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

AUG 8 2011



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

Subject: Issuance of CAR 11-047 from Surveillance S-11-19, WTS Industrial Safety and Hygiene Program

Dear Mr. Hoff:

The Carlsbad Field Office (CBFO) performed Surveillance S-11-19 of the Washington TRU Solutions (WTS) Industrial Safety and Hygiene Program on July 26-28, 2011. The resulting CBFO Corrective Action Report (CAR) 11-047 is enclosed.

Please document on the enclosed CAR Continuation Sheet your proposed corrective actions and a schedule for completion and forward to me prior to the response due date identified in CAR Block 14.

If you have any question, please contact me at (575) 234-7442.

Sincerely,

M. Lea Chism
Quality Assurance Specialist

Enclosure

cc: w/ enclosure

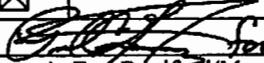
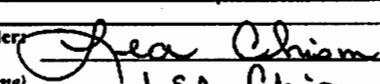
R. Unger, CBFO	*ED	R. Lee, EPA	ED
D. Gadbury, CBFO	ED	J. Kieling, NMED	ED
G. Basabilvazo, CBFO	ED	T. Hall, NMED	ED
D. Miehl, CBFO	ED	S. Holmes, NMED	ED
M. Navarrete, CBFO	ED	T. Kesterson, DOE OB WIPP NMEDED	ED
D. Ferguson, CBFO	ED	D. Winters, DNFSB	ED
F. Sharif, WTS	ED	E. Bradford, CTAC	ED
M. A. Mullins, WTS	ED	P. Hinojos, CTAC	ED
T. Peake, EPA	ED	G. White, CTAC	ED
M. Eagle, EPA	ED	M. Mager, CTAC	ED
E. Feltcorn, EPA	ED	WIPP Operating Record	ED
R. Joglekar, EPA	ED	CBFO QA File	
S. Ghose, EPA	ED	CBFO M&RC	

*ED denotes electronic distribution



CBFO Form 3.1-1

CORRECTIVE ACTION REPORT

1. CAR No.: 11-047		2. Activity Report No.: S-11-19		3. Page 1 of 2	
4. Controlling document: WP 12-IS1832, Rev. 4			5. CBFO Assessment Team Leader: Lea Chism		
6. Responsible organization: WTS			7. CAQ was Discussed with: Mike Quintela		
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 type="checkbox"/>	12. Type of actions required:	
11b. Work Suspension recommended? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/>	No <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>
11d. Accelerated corrective action required? (If 'Yes', go to block 15b)		Yes <input type="checkbox"/>	No <input 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 type="checkbox"/> No <input checked="" type="checkbox"/>
13a. Trend Code: SA-05		13b. CAR Initiator:  (printed name) A. Earl Bradford/Margie Martinez		Date: 7/26/11	
14a. Response due date: 08-29-11					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Assessment Team Leader:  (printed name) LEA Chism			Date: 08-08-11		
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: 11-047	2. Activity No: S-11-19	3. Page 2 of 2
<p>Block # 8: Requirement that was violated:</p> <p>WP 12-IS1832 Rev. 4, <i>Emergency Eyewash and Shower Equipment</i>, section 1.0, Verify Emergency Eyewash and Shower Weekly Inspections are completed using Attachment 1.</p> <p>Weekly Emergency Eyewash and Shower Inspection, paragraphs:</p> <ul style="list-style-type: none">1.1 Perform the actions listed in Attachment 11.2 If there are no discrepancies, indicate on unit's inspection record, Attachment 2 or 3, that the weekly inspection has been performed by:<ul style="list-style-type: none">1) Providing date and time of inspection2) Writing "Weekly"3) Signing <p>Block # 9: Condition Adverse to Quality (CAQ):</p> <p>There are currently 24 eyewash stations located on the surface and 17 located underground at WIPP. Three of the eight surface units selected for verification of weekly inspections had not been inspected on a weekly basis and two of the eyewash stations had not been inspected since March 2011. Two of the nine selected underground units had also not been inspected on a weekly basis as required. The time of inspections had not been recorded for eight of the nine selected underground units.</p>		