i> <u>N/A</u>		Date: _____			
16. Acceptance of Proposed Corrective Actions: _____				Date: _____	
<i>(printed name)</i>					
17. Acceptance of Corrective Action Completion: _____				Date: _____	
<i>(printed name)</i>					
18. Closure: _____				Date: _____	
<i>(printed name)</i>					

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: <u>10-041</u>		2. Activity Report No.: <u>S-10-29</u>		3. Page 1 of 1	
4. Controlling document: <u>WP 12-IH1006, R1, Airborne Contaminant Sampling</u>		5. CBFO Assessment Team Leader: <u>M. Lea Chism</u>			
6. Responsible organization: <u>WTS</u>		7. CAQ was discussed with: <u>Tom Ferguson</u>			
8. Requirement that was violated: <u>WP 12-IH1006, R1, Section 6.4 states, "Provide hard copy documentation to affected employees and their supervisors with results of the sampling within 14 days of receipt of the sample results, or as otherwise specified by a substance specific standard (e.g., 29 CFR or 30 CFR)."</u>					
9. Condition Adverse to Quality (CAQ): <u>A notification to employees and their supervisors of air contaminant sampling results is not being provided within the 14-day requirement.</u> <u>Example: Work Order #10061362 – Letter for Analytical Results, is dated 6/30/2010. The notification to the employee is dated 7/16/2010.</u>					
10. Suggested actions (Optional): <u>None</u>					
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>			
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		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"/>			
13a. Trend Code: <u>WP-05</u>		13b. CAR Initiator: <u>Priscilla Martinez</u> <i>(printed name)</i> <u>Priscilla I. Martinez</u>		Date: <u>8-3-10</u>	
14a. Response due date: <u>09-02-10</u>					
14b. Required corrective action completion date: <u>N/A</u>					
15. Concurrence:					
a. Assessment Team Leader:		<u>M. Lea Chism</u> <i>(printed name)</i> <u>M. Lea Chism</u>		Date: <u>08-05-10</u>	
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):		<u>N/A</u> <i>(printed name)</i>		Date: _____	
16. Acceptance of Proposed Corrective Actions:				Date: _____	
<i>(printed name)</i> _____					
17. Acceptance of Corrective Action Completion:				Date: _____	
<i>(printed name)</i> _____					
18. Closure:				Date: _____	
<i>(printed name)</i> _____					

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-042		2. Activity Report No.: S-10-29		3. Page 1 of 1	
4. Controlling document: WP 12-IH1815, R0, Local Exhaust Annual Face Velocity Testing		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Tom Ferguson, Paul Hoffman			
8. Requirement that was violated: WP 12-IH1815, R0, Section 2.20 states, "Post a copy of Attachment 2 on the fume hood."					
9. Condition Adverse to Quality (CAQ): WP 12-IH1815, R0, Section 2.20 requires that a copy of Attachment 2 be posted on the welding fume hood. Instead, a sticker with Pass, Date of Survey, and Initials is used. There were two fume hoods in the mechanics shop, and neither fume hood had been posted with Attachment 2.					
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:	
11b. Work Suspension recommended? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Remedial?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11c. RCRA related?		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Investigative?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Root Cause Determination?	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"/>	Actions to Preclude Recurrence?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13a. Trend Code: WP-01		13b. CAR Initiator: Priscilla Martinez <i>(printed name)</i> <u>Priscilla Martinez</u>		Date: 8-3-10	
14a. Response due date: <u>09-02-10</u>					
14b. Required corrective action completion date: <u>N/A</u>					
15. Concurrence:					
a. Assessment Team Leader:		<u>M. Lea Chism</u> <i>(printed name)</i> M. Lea Chism		Date: <u>08-05-10</u>	
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):		<u>N/A</u> <i>(printed name)</i>		Date: _____	
16. Acceptance of Proposed Corrective Actions:				Date: _____	
<i>(printed name)</i> _____					
17. Acceptance of Corrective Action Completion:				Date: _____	
<i>(printed name)</i> _____					
18. Closure:				Date: _____	
<i>(printed name)</i> _____					

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-043		2. Activity Report No.: S-10-29		3. Page 1 of 2	
4. Controlling document: WP 13-1, R29, WTS QAPD		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Tom Ferguson, John Doherty, Paul Hoffman			
8. Requirement that was violated: See attached Continuation Sheet for details.					
9. Condition Adverse to Quality (CAQ): Records are not being handled as required by the Records Inventory and Disposition Schedule (RIDS). <ul style="list-style-type: none"> • WP 12-IH1815, R0, Attachments 1 and 2 are maintained as records but are not on a RIDS. • WP 12-IH1007, R2, Records are being maintained in Schwab 5000 1-hour fire resistant cabinets, but are not being sent to WRA per the RIDS. 					
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:	
11b. Work Suspension recommended? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11c. RCRA related?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Root Cause Determination? 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"/>		Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. Trend Code: QA-01		13b. CAR Initiator: Norman Frank <i>(printed name)</i> <u>Priscilla G. Menting</u>		Date: 8-3-10	
14a. Response due date: 09-02-10					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader:		<u>M. Lea Chism</u> <i>(printed name)</i> M. Lea Chism		Date: 08-05-10	
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):		N/A <i>(printed name)</i>		Date:	
16. Acceptance of Proposed Corrective Actions:				Date:	
<i>(printed name)</i>					
17. Acceptance of Corrective Action Completion:				Date:	
<i>(printed name)</i>					
18. Closure:				Date:	
<i>(printed name)</i>					

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 10-043

2. Activity No: S-10-29

3. Page 2 of 2

8. Requirement that was violated: (continued):

1. WP 13-1, R29, *WTS QAPD*
Section 1.4.2 Implementing Procedures
C. Implementing procedures shall include the following information, as appropriate to the work to be performed:
 - Records identified in implementing procedures shall be designated as QA records when applicable in the RIDS. QA records shall be classified according to their retention times in the RIDS.
2. WP 15-RM3006, R0, *Records Inventory and Disposition Schedule Review and Approval* requires the preparation, review and approval of a RIDS.
3. WP 12-IH1815, R0, *Local Exhaust Annual Face Velocity Testing*, Section Introduction, "Performance of this procedure generates the following records:
Attachment 1 – Chemical Fume Hood Face Velocity Data Sheet
Attachment 2 – Welding Hood Face Velocity Data Sheet"
4. RIDS for "Washington TRU Solutions (WTS)/Safety and Health (S&H)/Industrial Safety and Hygiene (IS&H) dated 5/11/2010, paragraph 13(C) covers WP 12-IH1007, R2, *Personal Sampling Pump Calibration*, records. Under the transfer instructions it states, "Retain in office for a minimum of 2 years. Transfer to WRA within 90 days in storage and retention. Delete electronic copies within 180 days after the record keeping copy has been produced. Screen and purge biannually."

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: <u>10-044</u>		2. Activity Report No.: <u>S-10-29</u>		3. Page 1 of 2	
4. Controlling document: <u>WP 12-IH1004, R2, Noise Surveys</u>		5. CBFO Assessment Team Leader: <u>M. Lea Chism</u>			
6. Responsible organization: <u>WTS</u>		7. CAQ was discussed with: <u>Tom Ferguson, John Doherty</u>			
8. Requirement that was violated: <u>See attached Continuation Sheet for details.</u>					
9. Condition Adverse to Quality (CAQ): <u>See attached Continuation Sheet for details.</u>					
10. Suggested actions (Optional): <u>None</u>					
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>			
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		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"/>			
13a. Trend Code: <u>QA-01</u>		13b. CAR Initiator: <u>Norman Frank</u> <i>(printed name)</i> <u>Russella Y. Martinez</u> 2012		Date: <u>8-3-10</u>	
14a. Response due date: <u>09-02-10</u>		14b. Required corrective action completion date: <u>N/A</u>			
15. Concurrence:					
a. Assessment Team Leader: <u>M. Lea Chism</u> <i>(printed name)</i> <u>M. Lea Chism</u>		Date: <u>08-05-10</u>			
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <u>N/A</u> <i>(printed name)</i>		Date: _____			
16. Acceptance of Proposed Corrective Actions: _____ <i>(printed name)</i>		Date: _____			
17. Acceptance of Corrective Action Completion: _____ <i>(printed name)</i>		Date: _____			
18. Closure: _____ <i>(printed name)</i>		Date: _____			

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 10-044

2. Activity No: S-10-29

3. Page 2 of 2

8. Requirement that was violated: (continued):

WP 12-IH1004, R2, Section DATA RETENTION, "Data generated by this procedure may be directly entered into the Industrial Safety & Hygiene (IS&H) Noise Database, initially recorded on a current blank layout sheet from that database, or blank paper for transfer to the IS&H Noise Database. The IS&H Noise Database and its backups reside on a backup protected WIPP server. Contact IS&H for the current server address for this database. Sampling data generated by this procedure will be retained permanently, and will be archived in conformance with Records Inventory and Disposition Schedule (RIDS) requirements."

9. Condition Adverse to Quality (CAQ): (continued):

Records for noise surveys have not been handled as records.

- The Safety Database contains electronic records from as far back as 2001 supporting the paper record system. The Safety Database is not on a Records Inventory and Disposition Schedule (RIDS) and has not been submitted to records.
- The paper records have not been submitted to records.
- The database does not include the signature of the worker on the report.
- Both the paper and the safety database information are required to have a complete record.

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-045		2. Activity Report No.: S-10-29		3. Page 1 of 2	
4. Controlling document: WP 12-IH1004, R2, <i>Noise Survey's</i> and WP 15-RM, R2, <i>WIPP</i> <i>Records Management Program</i>		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Tom Ferguson, John Doherty			
8. Requirement that was violated: See attached Continuation Sheet for details.					
9. Condition Adverse to Quality (CAQ): See attached Continuation Sheet for details.					
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>			
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		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"/>			
13a. Trend Code: QA-01		13b. CAR Initiator: Norman Frank <i>(printed name) Priscilla Y. Martz</i>		Date: 8-3-10	
14a. Response due date: 09-02-10					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader:		M. Lea Chism <i>(printed name) M. Lea Chism</i>		Date: 08-05-10	
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):		N/A			
16. Acceptance of Proposed Corrective Actions:		Date: _____			
17. Acceptance of Corrective Action Completion:		Date: _____			
18. Closure:		Date: _____			

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 10-045

2. Activity No: S-10-29

3. Page 2 of 2.

8. Requirement that was violated: (continued):

WP 12-IH1004, R2, *Noise Surveys*

Section 1.2.3 Calibrate or check calibration per appropriate operator's manual for the sound level instrument being used. If calibration results are not recorded internally, record results directly to the IS&H Noise Database, a current blank layout sheet from that database, or blank paper for transfer to the WIPP IS&H Noise Database.

Section DATA RETENTION

Data generated by this procedure may be directly entered into the Industrial Safety & Hygiene (IS&H) Noise Database, initially recorded on a current blank layout sheet from that database, or blank paper for transfer to the IS&H Noise Database. The IS&H Noise Database and its backups reside on a backup protected WIPP server. Contact IS&H for the current server address for this database. Sampling data generated by this procedure will be retained permanently, and will be archived in conformance with Records Inventory and Disposition Schedule (RIDS) requirements.

Section 1.4.2 Print three copies of the summary report and any graphs.

Section 1.4.4 Have the worker sign and date another copy. Keep the signed copy, file it in the IS&H industrial hygiene noise files. Should the data indicate results in excess of the Permissible Exposure Level, notification must take place within 15 calendar days of monitoring.

WP 12-IH1004, R2, *Noise Surveys* and WP 15-RM, R2, *WIPP Records Management Program*

Section 3.2 Completeness

- Records generators will:
 - Ensure that records are complete per the following:
 - Blank spaces where information is required to be entered to make the document complete are filled in.
 - "N/A" is entered in spaces where information is not applicable, or as otherwise indicated.

9. Condition Adverse to Quality (CAQ): (continued):

- Noise procedure requires recording the results of calibration. On the form, only the information for the cal device and for the dosimeter is documented. Internal recording does not include the results, but only includes the fact that a calibration was performed and only the last calibration is available for download.
- Incomplete noise dosimetry records. Paper copy of the results from the noise dosimeter include two pages, with the second page containing the values recorded and the dba graph for the time period. When the paper copy is filed, the second page is not. The second page is available electronically.
- 15-RM requires blank spaces to be marked with N/A. This is not being done for noise survey records.

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-046	2. Activity Report No.: S-10-29	3. Page 1 of 1
4. Controlling document:	WP 12-IS1819, R1, <i>Sampling from High Pressure Oxygen Pumps</i> , and WP 12-IS1818, R1, <i>Sampling Air from Mako Compressor</i>	5. CBFO Assessment Team Leader: M. Lea Chism
6. Responsible organization:	WTS	7. CAQ was discussed with: Tom Ferguson
8. Requirement that was violated: Both WP 12-IS1819 and WP 12-IS1818, INTRODUCTION, state, "Air sampling is conducted quarterly in accordance with National Fire Protection Association (NFPA) Standard #1404, Chapter 7, §7-1."		
9. Condition Adverse to Quality (CAQ): WP 12-IS1819 and WP 12-IS1818: There was no evidence that sampling was conducted in the third and fourth quarter in 2009 and in the second quarter of 2010 for either the high pressure oxygen pumps or the Mako compressor.		
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 type="checkbox"/> No <input checked="" type="checkbox"/>	
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)	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"/>	
13a. Trend Code: ST-05	13b. CAR Initiator: Jack Walsh <i>(printed name) Priscilla Y. Monty</i>	Date: 8-3-10
14a. Response due date: 09-02-10		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader:	<i>M. Lea Chism</i> M. Lea Chism	Date: 08-05-10
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):	N/A	Date:
16. Acceptance of Proposed Corrective Actions:		
17. Acceptance of Corrective Action Completion:		
18. Closure:		

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 10-047		2. Activity Report No.: S-10-29		3. Page 1 of 2	
4. Controlling document: WP 13-1, R29, Quality Assurance Program Description		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Tom Ferguson			
8. Requirement that was violated: See attached continuation sheet.					
9. Condition Adverse to Quality (CAQ): When notes taken in the field are transcribed into the Safety Database, there is no second person performing a check/validation that the entry is correctly transcribed. This check/validation is required by WP 13-1.					
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 type="checkbox"/> No <input checked="" 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 type="checkbox"/> No <input checked="" type="checkbox"/>			
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		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"/>			
13a. Trend Code: DV-01		13b. CAR Initiator: Norman Frank <i>(printed name)</i> <u>Priscilla Y. Monty</u>		Date: 8-3-10	
14a. Response due date: 09-02-10					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader: <u>M. Lea Chism</u> <i>(printed name)</i> M. Lea Chism				Date: 08-05-10	
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <u>N/A</u> <i>(printed name)</i>				Date:	
16. Acceptance of Proposed Corrective Actions: _____				Date: _____	
<i>(printed name)</i>					
17. Acceptance of Corrective Action Completion: _____				Date: _____	
<i>(printed name)</i>					
18. Closure: _____				Date: _____	
<i>(printed name)</i>					

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 10-047	2. Activity No: S-10-29	3. Page <u>2</u> of <u>2</u>
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8. Requirement that was violated: (continued):

WP 13-1, R29, *Quality Assurance Program Description*

Section 4.6.2 Data Validation

Data validation is a systematic process used to review data, to assure that the required data quality characteristics have been obtained. Results of the review may require that qualifiers be placed on the use of the data.

- A. Validation methods shall be planned and documented. The documentation shall include the acceptance criteria used to determine if the data are valid.
- B. Data that are important to safety and waste isolation shall be validated.

Section 4.6.1 Data Identification and Usage

- C. Data transfer and reduction controls shall be established to ensure that data transfer is error free, that no information is lost in transfer, and that the input is completely recoverable. Data transfer and reduction will be controlled to permit independent reproducibility by another qualified individual. Examples of data transfer include copying raw data from a notebook into computerized data form or copying from computer tape to disk.