

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

DEC 7 2010



Mr. D. K. Ploetz, Manager  
 Central Characterization Project  
 Washington TRU Solutions, LLC  
 P.O. Box 2078  
 Carlsbad, NM 88221-2078

Subject: Issuance of CARs 11-014 and 11-015 Resulting From Surveillance S-11-10 of the SRS/CCP, Large Container Non-Destructive Examination System

Dear Mr. Ploetz:

The Carlsbad Field Office (CBFO) performed Surveillance S-11-10 of the Savannah River Site Central Characterization Project (SRS/CCP), Large Container Non-Destructive Examination System on November 30 – December 1, 2010. The resulting CBFO Corrective Action Reports (CARs) 11-014 and 11-015 are enclosed.

Please provide CBFO with your proposed corrective actions and a schedule for completion, forwarded to me prior to the response due date identified in each CAR Block 14.

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

Sincerely,

Dennis S. Miehls  
 Acting Director of Quality Assurance

Enclosure

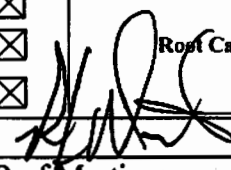
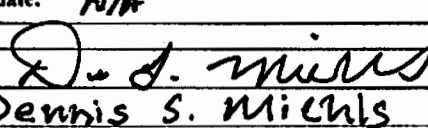
cc: w/enclosure

J. R. Stroble, CBFO	* ED	S. Ghose, EPA	ED
T. Morgan, CBFO	ED	R. Lee, EPA	ED
N. Castaneda, CBFO	ED	S. Zappe, NMED	ED
M. Navarrete, 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
A. Fisher, WTS/CCP	ED	P. Gilbert, LANL-CO	ED
M. Walker, WTS/CCP	ED	G. Lyshik, LANL-CO	ED
Y. Salmon, WTS/CCP	ED	P. Hinojos, CTAC	ED
J. Hoff, WTS	ED	G. White, CTAC	ED
M. Mullins, WTS	ED	P. Martinez, CTAC	ED
H. Crapse, DOE-SR	ED	P. Y. Martinez, 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	



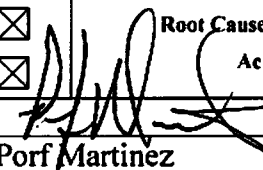
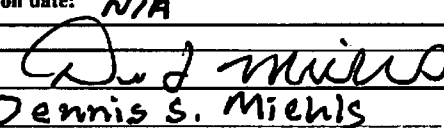
CBFO Form 3.1-I\_

**CORRECTIVE ACTION REPORT**

1. CAR No.: <b>11-014</b>		2. Activity Report No.: <b>S-11-10</b>		3. Page 1 of 1	
4. Controlling document: <b>CCP-QP-002, Rev. 29</b>			5. CBFO Assessment Team Leader: <b>D. S. Miehl</b>		
6. Responsible organization: <b>SRS-CCP</b>			7. CAQ was discussed with: <b>C. Simmons</b>		
8. Requirement that was violated: <b>CCP-QP-002, Rev. 29, S. 4.2 (NOTE), "Real-time radiography (RTR) and visual examination (VE) personnel shall be trained on newly developed and revised waste stream reports which change the waste generating processes, typical packaging configurations, and expected waste material parameters expected to be found in each Waste Matrix."</b>					
9. Condition Adverse to Quality (CAQ): <b>No objective evidence was provided to verify the RTR operators were trained to CCP/SRS AK Summary, CCP-AK-SRS-012, Rev. 3. Revisions included changes to typical packaging configurations.</b>					
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: <b>TQ-06</b>		13b. CAR Initiator:  <b>Porfi Martinez</b>		Date: <b>12/2/10</b>	
14a. Response due date: <b>12-22-10</b>					
14b. Required corrective action completion date: <b>N/A</b>					
15. Concurrence:					
a. Assessment Team Leader:  <b>Dennis S. Miehl</b>			Date: <b>12-7-10</b>		
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): <b>N/A</b>			Date:		
16. Acceptance of Proposed Corrective Actions: _____ Date: _____					
17. Acceptance of Corrective Action Completion: _____ Date: _____					
18. Closure: _____ Date: _____					

CBFO Form 3.1-I

**CORRECTIVE ACTION REPORT**

1. CAR No.: <u>11-015</u>		2. Activity Report No.: <u>S-11-10</u>		3. Page 1 of 1	
4. Controlling document: <u>CCP-TP-053, Rev. 9</u>		5. CBFO Assessment Team Leader: <u>D. S. Miehl</u>			
6. Responsible organization: <u>SRS-CCP</u>		7. CAQ was discussed with: <u>C. Simmons</u>			
8. Requirement that was violated: <u>CCP-TP-053, Rev. 9, Section 4.4.3 [E.1]: Record "Locations of dense waste material, sharp/heavy objects."</u>					
9. Condition Adverse to Quality (CAQ): <u>On BDR # SRLBR0002, Containers SR57053103 and SR57171701, both contained dense waste material, sharp/heavy objects. The location of these items were not identified or recorded on Section 3 of Attachment 2 - CCP Radiography Data Sheet.</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>RT-05</u>		13b. CAR Initiator:  <u>Porf Martinez</u> (printed name)			Date: <u>12/2/10</u>
14a. Response due date: <u>12-22-10</u>					
14b. Required corrective action completion date: <u>N/A</u>					
15. Concurrence:					
a. Assessment Team Leader:		 <u>Dennis S. Miehl</u> (printed name)			Date: <u>12-7-10</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> (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)					