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

Subject: Issuance of Corrective Action Reports 11-004 and 11-005 From Surveillance S-11-01, WTS WIPP Waste Data System

Dear Mr. Hoff,

The Carlsbad Field Office (CBFO) performed Surveillance S-11-01 of the Washington TRU Solutions (WTS) Waste Isolation Pilot Plant (WIPP) Waste Data System on October 19 through 21, 2010. Enclosed are Corrective Action Reports (CARs) 11-004 and 11-005 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 Block 12 of the CAR is addressed, including a schedule for completion. Return your response to me on or before the due date identified in Block 14a of the CAR.

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
D. Gadbury, CBFO
F. Sharif, WTS
M. A. Mullins, WTS
T. Peake, EPA
M. Eagle, EPA
R. Joglekar, EPA
E. Feltcorn, EPA
S. Ghose, EPA
R. Lee, EPA
S. Zappe, NMED

* ED S. Holmes, NMED ED
ED T. Kesterson, DOE OB WIPP NMED ED
ED D. Winters, DNFSB ED
ED P. Hinojos, CTAC ED
ED G. White, CTAC ED
ED N. Frank, CTAC ED
ED WIPP Operating Record ED
ED CBFO QA File ED
ED CBFO M&RC ED
ED *ED denotes electronic distribution
# CORRECTIVE ACTION REPORT

**1. CAR No.:** 11-004  
**2. Activity Report No.:** S-11-01  
**3. Page 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

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**8. Requirement that was violated:**

4.0 "At a minimum, the DA performs the following verification checks for each container submitted to the database:
- 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."

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**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, 5th bullet, the TWBIR is no longer applicable and the comparison is done against the content of the ATWIR (DOE/TRU-09-3425, Rev. 0). 6th bullet, the actual WSPF is not directly referenced. Instead the information from the site certification letter is used to determine the acceptable processes.

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**10. Suggested actions (Optional): None**

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### 11a. Significant CAQ? (If 'Yes', go to block 15b)
- Yes [ ] No [x]  

### 11b. Work Suspension recommended? (If 'Yes', go to block 15b)
- Yes [ ] No [x]  

### 11c. RCRA related?
- Yes [ ] No [x]  

### 11d. Accelerated corrective action required? (If 'Yes', go to block 15b)
- Yes [ ] No [x]  

### 11e. Does this CAQ affect waste streams BNNW216 or BNNW218?
- Yes [ ] No [x]  

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**12. Type of actions required:**

- Remedial: [x] No [ ]
- Investigative: [x] No [ ]
- Root Cause Determination: [x] No [ ]
- Actions to Preclude Recurrence: [x] No [ ]

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### 13a. Trend Code:
- WP-01

### 13b. CAR Initiator:
- [Signature]

**14a. Response due date:** 12-02-10

**14b. Required corrective action completion date:** N/A

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### 15. Concurrence:

#### a. Assessment Team Leader:
- [Signature] 

**Date:** 11-04-10

#### b. CBFO Quality Assurance Director (If SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):
- [Signature] 

**Date:**

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### 16. Acceptance of Proposed Corrective Actions:
- [Signature] 

**Date:**

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### 17. Acceptance of Corrective Action Completion:
- [Signature] 

**Date:**

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### 18. Closure:
- [Signature] 

**Date:**
**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 & SQM

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.

   **Specific Records:**
   -...
   - Data Change Request Log
   -...

   **RIDS [WTS RC&ST-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.
   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 ☐ No ☒

11b. **Work Suspension recommended? (If 'Yes', go to block 15b)** Yes ☐ No ☒

11c. **RCRA related?** Yes ☐ No ☒

11d. **Accelerated corrective action required? (If 'Yes', go to block 15b)** Yes ☐ No ☒

11e. **Does this CAQ affect waste streams BNINW216 or BNINW218?** Yes ☐ No ☒

12a. **Type of actions required:**
   - Remedial? Yes ☒ No ☐
   - Investigative? Yes ☒ No ☐
   - Root Cause Determination? Yes ☐ No ☒
   - Actions to Preclude Recurrence? Yes ☒ No ☐

13a. **Trend Code:** WP-05

13b. **CAR Initiator:** [Signature] Date: 11/3/10

14a. **Response due date:** 12-02-10

14b. **Required corrective action completion date:** N/A

15. **Concurrence:**
   a. **Assessment Team Leader:** [Signature] Date: 11-04-10

   b. **CBFO Quality Assurance Director (If SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A):** [Signature] Date:

16. **Acceptance of Proposed Corrective Actions:**

17. **Acceptance of Corrective Action Completion:**

18. **Closure:**

[Signature] Date: