



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

OCT 5 2010



Mr. D. K. Ploetz, Manager  
 Central Characterization Project  
 Retrieval, Characterization and Transportation  
 Washington TRU Solutions  
 P. O. Box 2078  
 Carlsbad, NM 88220

Subject: Issuance of CAR 11-001 Identified During Surveillance S-10-37, BAPL/CCP

The Carlsbad Field Office (CBFO) performed Surveillance S-10-37 of Bettis Atomic Power Laboratory Central Characterization Project (BAPL/CCP) activities on September 21-22, 2010. Enclosed is CBFO Corrective Action Report (CAR) 11-001 addressing the condition adverse to quality identified during the surveillance.

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, please contact me at (575) 234-7491.

Sincerely,

Dennis S. Miehl  
 Senior Quality Assurance Specialist

Enclosure

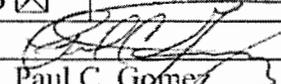
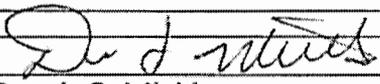
cc: w/enclosure

A. Holland, CBFO	*ED	S. Ghose, EPA	ED
W. Mackie, CBFO	ED	R. Lee, EPA	ED
M. Navarrete, CBFO	ED	S. Zappe, NMED	ED
J. R. Stroble, 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
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M. Walker, WTS/CCP	ED	G. Lyshik, LANL-CO	ED
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J. Hoff, WTS	ED	P. Hinojos, CTAC	ED
M. A. Mullins, WTS	ED	P. Gomez, CTAC	ED
T. Peake, EPA	ED	WIPP Operating Record	ED
M. Eagle, EPA	ED	CBFO QA File	
E. Feltcorn, EPA	ED	CBFO M&RC	
R. Joglekar, EPA	ED	*ED denotes electronic distribution	



CBFO Form 3.1-1\_

### CORRECTIVE ACTION REPORT

1. CAR No.: <u>11-001</u>		2. Activity Report No.: <u>S-10-37</u>		3. Page 1 of 1	
4. Controlling document: <u>CCP-PO-511</u> <u>CCP-PO-005</u>			5. CBFO Assessment Team Leader: <u>D. Miehls</u>		
6. Responsible organization: <u>BAPL/CCP</u>			7. CAQ was discussed with: <u>I. Quintana, L. Wade, T. Mojica</u>		
8. Requirement that was violated: <u>CCP-PO-511, Revision 0, CCP/BAPL RH TRU Waste Interface Document, section 3.6.7, "CCP Vendor Project Manager (VPM)...Supervises day-to-day TRU waste characterization activities."</u> <u>CCP-PO-005, Revision 21, CCP Conduct of Operations, section 12.5, "Log Keeping - Logbook Reviews...The VPM will review, sign, and date the logbook each operational week at a minimum. The reviews validate the entries are accurate and adequate."</u>					
9. Condition Adverse to Quality (CAQ): <u>A Vendor Project Manager was not assigned to BAPL/CCP at the time of the surveillance; thus, the VPM was not able to carry out the functions required in the Interface Document, CCP-PO-511.</u>  <u>The CCP Conduct of Operations procedure cannot be performed without a VPM designated for BAPL/CCP logbook reviews (section 12.5) for weekly entry reviews.</u>					
10. Suggested actions (Optional):					
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 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"/>		Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. Trend Code: <u>OR-05</u>		13b. CAR Initiator: <u></u> (printed name) <u>Paul C. Gomez</u>		Date: <u>10-5-10</u>	
14a. Response due date: <u>October 19, 2010</u>					
14b. Required corrective action completion date: <u>N/A</u>					
15. Concurrence:					
a. Assessment Team Leader:		<u></u>		Date: <u>10/5/10</u>	
(printed name)		<u>Dennis S. Miehls</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>		Date:	
(printed name)					
16. Acceptance of Proposed Corrective Actions:				Date:	
(printed name)					
17. Acceptance of Corrective Action Completion:				Date:	
(printed name)					
18. Closure:				Date:	
(printed name)					