



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



JUL 25 2011

Mr. D. K. Ploetz, Manager
 Central Characterization Project
 Retrieval, Characterization and Transportation
 Washington TRU Solutions
 P.O. Box 2078
 Carlsbad, New Mexico 88221-2078

Subject: Issuance of CARs 11-044 and 11-045 Identified During Audit A-11-23, SNL/CCP Activities

Dear Mr. Ploetz:

The Carlsbad Field Office (CBFO) performed Audit A-11-23 of the Sandia National Laboratories Central Characterization Project (SNL/CCP) activities on July 13-15, 2011. Enclosed are CBFO Corrective Action Reports (CARs) 11-044 and 11-045 addressing the conditions adverse to quality identified during the audit.

Please provide a documented response for each of the CARs, ensuring that the required actions indicated in Block 12 are addressed, including schedules for completion. Please return your responses to me on or before the due date identified in Block 14a of each of the CARs.

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

Sincerely,

Dennis S. Miehls
 Senior Quality Assurance Specialist

Enclosures (2)

cc: w/enclosures
 R. Unger, CBFO
 J.R. Stroble, CBFO
 N. Castaneda, CBFO
 M. Navarrete, CBFO
 V. Cannon, WTS/CCP
 A. J. Fisher, WTS/CCP
 I. Quintana, WTS/CCP
 M. Walker, WTS/CCP
 J. Carter, WTS/CCP
 Y. Salmon, WTS/CCP
 J. Hoff, WTS
 M.A. Mullins, WTS
 J. Todd, DOE-SNL
 M. Spoerner, SNL
 T. Peake, EPA
 M. Eagle, EPA
 E. Feltcorn, EPA
 R. Joglekar, EPA
 S. Ghose, EPA

* ED	R. Lee, EPA	ED
ED	J. Kieling, NMED	ED
ED	T. Hall, NMED	ED
ED	S. Holmes, NMED	ED
ED	T. Kesterson, DOE OB WIPP NMED	ED
ED	D. Winters, DNFSB	ED
ED	P. Gilbert, LANL-CO	ED
ED	G. Lyshik, LANL-CO	ED
ED	P. Gomez, CTAC	ED
ED	C. Castillo, CTAC	ED
ED	B.J. Verret, CTAC	ED
ED	K.D. Martin, CTAC	ED
ED	P. Hinojos, CTAC	ED
ED	G. White, CTAC	ED
ED	M. Mager, CTAC	ED
ED	WIPP Operating Record	ED
ED	CBFO QA File	
ED	CBFO M&RC	
ED	*ED denotes electronic distribution	



CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 11-044	2. Activity Report No.: A-11-23	3. Page 1 of 2
4. Controlling document: CCP-PO-510, Rev. 0 CCP-TP-500, Rev. 11 CCP-QP-002, Rev. 31	5. CBFO Assessment Team Leader: Dennis S. Miehl	
6. Responsible organization: SNL/CCP	7. CAQ was discussed with: Irene Quintana, AJ Fisher, Ryan Martin, and Michelle Billett	
8. Requirement that was violated: See Continuation Sheet.		
9. Condition Adverse to Quality (CAQ): See Continuation Sheet.		
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: TQ-06	13b. CAR Initiator: <u>Cindi Castillo</u> (printed name) Cindi Castillo	Date: <u>7/18/11</u>
14a. Response due date: <u>8-16-11</u>		
14b. Required corrective action completion date: <u>N/A</u>		
15. Concurrence:		
a. Assessment Team Leader: <u>Dennis S. Miehl</u> (printed name) Dennis S. Miehl		Date: <u>7-25-11</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)		Date: _____
16. Acceptance of Proposed Corrective Actions: _____ (printed name)		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name)		Date: _____
18. Closure: _____ (printed name)		Date: _____

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 11-044

2. Activity No: A-11-23

3. Page 2 of 2**Block # 8**

CCP-PO-510, *CCP/SNL Interface Document*, Rev. 0, Section 4.1.3, states: "The STR will provide the CCP SPM, in writing, a listing of the site-specific training required for each CCP position."

CCP-TP-500, *CCP Remote-Handled Waste Visual Examination*, Rev. 11, states in Section 2.4.1 [C]: "Personnel will have read and understand the applicable health and safety plan prior to performing work."

CCP-QP-002, *CCP Training and Qualification Plan*, Rev. 31, Section 3.1.2, states: "[CCP Lead Site Project Manager (SPM)] Ensures that CCP personnel are qualified and trained to perform their assigned functions."

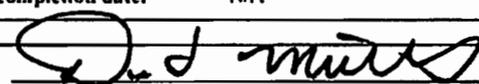
Block # 9

No objective evidence was provided to show that the required letter from the Sandia National Laboratories (SNL) Site Technical Representative (STR) was sent to the Central Characterization Project (CCP) SPM listing site-specific training required for each CCP position.

The visual examination (VE) operating procedure (CCP-TP-500) cites facility training requirements for the health and safety plan. Objective evidence provided showed that only 1 of the 6 qualified VE personnel read or understood the applicable health and safety plan prior to performing work.

CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 11-045	2. Activity Report No.: A-11-23	3. Page 1 of 2
4. Controlling document: CCP-TP-093, Rev. 15, CCP-TP-106, Rev. 7		5. CBFO Assessment Team Leader: Dennis S. Miehl
6. Responsible organization: SNL/CCP		7. CAQ was discussed with: Irene Quintana
8. Requirement that was violated: See Continuation Sheet.		
9. Condition Adverse to Quality (CAQ): See Continuation Sheet.		
10. Suggested actions (Optional): --		
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: 11G-06	13b. CAR Initiator:  (printed name) B.J. Verret	Date: 7/25/11
14a. Response due date: 8/16/11		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader:  (printed name) Dennis S. Miehl		Date: 7-25-11
b. CBFO Quality Assurance Director (if SCAQ, work suspension, or accelerated corrective action, sign here; otherwise, mark as N/A): (printed name) N/A		Date: _____
16. Acceptance of Proposed Corrective Actions: _____ (printed name) _____		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name) _____		Date: _____
18. Closure: _____ (printed name) _____		Date: _____

CBFO Form 3.1-2

CAR CONTINUATION SHEET

1. CAR No: 11-045

2. Activity No: A-11-23

3. Page 2 of 2.**Block # 8**

CCP-TP-093, *CCP Sampling of TRU Waste Containers*, Rev. 15, Section 4.4.4[A.5](b): "Pressure reported to the nearest whole number inches Hg of pound per square inch gauge (psig)." Section 4.5.1[A.6](b): "Pressure reported to nearest whole number inches Hg or psig." Section 4.5, NOTE #2: "Point of origin is to be specific as to the location where sample was taken (e.g., Bldg. No., Room). Location is to be specific as to the location within the waste container where sample is taken (e.g., under lid)." Section 4.5.3[L.6]: "Waste Stream ID (NA for Field Blank)."

CCP-TP-106, *CCP Headspace Gas Sampling Batch Data Report Preparation*, Rev. 7, Section 4.1.4[A]: "Resolve any discrepancies with the HSG Drum Samplers, as necessary, before approving the Sampling BDR." Attachment 3, # 13: "Was the data reported in proper units and with the correct number of significant figures?" Attachment 3, # 18: "Verify all the data is signed and dated, and the data is recorded clearly, legibly, and accurately."

Block # 9

On the Headspace Gas (HSG) sampling Chain of Custody (COC) form, the ambient pressure was reported to 1/10th of an inch of Hg and not rounded up to the nearest whole number; the location of the sample was reported as the building where the sample was taken (same as the point of origin) and not specific to the location within the waste container where the sample was taken; the waste stream ID for the field blank was not entered as "NA," but contained the waste stream ID for the sampled containers.

The Independent Technical Reviewer (ITR) did not verify that there were three instances of information incorrectly entered by the sampler on the COC form; specifically, the number of significant figures reported for the ambient pressure on the COC form; the location in the container where the sample was taken; and the waste stream ID reported for the field blank. The ITR did not contact the HSG sampler to resolve the incorrect data entries.