



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

AUG 17 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 10-049 Identified During Audit A-10-23

Dear Mr. Ploetz:

The Carlsbad Field Office (CBFO) performed Audit A-10-23 of Argonne National Laboratory Central Characterization Project activities August 3-5, 2010. Enclosed is CBFO Corrective Action Report (CAR) 10-049 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 identified in Block 14a.

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

Sincerely,

Dennis S. Miehl
 Senior Quality Assurance Specialist

Enclosure

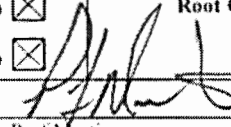
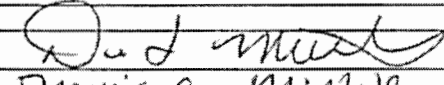
cc: w/enclosure

A. Holland, CBFO	*ED	R. Joglekar, EPA	ED
D. Gadbury, CBFO	ED	S. Ghose, EPA	ED
M. Navarrete, CBFO	ED	R. Lee, EPA	ED
J. R. Stroble, CBFO	ED	S. Zappe, NMED	ED
D. Haar, WTS/CCP	ED	S. Holmes, NMED	ED
V. Cannon, WTS/CCP	ED	T. Kesterson, DOE OB WIPP NMED	ED
A. J. Fisher, WTS/CCP	ED	D. Winters, DNFSB	ED
M. Walker, WTS/CCP	ED	P. Gilbert, LANL-CO	ED
Y. Salmon, WTS/CCP	ED	G. Lyshik, LANL-CO	ED
J. Hoff, WTS	ED	G. White, CTAC	ED
M. Mullins, WTS	ED	P. Martinez, CTAC	ED
D. Dietzel, DOE-CH	ED	P. Hinojos, CTAC	ED
K. Joshi, DOE-CH	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 distribution	



CORRECTIVE ACTION REPORT

CBFO Form 3.1-1

1. CAR No.: 10-049	2. Activity Report No.: A-10-23	3. Page 1 of 1
4. Controlling document: CCP-TP-500, Rev. 9	5. CBFO Assessment Team Leader: Dennis Miehl	
6. Responsible organization: ANL/CCP	7. CAQ was discussed with: Wes Root	
8. Requirement that was violated: Procedure CCP-TP-500, Rev. 9, Section 4.1.1 [A.1] states "Record the following information on Attachment I: Site Identification (ID) and Location of Packaging Activity."		
9. Condition Adverse to Quality (CAQ): The following BDRS did not have the "Location of Packaging Activity" recorded on Attachment 1, Visual Examination Data Form: RHANLVE090003, RHANLVE100001, RHANLVE100002, RHANLVE100003, RHANLVE100004, RHANLVE100005, RHANLVE100006, RHANLVE100007, and RHANLVE100008.		
10. Suggested actions (Optional): None		
11a. Significant CAQ? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" 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"/>		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"/>
13a. Trend Code: VE-05	13b. CAR Initiator:  <i>(printed name)</i> Port Martinez	Date: 8/17/10
14a. Response due date: 9-8-10		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader:  <i>(printed name)</i> Dennis S. Miehl		Date: 9-17-10
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <i>(printed name)</i> N/A		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: _____