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United States Government

Department of Energy

memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: December 14, 2011

REPLY TO ATTN OF: CBFO:OQA:CGF:MAG:11-1985:UFC 2300.00

SUBJECT: Interim Audit Report for Certification Audit A-12-04 of the SRS/CCP

TO: Johnny Harper, DOE-SR

The Carlsbad Field Office conducted Certification Audit A-12-04 of the Savannah River Site Central Characterization Project (SRS/CCP) on November 14-17, 2011. The CBFO Interim Audit Report is attached.

The audit team concluded that the SRS/CCP implementing procedures are adequate relative to the flow-down of requirements. The audit team determined that the SRS/CCP quality assurance and technical requirements are being satisfactorily implemented and are effective in all areas.

No conditions adverse to quality were noted as a result of the audit. The audit team identified two Observations during the audit and offered two Recommendations to SRS/CCP management for consideration.

If you have any questions or comments concerning the attached report, please contact me at (575) 234-7548.

Courtland G. Fesmire, P.E.
Quality Assurance Engineer

Attachment

cc: w/attachment

R. Unger, CBFO	*ED	R. Lee, EPA	ED
J.R. Stroble, CBFO	ED	J. Kieling, NMED	ED
M. Pinzel, CBFO	ED	T. Kliphuis, NMED	ED
T. Morgan, CBFO	ED	T. Hall, NMED	ED
N. Castaneda, CBFO	ED	S. Holmes, NMED	ED
D.K. Ploetz, WTS/CCP	ED	R. Maestas, NMED	ED
M. Sensibaugh, WTS/CCP	ED	T. Kesterson, NMED/DOE OB	ED
V. Cannon, WTS/CCP	ED	J. Marple, NMED/DOE OB	ED
A. J. Fisher, WTS/CCP	ED	D. Winters, DNFSB	ED
M. Walker, WTS/CCP	ED	P. Gilbert, LANL-CO	ED
Y. Salmon, WTS/CCP	ED	G. Lyshik, LANL-CO	ED
J. Carter, WTS/CCP	ED	C. Riggs, CTAC	ED
J. Hoff, WTS	ED	P.Y. Martinez, CTAC	ED
M.A. Mullins, WTS	ED	M. Mager, CTAC	ED
T. Peake, EPA	ED	WWIS Database Administrators	ED
M. Eagle, EPA	ED	WIPP Operating Record	ED
E. Feltcorn, EPA	ED	CBFO QA File	
R. Joglekar, EPA	ED	CBFO M&RC	
S. Ghose, EPA	ED	*ED denotes electronic distr	

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U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

INTERIM AUDIT REPORT

OF THE

SAVANNAH RIVER SITE CENTRAL CHARACTERIZATION PROJECT

TRU WASTE CHARACTERIZATION AND CERTIFICATION ACTIVITIES

AIKEN, SOUTH CAROLINA,

AUDIT NUMBER A-12-04

November 14 – 17, 2011

Prepared by: _____ **Date:** 12/8/11
Priscilla Y. Martinez, CTAC
Audit Team Leader

Approved by: _____ **Date:** 12/14/11
COR Randy Unger, CBFO
Quality Assurance Director

1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Certification Audit A-12-04 was conducted to evaluate the adequacy, implementation, and effectiveness of Savannah River Site (SRS) transuranic (TRU) waste characterization activities performed for SRS by the Washington TRU Solutions (WTS) Central Characterization Project (CCP) relative to the requirements detailed in the Waste Isolation Pilot Plant (WIPP) Hazardous Waste Facility Permit (HWFP), the *CBFO Quality Assurance Program Document* (QAPD), the *Transuranic Waste Acceptance Criteria for the Waste Isolation Pilot Plant* (WAC), the *Remote-Handled TRU Waste Characterization Program Implementation Plan* (WCPIP).

The audit team evaluated remote-handled (RH) Summary Category Group (SCG) S5000 retrievably stored debris waste, in addition to other technical elements and quality assurance (QA) elements. The specific items audited are listed in section 2.1.

The audit was conducted at the SRS/CCP facilities near Aiken, SC, November 14 through 17, 2011. The audit team concluded that overall, the SRS/CCP technical and QA programs, as applicable to audited activities, were adequately established for compliance with the applicable upper-tier requirements. The audit team verified that the SRS/CCP program for characterization and certification activities related to RH SCG S5000 retrievably stored debris waste were adequate, satisfactorily implemented, and effective. The audit team determined that the SRS/CCP QA and technical requirements are being satisfactorily implemented and are effective in all areas.

The audit team did not identify any conditions adverse to quality. Two Observations were identified during the audit, and two Recommendations were offered for management consideration. The Observations and Recommendations are described in sections 6.3 and 6.4.

2.0 SCOPE AND PURPOSE

2.1 Scope

The audit team evaluated the adequacy, implementation, and effectiveness of the SRS/CCP TRU waste characterization and certification activities for RH SCG S5000 debris waste.

The following elements were evaluated:

Quality Assurance

- Personnel Qualification and Training
- Nonconformance Reporting
- Records

Technical

- Data Validation and Verification (V&V) (Project- and Generation-level)
- Acceptable Knowledge (AK)

Headspace Gas (HSG) Sampling
Real-time Radiography (RTR)
Dose-to-Curie (DTC)
Performance Demonstration Program (PDP)
WIPP Waste Information System/Waste Data System (WWIS/WDS)
Container Management

The evaluation of SRS/CCP TRU waste activities and documents was based on current revisions of the following documents:

Waste Isolation Pilot Plant Hazardous Waste Facility Permit NM4890139088-TSDF

CBFO Quality Assurance Program Document (QAPD), DOE/CBFO-94-1012

Transuranic Waste Acceptance Criteria for the Waste Isolation Pilot Plant Project (WAC), DOE/WIPP-02-3122

Remote-Handled TRU Waste Characterization Program Implementation Plan (WCPIP), DOE/WIPP-02-3214

CCP Transuranic Waste Characterization Quality Assurance Project Plan (QAPjP), CCP-PO-001

CCP Transuranic Waste Certification Plan, CCP-PO-002

CCP/SRS Interface Document, CCP-PO-004

Related technical and quality assurance implementing procedures

2.2 Purpose

The audit team evaluated the adequacy, implementation, and effectiveness of SRS/CCP TRU waste activities as they relate to the WIPP HWFP for RH SCG S5000 debris waste.

3.0 AUDIT TEAM AND OBSERVERS

AUDITORS/TECHNICAL SPECIALISTS

Court Fesmire	Audit Team Management Representative, CBFO
Priscilla Y. Martinez	Audit Team Leader (ATL), CBFO Technical Assistance Contractor (CTAC)
Charlie Riggs	ATL, CTAC
Earl Bradford	Auditor, CTAC
Rick Castillo	Auditor, CTAC
Greg Knox	Auditor, CTAC
Katie Martin	Auditor, CTAC
Jack Walsh	Auditor, CTAC
Paul Gomez	Auditor, CTAC
Margie Martinez	Auditor, CTAC
Jim Oliver	Technical Specialist, CTAC
Dick Blauvelt	Technical Specialist, CTAC

Rhett Bradford	Technical Specialist, CTAC
Mavis Lin	Technical Specialist, CTAC

OBSERVERS

Thomas Morgan	CBFO
Kenneth Lickliter	CBFO Contractor
Steve Holmes	New Mexico Environment Department (NMED)
Tim Hall	NMED
Connie Walker	NMED Contractor

4.0 AUDIT PARTICIPANTS

SRS and CCP personnel contacted during the audit are identified in Attachment 1. A pre-audit meeting was held at the SRS in trailer 707-10E on November 14, 2011. Daily briefings were held with SRS and CCP management and staff to discuss issues and potential deficiencies. The audit was concluded with a post-audit meeting held at SRS in trailer 707-10E and via teleconference with personnel at the Skeen-Whitlock Building in Carlsbad, NM, on November 17, 2011.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

This audit was performed to assess the ability of SRS/CCP to characterize RH SCG S5000 debris waste to the requirements specified in the CBFO QAPD, the HWFP *Waste Analysis Plan* (WAP), the WAC, and the WCPIP. The related characterization methods assessed were AK, HSG Sampling and Analysis, RTR, and DTC. Other areas evaluated were project-level data V&V, data quality objective (DQO) reconciliation, the preparation of WSPFs, WWIS/WDS data entry, PDP, and the SRS/CCP QA Program.

The audit team concluded that the applicable SRS/CCP TRU waste characterization activities, as described in the associated SRS/CCP implementing procedures, are satisfactory in meeting upper-tier requirements. Attachment 2 contains a Summary Table of Audit Results. Attachment 3 contains a table of documents evaluated during the audit. Attachment 4 is a list of the processes and equipment evaluated during the audit. Details of audit activities are described below.

5.2 Quality Assurance Activities

Personnel Qualification and Training

The audit team conducted interviews with responsible personnel and reviewed implementing procedures relative to the training and qualification of personnel to determine the degree to which the procedures adequately address upper-tier HWFP and QAPD requirements.

Personnel training records associated with RH activities for RTR, DTC, HSG sampling, AK, and Site Project Manager (SPM) were examined to verify implementation of associated requirements and to verify that personnel performing characterization activities are appropriately qualified. Record reviews included the SRS/CCP List of Qualified Individuals (LOQI) and qualification cards, which included required reading, capability demonstrations, etc.

The procedures reviewed and objective evidence assembled and evaluated during the audit provided evidence that the applicable requirements for personnel qualification and training are adequately established for compliance with upper-tier requirements, are satisfactorily implemented, and are effective.

Nonconformance Reporting

The audit team conducted interviews with responsible personnel and reviewed implementing procedures relative to the control of nonconformances to determine the degree to which procedures adequately address upper-tier HWFP and QAPD requirements. Procedure CCP-QP-005, *CCP TRU Nonconforming Item Reporting and* Control was reviewed. Evidence of the control of nonconformances was verified through the review of the nonconformance report (NCR) logs/database and NCRs issued.

Randomly selected NCRs were evaluated to ensure that conditions adverse to quality were appropriately identified, documented, dispositioned, resolved, and tracked through closure. The selected NCRs (NCR-RHSRS-2243-11, NCR-RHSRS-3533-11, NCR-RHSRS-3534-11, NCR-RHSRS-2939-11, NCR-RHSRS-2940-11, NCR-RHSRS-2941-11, NCR-RHSRS-2942-11, and NCR-RHSRS-2943-11) were reviewed, including verification to ensure that SRS/CCP was appropriately documenting and reporting WAP-related nonconformances (identified at the site project management level) to CBFO as required.

The procedures reviewed and objective evidence assembled and evaluated during the audit demonstrated that the applicable requirements for control of nonconformances are adequately established, satisfactorily implemented, and effective.

Records

The audit team reviewed implementing procedures relative to the control and administration of QA records to determine the degree to which the procedures adequately address upper-tier HWFP and QAPD requirements. The procedures reviewed included CCP-QP-008, *CCP Records Management* and CCP-QP-028, *CCP Records Filing, Inventorying, Scheduling, and Dispositioning.* Evidence of the control of QA records was verified through review of the SRS/CCP RH Records Inventory and Disposition Schedule (RIDS) dated 7/28/11. No concerns were identified.

The procedures reviewed and objective evidence assembled and evaluated during the audit provided evidence that the applicable requirements for QA records are adequate, satisfactorily implemented, and effective.

5.3 Technical Activities

Evaluations of applicable SRS/CCP technical activities are summarized in the following subsections.

5.3.1 Data Validation and Verification

The audit team verified the adequacy of the procedures and the implementation of those procedures in support of SRS/CCP characterization. The CCP provided batch data reports (BDRs) in support of RH characterization activities completed at the SRS. The SPM verified BDRs reviewed are listed below:

RTR

SRSRTR0425, SRSRTR0173

HSG

SRHSG1104, SRHSG1105, ECL11022G, ECL11021G, ECL11022M, ECL11021M

DTC

SRSRHDTC11001, SRSRHDTC11002

This audit included the first review of characterization activities for RH waste at the SRS performed by the CCP. The audit team reviewed the draft CCP WSPF with Chemical Information Summary (CIS).

The audit team also verified the HSG random selection memorandum for Waste Stream SR-RH-FBL.01, Lot 1, and the report of SRS/CCP HSG quarterly reviews completed during the second quarter of 2011.

The BDRs were reported completely and the SRS/CCP has already been evaluated for HSG field reference standards (FRS) in 2008. The HSG samples that were properly selected and reported were appropriately dispositioned.

The audit team concluded that the RH procedures are satisfactorily implemented, adequate, and effective.

5.3.2 Solids Sampling and Analysis

No RH solids are being processed by SRS/CCP at this time.

5.3.3 Acceptable Knowledge

The audit team evaluated an RH TRU mixed-waste debris stream designated as SR-RH-FBL.01, which was generated in the SRS FB-Line Facility between 1975 and1984. The audit was carried out in accordance with the latest revision to the WAP, implemented on 12/30/2010. The audit team specifically addressed the WAP requirements listed on the C6-3 checklist, along with portions of the C6-1 checklist. Objective evidence was reviewed and compiled to demonstrate compliance with each of the applicable requirements on these checklists. The team also reviewed the AK record in relation to specific and relevant requirements of the WCPIP. The nine 55-gallon drums in this waste stream were originally included in contact-handled (CH) waste stream SR-W027-FB-Pre86-C, but during characterization, the drums were set aside as RH waste due to a higher Am-241 content.

The audit team reviewed the latest revision to the AK Summary Report for this waste stream, a copy of the draft WSPF and attachments, and numerous AK source documents to establish support for the conclusions noted in the AK Summary, particularly with respect to the assignment of hazardous waste numbers (HWNs) and the historical management of the containers in this stream by SRS with respect to the Resource Conservation and Recovery Act (RCRA). The audit team also examined the AK Documentation Checklist, attachment 1; the AK Source Document Information List, attachment 4; the AK Hazardous Constituents List, attachment 5; the AK Waste Form, Waste Material Parameters, Prohibited Items and Pkg., attachment 6 along with the applicable justification memo for waste material parameter weight estimates; and the AK Container List, attachment 8. Examples of the resolution of AK discrepancies in the AK record, a WAP-compliant AK Accuracy Report, and the most recent internal surveillance were also collected and examined, along with screenshots from the item description code (IDC) database and a copy of the AK Tracking Spreadsheet.

The audit team reviewed training records for AK experts (AKEs) and SPMs. The WAP-required traceability exercise was performed for one drum from the HSG sampling lot. For this drum, the relevant RTR and DTC BDRs were also examined, along with screenshots from the IDC database. The estimated waste material parameter weights for this stream and supporting documentation were reviewed. A draft of the waste stream characterization checklist was also collected as objective evidence.

The audit team reviewed the AK record and compiled objective evidence that demonstrates compliance with the requirements of the WCPIP, as noted above. Documents reviewed included a WCPIP compliant AK Accuracy Report and the Characterization Reconciliation Report, along with the examination of relevant AK Source documents.

The audit team issued one Recommendation that included the submission of the completed WAP Compliance Tracking Table addressing the new AK WAP requirements (see section 6.4, Recommendation 1). Changes to the tracking table text and additions to the AK Summary Report were captured in a freeze file, reviewed, and agreed upon. Copies of these documents will be appended to the AK Summary submitted with the

final report to NMED in keeping with the agreement established between CBFO and NMED in February 2011.

The audit team concluded that with respect to the AK requirements in both the WCPIP and the WAP, the CCP program applied to this RH debris stream was adequate with respect to procedural compliance with requirements, and was satisfactory and effective in the implementation of those requirements.

5.3.4 Headspace Gas Sampling and Analysis

The audit team conducted interviews and examined related records in the area of SRS/CCP HSG sampling activities. SRS/CCP performs HSG sampling using SUMMA® canisters for sample collection. Samples are then shipped to the Idaho National Laboratory (INL) for analysis.

Sampling BDRs SRHSGS1102 and SRHSGS1104 for RH debris waste were examined. Collection of duplicate samples and a memo dated 10/13/08 authorizing SRS/CCP to cease collection of an FRS was verified. Drum Age Criteria (DAC), operational logbook, sample chain of custody (COC), and transfer to the analytical laboratory were reviewed and found to be compliant. Measuring and testing equipment (M&TE) certifications were audited. Training and qualification of sampling personnel were confirmed to be acceptable to the CCP program on data generation-level review.

Interviews were conducted with sampling personnel. There was no TRU waste sampling activity during the audit. A mock-up demonstration of HSG sampling operations on PAD 6 at the SRS was witnessed by the audit team. The demonstration consisted of taking a blank sample, duplicate samples, and a TRU sample. The audit team also verified that sampling equipment was satisfactorily maintained.

Two concerns related to the SPM training on RH AK were identified (see section 6.3, Observations 1 and 2). The SPM who had reviewed one of the RH BDRs was not identified on the List of Qualified SPMs (dated 11/14/2011) as an authorized RH SPM, and there was no objective evidence to suggest the SPM had participated in a briefing or finished required reading of the RH AK documentation (CCP-AK-SRS-580). The SPM should be knowledgeable on the subject AK to ensure DQO and data reconciliations are performed adequately. The audit team also evaluated the qualification cards for the assigned RH personnel and found them to be satisfactory, with the exception of the SPM who had reviewed the RH BDR.

Overall, the HSG Sampling activities reviewed were determined to be adequate, satisfactorily implemented, and effective.

5.3.5 Real-Time Radiography

The audit team evaluated the ability of SRS/CCP personnel to characterize SCG S5000 RH retrievably stored debris waste using RTR.

The audit team evaluated BDRs SRSRTR0425 and SR4RTR0173, and their associated audio/video recordings.

The team toured PAD 4 to observe the RTR-4 and RTR-15 Units. Both units were in operation at the time of the tour. During the walk-through, the audit team verified the acceptability of equipment and verified RTR operations were performed to current procedures, interviewed RTR personnel, and reviewed operational logbooks.

The audit team evaluated evidence of RTR operator-required training tapes for three RTR operators. The records of RTR operator trainings and qualifications reviewed indicated that operators were appropriately qualified as required.

Procedures evaluated were CCP-TP-053, Rev. 11, *CCP Standard Real-Time Radiography (RTR) Inspection Procedure*, and CCP-QP-002, Rev. 31, *CCP Training and Qualification Plan*. The team identified one concern (see section 6.4, Recommendation 2).

Overall, the team determined that the Real-time Radiography Program was adequate, satisfactorily implemented, and effective.

5.3.6 Visual Examination

SRS/CCP is not performing the VE process for RH Waste at this time.

5.3.7 Dose-to-Curie

The audit team evaluated the implementation of the DTC method and its application to BDRs SRSRHDTC11001 and SRSRHDTC11002, consisting of four and five containers, respectively.

In this particular application of the DTC methodology, the necessary ratios of the reportable radionuclides to the measured and modeled quantity of Cs-137 were derived from isotopic ratios obtained from the CH portion of this waste stream and measurement data gathered by an In Situ Object Counting System (ISOCS). This approach is fully described in CCP-AK-SRS-582, Rev. 1. The ISOCS is not a certified assay system for use in measuring waste bound for WIPP; however, the ISOCS was used to re-measure 12 containers of CH waste which were assayed on the approved and certified Nondestructive Assay Box Counter (NABC) system to validate the ability of the ISOCS to generate technically defensible results. The results of those comparative measurements are documented in a memorandum from J. Vance to I. Quintana, CCP Project Manager, dated July 29, 2011, which documents that the results of the ISOCS re-assay of waste compare favorably to the results obtained from the certified CH assay system (NABC).

The audit team developed a checklist based on the CCP operating procedures for the ISOCS (CCP-TP-139, Rev. 3, 5/4/11) and the Dose-to-Curie Survey Procedure (CCP-TP-504, Rev. 11, 4/25/11) in order to evaluate the performance of the ISOCS and the

implementation of the DTC methodology. The audit team also interviewed SRS/CCP personnel and observed the ISOCS and DTC survey equipment. The audit team identified no issues.

Overall, the audit team concluded that Dose-to-Curie activities were adequate, satisfactorily implemented, and effective.

5.3.8 Performance Demonstration Program

The SRS/CCP does not participate in the PDP for HSG since the analyses are now performed at INL.

5.3.9 WIPP Waste Information System/Waste Data System

The audit team evaluated implementation of the CCP TRU Waste Certification and WWIS/WDS data entry procedure for data entry using the WWIS/WDS data entry spreadsheet. The evaluation included data population of the spreadsheet, a review of data entry by a Waste Certification Assistant (WCA), and waste certification by the Waste Certification Official (WCO).

Draft documentation for this process was provided due to the lack of data available for this site. The data used for the containers and the canister are "mock" data. The WDS Data Entry Spreadsheet and the WDS Waste Container Data Report are draft documents. Per procedure, CCP is not allowed to enter data from a non-certified site onto the WDS Data Entry Spreadsheet. The WDS Data Entry Spreadsheet was uploaded into the TEST instance (TST01) of WDS in order to test the accuracy of the data transfer from the WDS Data Entry Spreadsheet into WDS. Record reviews included pages from BDRs showing analyses values, draft WWIS/WDS Container Data Reports, and submittals for WWIS review/approval.

The audit team reviewed one WWIS/WDS waste certification package for Canister SR0TST01, which had three internal containers for RH waste (SR501028, SR504242, and SR512002). No concerns were identified.

Overall, the WIPP WWIS/WDS activities evaluated were determined to be adequate, satisfactorily implemented, and effective.

5.3.10 Container Management

Container management activities were evaluated by a walk-through of SRS container storage areas, examination of shipping documents, and interview with the CCP Container Management Specialist (CMS). SRS personnel are trained to CCP Container Management Procedure CCP-TP-035 and perform the movement and storage of containers. The CCP CMS verifies these activities. Tracking of containers is performed by the CMS by obtaining container numbers of stored containers in the field as they are transferred from SRS to CCP, then locating the containers in the CMS and CCP databases. Separate storage of containers with NCRs from containers without NCRs

was verified. Storage of containers ready for shipment was verified to be satisfactory to preclude ineligible containers from being shipped to WIPP.

Overall, the Container Management activities evaluated were determined to be adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

6.0 CORRECTIVE ACTIONS, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

During the audit, the audit team may identify conditions adverse to quality (CAQ) and document such conditions on corrective action reports (CARs).

Condition Adverse to Quality (CAQ) – An all-inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, nonconformances, and technical inadequacies.

Significant Condition Adverse to Quality – A condition which, if uncorrected, could have a serious effect on safety, operability, waste confinement, TRU waste site certification, regulatory compliance demonstration, or the effective implementation of the QA program.

No CARs resulted from this audit.

6.2 Deficiencies Corrected During the Audit

During the audit, the audit team may identify CAQs. The audit team members and the Audit Team Leader (ATL) evaluate the CAQs to determine if they are significant.

Once a determination is made that the CAQ is not significant, the audit team member, in conjunction with the ATL, determines if the CAQ is an isolated case requiring only remedial action and therefore can be corrected during the audit. Upon determination that the CAQ is isolated, the audit team member, in conjunction with the ATL, evaluates/verifies any objective evidence/actions submitted or taken by the audited organization and determines if the condition was corrected in an acceptable manner. Once it has been determined that the CAQ has been corrected, the ATL categorizes the condition as a CDA according to the definition below.

CDAs – Isolated deficiencies that do not require a root cause determination or actions to preclude recurrence. Correction of the deficiency can be verified prior to the end of the audit. Examples include one or two minor changes required to correct a procedure (isolated), one or two forms not signed or not dated (isolated), and one or two individuals that have not completed a reading assignment.

No CDAs were identified during the audit.

6.3 Observations

During the audit, the audit team may identify potential problems that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Observations using the following definition.

Observation – A condition that, if not controlled, could result in a CAQ.

Once a determination is made, the audit team member, in conjunction with the ATL, categorizes the condition appropriately.

The following Observations were identified during the audit.

Observation 1

The individual who performed the SPM review of RH HSG Sampling BDR SRHG1102 was not listed on the current List of Qualified Site Project Managers dated 11/14/2011 as an RH Site SPM. In addition, the individual does not have a qualification card (Form RH SPM-01) for "RH Sites." (There are no specific SPM Qualification Requirements defined in CCP-QP-002.)

Observation 2

There was no objective evidence to verify that the SPM had participated in a briefing or finished required reading of the RH AK Summaries (CCP-AK-SRS-500 and CCP-AK-580).

6.4 Recommendations

During the audit, the audit team may identify suggestions for improvement that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Recommendations using the following definition.

Recommendations – Suggestions that are directed toward identifying opportunities for improvement and enhancing methods of implementing requirements.

Once a determination is made, the audit team member, in conjunction with the ATL, categorizes the condition appropriately.

The audit team presented two Recommendations to SRS/CCP for management consideration.

Recommendation 1

The audit team recommends that SRS/CCP revise the affected AK documentation to ensure compliance with the December 2010 WAP requirements. NMED WAP Compliance Tracking Tables completed by the CCP AKEs were reviewed for an RH

TRU mixed waste stream that was examined during the AK portion of this certification audit. Appropriate and agreed-upon changes were made to the forms and freeze files were drafted for each of the AK Summary documents to be submitted to document control for incorporation into the next revision. The tracking tables and the freeze files will be attached to the AK Summary as part of the record submitted to NMED in keeping with the agreement entered into at the first audit after the new WAP went into effect.

The AK Summary affected is CCP-AK-SRS-580 Rev. 3, for waste stream SR-RH-FBL.01

Recommendation 2

The audit team recommends that RH BDRs have 'RH' as part of the BDR identification. CCP-TP-053 is used for RH RTR instead of CCP-TP-508, *CCP RH Standard Real-Time Radiography Inspection Procedure*. CCP-TP-508 requires the RH BDRs to have RH as part of the BDR identification, while CCP-TP-053 does not.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit
Attachment 2: Summary Table of Audit Results
Attachment 3: Listing of Audited Documents
Attachment 4: Processes and Equipment Reviewed During Audit

PERSONNEL CONTACTED DURING THE AUDIT

PERSONNEL CONTACTED DURING AUDIT A-12-04				
NAME	**TITLE/ORG**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST AUDIT MEETING**
Adams, James	VEE;NFT/CCP	X	X	X
Armijo, Cheryl	Records Clerk; CCP/Stoller	X	X	
Barr, Sean	E-Area RPD FM; SRSW	X		
Billett, Michele	Training Coordinator; CCP Training		X	
Brookshire, John	RTR Oper.; RTR/CCP		X	
Cantu, Adela	CCP SPM; WTS/CCP			X
Ceo, Bob	NDA; MCS/Canberra		X	
Crosby, Dan	NDA; MCS/Canberra		X	
Davis, Will	NFT/Container Management; CCP		X	
Doherty, Mark	AKE; CCP/TECH SPECS	X	X	X
Fussel, Buddy	SRS/CCP VPM; SRS/CCP	X		X
Gilmour, John	Director SWM; SRNS	X		X
Harper, Johnny	DOE-SR	X		
Harrison, Jeff	AKE; CCP/TECH SPECS	X	X	
Harvill, Joe	NDA & DTC Lead; WTS/CCP	X	X	
Hasty, Jeff	Solid Waste; SRWS	X		
Huff, Andrea	RTR Oper; RTR/CCP		X	
Kantrowtz, Rich	Lead SPM; CCP			X
Kinard, Stacy	NFT			X
Kirkes, Creta	RCT/WCO/WCA; WTS/CCP		X	
Kokovich, Mark	E-Area Facility Mgr.; SRNS-SWM	X		

PERSONNEL CONTACTED DURING AUDIT A-12-04				
NAME	**TITLE/ORG**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST AUDIT MEETING**
Lee, Ronnie	PM; WTS/CCP	X	X	
McCoy, David	RTR Lead Operator; MCS/CCP	X	X	X
Morgan, Tom	DOE CCP Manager; DOE/CBFO	X		
Muse, Steve	CCP Quality Assurance Engineer; WTS/CCP	X	X	
Nelson, Laura	SPM; CCP			X
Ott, Derek	RH Rad. Characterization; WTS/CCP		X	X
Papp, Michael	AKE; Tech Specs/CCP	X	X	
Pearcy, Mark	SPM; WTS/CCP			X
Pearcy, Sheila	CCP Records Manager; CCP Records/Stoller	X	X	X
Ploetz, D.K.	CCP Manager; WTS/CCP			X
Quintana, Irene	RHPM; WTS/CCP	X	X	X
Redmond, Robert S.	RTR Oper; RTR/CCP		X	
Remington, Dan	NDA/Lead Operator; MCS		X	
Schrock, Beverly	SPM; CCP	X	X	X
Sensibaugh, Michael	SRS/CCP Project Manager; WTS/CCP	X	X	X
Shepley, Todd	NDA/DTC Lead Operator; CCP/MCS	X	X	X
Simpson, Kenneth	RTR/VJT	X	X	X
Stallings, Andrew	NDE Cog Eng; CCP			X
Stepzinski, Joe	VPM; CCP	X		X
Stone, Keith	RCT Engineering and Projects Support; Manager			X

PERSONNEL CONTACTED DURING AUDIT A-12-04				
NAME	**TITLE/ORG**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST AUDIT MEETING**
Templeton, Bret	NDA Operator; MCS/Canberra		X	
Thompson, Joel	FGA/HSG Operator/ITR; NFT/CCP	X	X	X
Watson, Lisa	AKE; LANL-CO	X	X	
Whitson, Ronald	DTC; MCS	X	X	

Summary Table of Audit Results

Documents	Concern Classification				QA Evaluation		Technical
	CARs	CDAs	Obs	Rec	Adequacy	Implementation	Effectiveness
Activity							
Acceptable Knowledge				1	A	S	E
Headspace Gas			2		A	S	E
Real-Time Radiography				1	A	S	E
Project Level V&V					A	S	E
Nonconformance Reporting					A	S	E
Training					A	S	E
Records					A	S	E
WWIS/WDS					A	S	E
Dose-To-Curie					A	S	E
TOTALS			2	2	A	S	E

Definitions

E = Effective
S = Satisfactory
I = Indeterminate
M=Marginal

CAR = Corrective Action Report
CDA = Corrected During Audit
NE = Not Effective
Obs = Observation

Rec = Recommendation
A = Adequate
NA = Not Adequate

LISTING OF AUDITED DOCUMENTS

	Document No.	Document Title
1.	CCP-PO-001	CCP Transuranic Waste Characterization Quality Assurance Project Plan
2.	CCP-PO-002	CCP Transuranic Waste Certification Plan
3.	CCP-PO-004	CCP/SRS Interface Document
4.	CCP-PO-005	CCP Conduct of Operations
5.	CCP-PO-008	CCP Quality Assurance Interface with the WTS Quality Assurance Program
6.	CCP-QP-002	CCP Training and Qualification Plan
7.	CCP-QP-005	CCP TRU Nonconforming Item Reporting and Control
8.	CCP-QP-008	CCP Records Management
9.	CCP-QP-016	CCP Control of Measuring and Testing Equipment
10.	CCP-QP-021	CCP Surveillance Program
11.	CCP-QP-028	CCP Records Filing, Inventorying, Scheduling, and Dispositioning
12.	CCP-TP-001	CCP Project Level Data Validation and Verification
13.	CCP-TP-002	CCP Reconciliation of DQOs and Reporting Characterization Data
14.	CCP-TP-003	CCP Data Analysis for S3000, S4000, and S5000 Characterization
15.	CCP-TP-005	CCP Acceptable Knowledge Documentation
16.	CCP-TP-028	CCP Radiographic Test and Training Drum Requirements
17.	CCP-TP-053	CCP Standard Real-Time Radiography (RTR) Inspection Procedure
18.	CCP-TP-056	CCP-HSG-Performance Demonstration Program
19.	CCP-TP-066	CCP Radiography Screening Procedure for Prohibited Items
20.	CCP-TP-075	CCP RTR #15 Operating Procedure
21.	CCP-TP-082	CCP Preparing and Handling Waste Containers for HSG Sampling
22.	CCP-TP-087	CCP Scale Operations
23.	CCP-TP-093	CCP Sampling of TRU Waste Containers
24.	CCP-TP-098	CCP Installation of the NucFil Headspace Sample Port
25.	CCP-TP-106	CCP Headspace Gas Sampling Batch Data Report Preparation
26.	CCP-TP-136	CCP Standardized Prohibited Item Remediation
27.	CCP-TP-139	CCP In Situ Object Counting System Nondestructive Assay Operating Procedure
28.	CCP-TP-145	CCP RTR#4 Operating Procedure
29.	CCP-TP-162	CCP Random Selection of Containers for Solids and Headspace Gas Sampling and Analysis
30.	CCP-TP-180	CCP Analytical Sample Management
31.	CCP-TP-500	CCP Remote-Handled Waste Visual Examination
32.	CCP-TP-504	CCP Dose-to-Curie Survey Procedure for Remote-Handled Transuranic Waste
33.	CCP-TP-506	CCP Preparation of the RH TRU Waste AK Characterization Reconciliation Report
34.	CCP-TP-508	CCP RH Standard Real-Time Radiography Inspection Procedure
35.	CCP-TP-509	CCP Remote-Handled Transuranic Container Tracking
36.	CCP-TP-510	CCP Remote-Handled Radiography Test and Training Drum Requirements
37.	CCP-TP-530	CCP RH TRU Waste Certification and WWIS/WDS Data Entry

Processes and Equipment Reviewed During Audit A-12-04 of the SRS-CCP

WIPP #	Process/Equipment Description	Applicable to the Following Waste Streams/Groups of Waste Streams	Currently Approved by NMED	Currently Approved by EPA
NEW PROCESSES OR EQUIPMENT				
1RR3	Real-time Radiography Procedure – CCP-TP-053 Description – RTR-15, 55-gallon drums (PAD 4)	Debris (S5000)	NO	NO
1RR4	Real-time Radiography Procedure – CCP-TP-053 and CCP-TP-145 Description – RTR-4, 55-gallon drums and standard waste boxes (SWBs)	Debris (S5000)	NO	NO
1DTC1	Dose-to-Curie Procedure – CCP-TP-504 Description – Radiological Characterization	Debris (S5000)	N/A	NO
N/A	Headspace Gas Sampling Procedure – CCP-TP-093 Description – CCP Sampling of TRU Waste Containers using SUMMA® Canisters	Debris (S5000)	NO	N/A
N/A	Acceptable Knowledge (AK)	Debris (S5000)	NO	NO
N/A	Data Generation and Project Level Validation and Verification (V&V)	Debris (S5000)	NO	NO
N/A	WIPP Waste Information System/Waste Data System (WWIS/WDS)	Debris (S5000)	NO	NO
N/A	QA Program	Debris (S5000)	NO	NO