



Department of Energy  
Carlsbad Field Office  
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NOV 21 2012



Mr. Jon E. Hoff, Manager  
Quality Assurance  
Nuclear Waste Partnership, LLC  
P.O. Box 2078  
Carlsbad, NM 88221-2078

Subject: Transmittal of Audit Report for Audit A-13-04 of NWP Quality Assurance Program, Criteria 10 Through 18

Dear Mr. Hoff:

The Carlsbad Field Office performed Audit A-13-04 of the Nuclear Waste Partnership, LLC (NWP) Quality Assurance Program, Criteria 10 through 18, October 30, 2012, through November 1, 2012. The audit team concluded that the overall status of the program is adequate, satisfactorily implemented, and effective. No concerns were identified during the audit. The details of the audit, as well as the audit team's conclusions, are provided in the enclosed audit report.

If you have any questions, please contact me at (575) 234-7065.

Sincerely,

Randy Unger, Director  
Office of Quality Assurance

Enclosure





U.S. DEPARTMENT OF ENERGY  
CARLSBAD FIELD OFFICE

AUDIT REPORT

OF

NUCLEAR WASTE PARTNERSHIP LLC (NWP)

CARLSBAD, NEW MEXICO

AUDIT NUMBER A-13-04

OCTOBER 30, 2012, THROUGH NOVEMBER 1, 2012

QUALITY ASSURANCE PROGRAM  
CRITERIA 10 THROUGH 18



Prepared by:

*Tamara D. Bowden*

Tamara D. Bowden, CTAC  
Audit Team Leader

Date:

*11/24/12*

Approved by:

*Randy Unger*

Randy Unger, CBFO  
Quality Assurance Director

Date:

*16 Nov 12*

## 1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Audit A-13-04 was conducted to evaluate Nuclear Waste Partnership LLC (NWP) continued implementation of a quality assurance (QA) program related to the American Society of Mechanical Engineers (ASME) Nuclear Quality Assurance (NQA)-1-1989 Edition, *Quality Assurance Program Requirements for Nuclear Facilities*. The NWP QA Program was evaluated as it relates to NQA-1-1989 criteria 10 through 18.

The purpose of the evaluation was to verify the flow-down of NQA-1-1989 requirements through DOE/CBFO-94-1012, Revision 11, *CBFO Quality Assurance Program Document* (CBFO QAPD), and WP 13-1, Revision 32, *NWP Quality Assurance Program Description* (NWP QAPD), into the applicable NWP implementing procedures, and to determine if the procedures were effective. The audit was conducted October 30, 2012, through November 1, 2012, at the NWP facilities at the Waste Isolation Pilot Plant (WIPP).

The audit team concluded that NWP QA procedures are adequate in the flow-down of requirements from the upper-tier documents, requirements are satisfactorily implemented through NWP procedures, and overall, the NWP QA Program is effective.

The audit team identified no concerns as a result of this audit.

As of October 1, 2012, the DOE WIPP Management and Operating contract has been transitioned from Washington TRU Solutions, LLC, to the Nuclear Waste Partnership LLC (NWP). Distribution and contact lists for this report have been updated as provided by NWP.

## 2.0 SCOPE AND PURPOSE

The audit team evaluated the adequacy, implementation, and effectiveness of selected QA processes related to the NWP QA Program. The following criteria were evaluated:

- Criterion 10 – Inspection
- Criterion 11 – Test Control
- Criterion 12 – Control of Measuring and Test Equipment
- Criterion 13 – Handling, Storage, and Shipping
- Criterion 14 – Inspection, Test, and Operating Status
- Criterion 15 – Control of Nonconforming Items
- Criterion 16 – Corrective Action
- Criterion 17 – Quality Assurance Records
- Criterion 18 – Audits

### **3.0 AUDIT TEAM**

#### **AUDITORS**

Richard Farrell	CBFO QA Management Representative
Tamara D. Bowden	Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
Katie Martin	Auditor, CTAC
Norm Frank	Auditor, CTAC
Greg Knox	Auditor, CTAC
Harley Kirshenmann	Auditor, CTAC

### **4.0 AUDIT PARTICIPANTS**

Individuals contacted during the audit are identified in Attachment 1. A pre-audit conference was held in the NWP Support Building large conference room on October 30, 2012. The audit was concluded with a post-audit conference in the NWP Support Building large conference room on November 1, 2012.

### **5.0 SUMMARY OF AUDIT RESULTS**

#### **5.1 Program Adequacy, Implementation, and Effectiveness**

The audit team concluded that the NWP QA Program was adequate, satisfactorily implemented, and effective for the areas audited.

#### **5.2 Quality Assurance Program Activities**

NWP implementing procedures included in the audit are identified in Attachment 2. Details of the audit are contained in the following sections. All procedures reviewed during the audit were determined to adequately address the appropriate upper-tier requirements.

##### **5.2.1 Criterion 10 – Inspection**

The audit team reviewed applicable documentation to verify the implementation and effectiveness of the Receipt/Source Inspection processes. In addition, the audit team verified qualifications and training records, including qualification cards and certifications, and determined that inspections were performed by qualified personnel.

Documents reviewed included QA inspection reports, source/receipt verification sheets, work order packets, and associated nonconformance reports (NCRs).

The audit team identified no concerns associated with Inspection, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

## 5.2.2 Criterion 11 – Test Control

The audit team interviewed personnel and reviewed engineering specifications, work orders, and test procedures to verify the effectiveness of the Test Control process. Test requirements and the conditions under which they will be performed are included in the specifications reviewed. The team found that specifications, work orders, and test procedures are appropriately approved.

E-I-343, Specification for the Fabrication of the Standard Waste Box (SWB), and E-I-441, Specification for the Fabrication of the Adjustable Center-of-Gravity Lift Fixture (ACGLF), demonstrated that test requirements and their bases (codes/standards) are identified in the specifications. Specification E-I-441 included specific proof-test procedures for ACGLF lifting components, weldment, and performance. Specification E-I-343 required SWB leak and nondestructive testing. Conditions under which the testing is performed and specific acceptance requirements are identified or referenced in the specifications. Each specification contains document submittal requirements identifying when documents, including test plans and procedures, are to be submitted to NWP for approval.

Data sheets documenting two separate test results from technical procedure WP 13-QA3019, *Main Containment O-Ring Seal Batch Test*, were reviewed for tests conducted July 12, 2012. The audit team found that data sheets identified compliance with test requirements, were properly completed, and were accompanied with supporting information detailing test results. The Quality Category 1 test procedure included detailed instruction steps, identification of attributes, and required signoff steps.

Maintenance test control is demonstrated by Work Order (WO) 1201774. The WO included leak, pressure, and system tests to demonstrate waste hoist brake capability after rework. Detailed instructions, acceptance criteria, and signoffs were identified in the work order. EPD maintenance testing in accordance with DOE/WIPP-02-3183 was also reviewed on vessel serial numbers 158 (3/16/2012) and 178 (9/27/2012). Both tests were found to be satisfactory and test documentation was found to be properly completed and approved.

Preshipment leak rate testing of the vessel serial number 178 inner containment vessel (ICV) and outer containment vessel (OCV) in accordance with DOE/WIPP-02-3184 was reviewed for the Advanced Mixed Waste Treatment Facility on October 29, 2012. The audit team found that each test had satisfactory results and that documentation was properly completed and approved.

The audit team identified no concerns associated with Test Control, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

### **5.2.3 Criterion 12 – Control of Measuring and Test Equipment**

The audit team reviewed applicable documentation to verify the implementation and effectiveness of measuring and test equipment (M&TE) and monitoring and data collection (M&DC) equipment inspection activities. Evaluations included equipment reviews; M&TE/M&DC Receipt Inspection Verification Sheets, with associated plan numbers; the Qualified Suppliers List (QSL); Equipment History Reports; M&TE Usage Reports; M&TE Recall Reports; M&TE Out-of-Tolerance Non-Response Reports; and M&TE Out-of-Tolerance Notification Forms. No concerns were identified.

The audit team concluded that Control of Measuring and Test Equipment was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

### **5.2.4 Criterion 13 – Handling, Storage, and Shipping**

The audit team interviewed personnel and reviewed documents to determine compliance with procedures implementing the requirements for Handling, Shipping and Storage.

A walk-through of the warehouse was performed to verify appropriate identification of storage locations and bar coding of items. No issues were identified. Storage cabinets containing TRUPACT-II and Varian Leak Detection spares have access control afforded by locked cabinets, with an access list of authorized personnel posted on the cabinets. The audit team verified through review of two Stores Stock Requests (SSRs) that reviews are performed every two years. The SSR forms also documented QA involvement in the receipt process.

Review of Returned Material Authorization RMA 000816 verified that items returned to the warehouse have the appropriate documentation confirming component acceptability for reuse.

A spare parts review for shelf life is performed semi-annually, with results documented in the Biannual Shelf Life Expiration Analysis Reports dated March 2012 and September 2012.

The audit team verified that inventory control evaluations were performed between June 25 and July 13, 2012, as documented in the annual report. The annual report was transmitted to WTS on 8/27/2012 and on 9/6/2012 to CBFO, as required by procedure.

Review of logs and status tags identified that the Credit Card/Express Mail Log, Hazardous Materials Receipt Log, Radioactive Source Logs, Do Not Use Inspection Required tags, Warehouse Pending Receipt tags, and Complete tags are in use and are completed properly.

Shipping Authorizations for radioactive shipments were determined to be appropriately applied and adequately completed.

Closed-out Receipt Discrepancy Reports (RDRs) 245 through 261 were found to include information on the discrepancy, completion of the resolution process, and documentation of actions taken.

The audit team identified no concerns associated with Handling, Storage, and Shipping, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

#### **5.2.5 Criterion 14 – Inspection, Test, and Operating Status**

Several work orders (WOs) were reviewed to determine the status and adequacy of inspection, test and operating status. The WOs included expedited, preventive, and corrective maintenance methods.

Lockout-tagout (LOTO) requirements identifying location and the individual performing the LOTO were identified in WOs 1205584, Replace Fuses and Relay (priority 3A); 1208357, Replace Front Drive Motor; and 1208125, Replace Fire Suppression Battery. Hold or witness points were identified in WO 1201774, Weekly Waste Brakes PM, as well as in WOs 1208357 and 1208125. The audit team verified that WO steps were properly identified and closed out. Post-maintenance testing/retest for the weekly hoist brake preventative maintenance was adequately described in WO 1201774. Sign-offs for acceptance and approvals were found to be properly completed for all work orders.

The audit team identified no concerns associated with Inspection, Test, and Operating Status, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

#### **5.2.6 Criterion 15 – Control of Nonconforming Items**

The audit team evaluated the control of nonconforming items in accordance with NWP procedure WP13-QA3004, *Nonconformance Report*.

The audit team interviewed the NCR coordinator and reviewed the NCR Log and randomly selected NCRs that were generated during performance of various NWP activities, including receipt inspections, to ensure compliance with the implementing procedure. The audit team selected the following NCRs for evaluation:

NCR FY2012-05, Rev. 0	NCR FY2012-08, Rev. 0	NCR FY2012-16, Rev. 0
NCR FY2012-32, Rev. 0	NCR FY2012-24, Rev. 0	NCR FY2012-07, Rev. 0
NCR FY2012-04, Rev. 0	NCR FY2012-17, Rev. 1	NCR FY2012-04, Rev. 0

The audit team confirmed that deficiencies are properly evaluated and screened for Price-Anderson Amendments Act (PAAA), noncompliance tracking system (NTS) and NRC reportability, as well as the proper unreviewed safety question (USQ) evaluations. The audit team determined that Hold Tags are placed and removed in accordance with procedure. The audit team also verified that NCRs and deficiencies are entered into the commitment tracking system (CTS) for tracking and resolution. The audit team verified

that NCRs are properly closed and NCR records are retained by NWP QA, and the record packages were complete and properly maintained.

The audit team identified no concerns associated with Control of Nonconforming Items, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

#### **5.2.7 Criterion 16 – Corrective Action**

The audit team evaluated corrective action processes and issues management processes in accordance with NWP procedure WP04-IM000, *Issues Management Processing of WIPP Forms*.

NWP relies on procedure WP04-IM1000 to manage programmatic and hardware-related deficiencies. The audit team evaluated this process and its relationship to corrective actions for nonconforming items, and verified that the WIPP Form process and the issuance of NCRs complement the corrective action process. The audit team verified that WIPP Forms are used to identify nonconformances discovered while conducting NWP operations and that each WIPP Form is screened by a committee that has QA representation. The audit team interviewed the WIPP Form Coordinator and randomly selected the following WIPP Forms for evaluation:

WF12-048	WF11-230	WF12-058	WF12-089
WF12-179	WF12-006	WF12-021	WF12-130

The audit team verified that the WIPP Forms required development of corrective action plans, and ensure the resolution and closure of issues. In addition, the team verified that the screening process ensures the appropriate evaluations relative to determination of PAAA and NTS reportability, and classification of significant conditions adverse to quality (SCAQs). The team verified that all WIPP Forms and associated issues are entered into the electronic system for tracking, resolution and closure, that WIPP Forms are properly closed, and that WIPP Form files are complete and properly maintained.

Based on the information reviewed during the audit, the audit team identified no concerns associated with Corrective Action, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

#### **5.2.8 Criterion 17 – Quality Assurance Records**

Evaluation of the NWP processing of records was based on interviews, review of procedures, review of the Records Inventory and Disposition Schedule (RIDS), and review of other objective evidence. The audit team reviewed procedures 15-RM, Revision 5, *WIPP Records Management Program*; 15-RM3002, Revision 5, *Records Filing, Inventorying, Scheduling, & Dispositioning*; 15-RM3003, Revision 1, *Disposal of Nonpermanent Records in Office*; and 15-RM3005, Revision 4, *Records Transfer and Retrieval*. WIPP Records Archive personnel were interviewed to support the NWP audit only.

The audit team interviewed three Records Coordinators from Maintenance, Environmental (RadCon and Dosimetry), and Mining (Repository Development Program and Underground Operations), who were selected because these areas had not previously been audited. The audit team reviewed each RIDS for conformance to NWP procedure 15-RM3006, Revision 2, *Records Inventory and Disposition Schedule Review and Approval*. Two administrative secretaries were interviewed for correspondence records as described on the appropriate RIDS. Each RIDS evaluated was found to have been completed and approved as required by WP 15-RM3006, readily available online and from the Records Coordinators, and current. Samples of records from each RIDS were viewed both electronically and at the appropriate storage location. The interviews and review of records and RIDS demonstrated compliance with CBFO QAPD requirements and NWP implementing procedures.

The audit team reviewed training records for six NWP Records Coordinators and found that training was current.

The audit team identified no concerns associated with Quality Assurance Records, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

#### **5.2.9 Criterion 18 – Audits**

The audit team evaluated the audit processes in accordance with NWP procedures WP13-QA03, *Quality Assurance Independent Assessment Program*, and WP13-QA3012, *Supplier Evaluation/Qualification*.

The audit team verified that the QA Manager develops and maintains an assessment schedule that identifies the appropriate internal and external assessments. The team verified that the QA department maintains an assessment log that identifies internal and external assessments and surveillances and provides the current status of the assessments listed. The team interviewed the assessment coordinator and randomly selected the following completed assessments from the assessment log for evaluation: internal assessments I12-01, I12-03, I12-14; external assessments E12-02 and E12-03; and surveillance/vendor assessments S12-24 and S12-14.

The audit team verified that the plans and reports for the selected assessments were in compliance with procedures, and that assessment findings were properly documented. The team verified that assessment findings are entered into the electronic CTS for tracking status and closure, and that the assigned assessment team leaders for the selected assessments were qualified. The audit team also reviewed closure documentation and records packages associated with the selected assessments and determined the packages were complete and properly maintained.

The audit team verified that NWP maintains a qualified suppliers list (QSL) and audits suppliers prior to placing them on the QSL. The team verified that suppliers are audited

as required to maintain their status on the QSL, files are maintained for each vendor on the QSL, and supplier files were in order and contained the appropriate information.

The audit team identified no concerns associated with Audits, and concluded that the program was adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

## **6.0 SUMMARY OF DEFICIENCIES**

### **6.1 Corrective Action Reports (CARs)**

During the audit, the audit team may identify conditions adverse to quality (CAQs) and document such conditions on CARs.

Condition Adverse to Quality (CAQ) – Term used in reference to failures, malfunctions, deficiencies, defective items, and nonconformances.

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

No concerns resulting in a CAR were identified during Audit A-13-04.

### **6.2 Deficiencies Corrected During the Audit (CDAs)**

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 members, in conjunction with the ATL, determine if the CAQ is an isolated case requiring only remedial action and therefore can be a CDA. Upon determination that the CAQ is isolated, the audit team members, in conjunction with the ATL, evaluate/verify any objective evidence/actions submitted or taken by the audited organization and determine 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 following definition.

*Corrected During the Audit (CDA) – Isolated deficiencies that do not require a root cause determination or actions to preclude recurrence, and where 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 dated (isolated), and one or two individuals who have not completed a reading assignment.*

No CDAs were identified during Audit A-13-04.

### **6.3 Observations**

During the audit, the audit team may identify potential problems or 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 Observations using the following definition:

*Observation – A condition that is determined not to be violation of procedure or requirements at the time but, if not controlled or addressed, may result in a CAQ during future activities.*

No Observations were identified during Audit A-13-04.

### **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.*

No Recommendations were presented for NWP management consideration as a result of Audit A-13-04.

### **7.0 LIST OF ATTACHMENTS**

- Attachment 1: Personnel Contacted During the Audit
- Attachment 2: Listing of Audited Documents
- Attachment 3: Summary Table of Audit Results

<b>PERSONNEL CONTACTED DURING THE AUDIT</b>				
<b>NAME</b>	<b>ORGANIZATION / DEPARTMENT</b>	<b>PREAUDIT MEETING</b>	<b>CONTACTED DURING AUDIT</b>	<b>POSTAUDIT MEETING</b>
Allen, Bill	NWP/QA Integration Manager	X	X	X
Ater, Ed	NWP/QA/Manager Oversight Programs	X	X	X
Beeman, Bob	NWP Engineering/Engineer		X	
Boatwright, Wesley	RES/EM&H/VOC Program Manager		X	X
Bostick, Leroy	NWP/Manager Facility Ops	X		
Brewer, Dan	NWP/Maintenance/Metrology/Engineer Tech		X	
Bryan, Wes	NWP/Waste Ops Manager	X		
Cannon, Val	NWP/Assurance Program Manager	X	X	X
Cohen, Francine	URS/RES/Site Environmental Compliance			X
Cullum, Bob	NWP/Engineering/Manager Configuration Management		X	
Davis, Mark	NWP/Oversight Programs/Quality Engineer		X	
Dziamski, Mark	NWP/Maintenance Manager	X		
Estrada, Leo	NWP/QA/WIPP Form Coordinator		X	
Farrell, Richard	DOE/CBFO/QA Specialist	X	X	X
Ferguson, Tom	NWP/Safety/Manager Safety & Health	X		X
Flynn, Ed	NWP/Maintenance/Metrology	X	X	
Fox, Michael	L&M/RPC/Records Manager	X	X	
Groves, Dondee	L&M/WRMS/Sr. Records Analyst		X	
Hoff, Jon	NWP/Manager QA	X		
Ito, Fran	NWP/Performance Assurance	X		
Jaco, Bill	RES/SEC/Staff Environmental Specialist			X
Juarez, Christine	NWP/Dosimetry Technician		X	
Jungclaus, Greg	RES/EM&H/Sr. Chemist			X
Keathley, Martin	NWP/QA/QA Auditor		X	

<b>PERSONNEL CONTACTED DURING THE AUDIT</b>				
<b>NAME</b>	<b>ORGANIZATION / DEPARTMENT</b>	<b>PREAUDIT MEETING</b>	<b>CONTACTED DURING AUDIT</b>	<b>POSTAUDIT MEETING</b>
King, Crystal	NWP/Ops/Admin/Secretary		X	
Kirby, Bob	NWP/Ops/Manager Underground Operations	X		
Lichty, Tom	NWP/Training/Senior Training Coordinator		X	
Mitchell, Jeanne	NWP/Operations Performance/Technical Assistant		X	
Moore, Helen	RES/SEC/EM&H		X	X
Mullins, Mary Ann	NWP/QA/Sr. Staff Assistant	X	X	X
Navarrete, Kendra	Excel Staffing/Records Coordinator	X	X	X
Navarrete, Colleen	Skylla/Engineering Inventory Control		X	
Pace, Berry	CTAC/CBFO/Auditor/ Observer		X	X
Sanders, Curt	NWP/QA/Quality Engineer/ NCR Coordinator		X	
Scheel, Happy	NWP/CCP/Transportation Packaging Engineer		X	
Tanner, Steve	NWP/QA/QA Engineer/Level III		X	
Tidwell, Sherry	NWP/Ops/Scheduler	X	X	X
Urioste, Caroline	NWP/ES&H/Secretary		X	
Vandekraats, John	NWP/Manager Mining	X	X	
Vasquez, Joe	Skylla/Inventory Control Manager	X	X	X

**Listing of Audited Documents**

<b>Number</b>	<b>Proc. Number</b>	<b>Rev. #</b>	<b>Applicable NWP Procedures</b>
1	WP 04-IM1000	11	Issues Management Processing of WIPP Forms
2	WP 08-PT.03	8	WIPP QA Program Plan for Type B Packaging
3	WP 09-8	7	WIPP Specification Preparation
4	WP 10-2	34	Maintenance Operations Instruction Manual
5	WP 10-AD.01	7	Metrology Program
6	WP 10-AD3028	9	Calibration and Control of M&TE
7	WP 10-AD3031	3	M&TE/M&DC Inspections
8	WP 10-WC3011	27	Work Control Process
9	WP 13-1	32	WTS Quality Assurance Program Description
10	WP 13-QA.03	19	QA Independent Assessment Program
11	WP 13-QA1003	23	QA Receipt/Source Inspections
12	WP 13-QA1006	13	QA Plant Inspections
13	WP 13-QA3004	11	Nonconformance Report
14	WP 13-QA3012	19	Supplier Evaluation/Qualification
15	WP 15-PM3517	25	Stores Inventory Control
16	WP 15-PM3518	2	Material Receiving
17	WP 15-PM3525	10	Preparation and Processing of Shipping Authorization
18	WP 15-PM3526	3	Receipt Discrepancies
19	WP 15-RM	5	WIPP Records Management Program
20	WP 15-RM3002	5	Records Filing, Inventorying, Scheduling, and Dispositioning
21	WP 15-RM3003	1	Disposal of Nonpermanent Records in Office
22	WP 15-RM3005	4	Records Transfer and Retrieval

**Summary Table of Audit Results**

Audit Elements	Concern Classification				QA Evaluation		
	CARs	CDAs	Obs	Rec	Adequacy	Implementation	Effectiveness
Criterion 10 – Inspection					A	S	E
Criterion 11 – Test Control					A	S	E
Criterion 12 – Control of Measurement and Test Equipment					A	S	E
Criterion 13 – Handling, Storage, and Shipping					A	S	E
Criterion 14 – Inspection, Test, and Operating Status					A	S	E
Criterion 15 – Control of Nonconforming Items					A	S	E
Criterion 16 – Corrective Action					A	S	E
Criterion 17 – Quality Assurance Records					A	S	E
Criterion 18 – Audit					A	S	E
<b>TOTALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>A</b>	<b>S</b>	<b>E</b>

**Definitions**

E = Effective

CAR = Corrective Action Report

Rec = Recommendation

Obs = Observation

CDA = Corrected During Audit

A = Adequate

S = Satisfactory

M = Marginal