

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 11-004		2. Activity Report No.: S-11-01		3. Page 1 of 1	
4. Controlling document: WP 08-NT.03, Rev. 11, Waste Stream Profile Form Review and Approval Program		5. CBFO Assessment Team Leader: M. Lea Chism			
6. Responsible organization: WTS		7. CAQ was discussed with: Mike Strum, Dave Kump			
8. Requirement that was violated: 4.0 "At a minimum, the DA performs the following verification checks for each container submitted to the database: <ul style="list-style-type: none"> • Verify that the WIPP ID numbers (from the TRU Waste Baseline Inventory Report) reported on the WSPF match the ID numbers reported to the database. • Verify that the assay methods and characterization methods identified in the WSPF package correlate with container data submitted to the database." 					
9. Condition Adverse to Quality (CAQ): Data Administrator actions of WP 08-NT.03, para. 4.0 are not being performed as noted in the bulleted items. Most information is pulled from the electronic database and verified to be correct. For example, 5 th bullet, the TWBIR is no longer applicable and the comparison is done against the content of the ATWIR (DOE/TRU-09-3425, Rev. 0). 6 th bullet, the actual WSPF is not directly referenced. Instead the information from the site certification letter is used to determine the acceptable processes.					
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: <u>Norman Frank</u> <small>(printed name)</small>		Date: 11/2/10	
14a. Response due date: 12-02-10					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader: <u>M. Lea Chism</u> <small>(printed name)</small>		M. Lea Chism		Date: 11-04-10	
b. CBFO Quality Assurance Director (If SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <u>N/A</u> <small>(printed name)</small>					
16. Acceptance of Proposed Corrective Actions:				Date:	
<small>(printed name)</small>					
17. Acceptance of Corrective Action Completion:				Date:	
<small>(printed name)</small>					
18. Closure:				Date:	
<small>(printed name)</small>					

CORRECTIVE ACTION REPORT

1. CAR No.: 11-005	2. Activity Report No.: S-11-01	3. Page 1 of 1
4. Controlling document: WP 08-NT.04, R16, WDS Configuration Management & SOA	5. CBFO Assessment Team Leader: M. Lea Chism	
6. Responsible organization: WTS	7. CAQ was discussed with: Mike Strum, Randy Chatfield	
8. Requirement that was violated: 7.0 "Record copies of required documentation will be retained in accordance with the RIDS with other project records as required by codes, standards, specifications, plans, or procedures. <u>Specific Records</u> • ... • Data Change Request Log • ... RIDS [WTS RC&T-WDS], Item No. 2: WDS Records "Documentation pertaining to the operation and maintenance of the WDS."		
9. Condition Adverse to Quality (CAQ): QA Records were not being stored in 1-hour, locked file cabinets with access control. <ol style="list-style-type: none"> 1. The paper copy (record copy) of the Change Log of the WWIS for returned shipments is retained in a standard unlocked file cabinet in a cubicle. This document is a record per WP 08-NT.04, R16, para. 7.0. 2. The record copy of the V&V and various acceptance tests performed on the WDS were being stored in open shelves in the hallway. These are designated as lifetime records on 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"/> 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: WP-05	13b. CAR Initiator: <u>Norman Frank</u> (printed name) <i>Norman Frank</i>	Date: <u>11/2/10</u>
14a. Response due date: <u>12-02-10</u>		
14b. Required corrective action completion date: <u>N/A</u>		
15. Concurrence:		
a. Assessment Team Leader: <u>M. Lea Chism</u> (printed name) M. Lea Chism		Date: <u>11-04-10</u>
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): _____ (printed name)		Date: _____
16. Acceptance of Proposed Corrective Actions: _____ (printed name)		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name)		Date: _____
18. Closure: _____ (printed name)		Date: _____