



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



DEC 17 2012

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

Subject: Transmittal of the Audit Report for CBFO Audit A-13-05, NWP Contractor Assurance System Compliance with DOE O 226.1B

Dear Mr. Hoff:

The Carlsbad Field Office (CBFO) performed Audit A-13-05 of the Nuclear Waste Partnership (NWP) Contractor Assurance System, November 13 – 15, 2012. The audit team concluded that the program is adequately established, effectively implemented and successful in achieving the desired results. 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,

for Randy Unger  
 Director, Office of Quality Assurance

*Richard Farrell*

Enclosure



Mr. Jon E. Hoff

-2-

DEC 17 2012

cc: w/enclosure  
J. Franco, CBFO \* ED  
G. Basabilvazo, CBFO ED  
J. Sobieraj, CBFO ED  
R. Farrell, CBFO ED  
D. Gadbury, CBFO ED  
L. Pacheco, CBFO ED  
F. Sharif, NWP ED  
T. Reynolds, NWP ED  
S. Kennedy, NWP ED  
M. A. Mullins, NWP ED  
V. Cannon, NWP/CCP ED  
T. Peake, EPA ED  
L. Bender, EPA ED  
E. Feltcorn, EPA ED  
R. Joglekar, EPA ED  
S. Ghose, EPA ED  
R. Lee, EPA ED  
J. Kieling, NMED ED  
T. Kliphuis, NMED ED  
S. Holmes, NMED ED  
R. Maestas, NMED ED  
T. Kesterson, NMED/DOE OB ED  
J. Marple, NMED/DOE OB ED  
D. Winters, DNFSB ED  
T. Bowden, CTAC ED  
M. Mager, CTAC ED  
G. White, CTAC ED  
WIPP Operating Record ED  
CBFO QA File  
CBFO M&RC

\*ED denotes electronic distribution

U.S. DEPARTMENT OF ENERGY  
CARLSBAD FIELD OFFICE

AUDIT REPORT

OF THE

NUCLEAR WASTE PARTNERSHIP LLC

FOR

NWP CONTRACTOR ASSURANCE SYSTEM COMPLIANCE WITH  
DOE O 226.1B, IMPLEMENTATION OF DEPARTMENT OF ENERGY  
OVERSIGHT POLICY

CARLSBAD, NEW MEXICO

AUDIT NUMBER A-13-05

NOVEMBER 13 – 15, 2012



Prepared by:

*Berry D. Pace*

Berry D. Pace, CTAC  
Audit Team Leader

Date:

*11/21/12*

Approved by:

*Randy Unger*

Randy Unger, CBFO  
Quality Assurance Director

Date:

*12/17/2012*

for

*Richard Farrell*

## 1.0 EXECUTIVE SUMMARY

U.S. Department of Energy (DOE) Carlsbad Field Office (CBFO) Audit A-13-05 was conducted November 13 – 15, 2012, to evaluate the adequacy, implementation, and effectiveness of the Nuclear Waste Partnership LLC (NWP) programs and related procedures for compliance with DOE Order 226.1B, *Implementation of Department of Energy Oversight Policy*. Specifically, the requirements prescribed in Attachment 1 of the Order, Contractor Requirements Document (CRD), were evaluated.

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

Based upon the results of the evaluation, the audit team determined that NWP programs adequately address the upper-tier requirements of the Order, are effectively implemented, and achieve the desired results.

## 2.0 SCOPE

The scope of the audit included evaluations of NWP program documents, implementing procedures, and resulting records. Responsible management and personnel were interviewed to assess their understanding of the requirements and to confirm that associated requirements were being fulfilled.

The following NWP program areas were evaluated.

### NWP Site Operations

- WIPP Form Processing
- Nonconformance Reporting
- Lessons Learned
- Management and Self-Assessments
- Independent Assessments
- Occurrence Reporting
- Root Cause Analyses
- Data Analysis and Trending
- Flow-down of Requirements to Sub-tier Contractors

### NWP Central Characterization Program (CCP)

- Corrective Action Reporting
- Nonconformance Control
- Management and Self-Assessments
- Independent Assessments
- Lessons Learned

- Root Cause Analysis
- Data Analysis and Trending

NWP organizations evaluated included:

- Quality Assurance
- Performance Assurance
- Operations
- Central Characterization Program

### **3.0 AUDIT TEAM AND OBSERVERS**

R. Farrell	Management Representative, CBFO Office of Quality Assurance
D. Miehl	Observer, CBFO Office of Environment, Safety & Health
B. Pace	Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
C. Riggs	Auditor, CTAC
J. Walsh	Auditor, CTAC

### **4.0 AUDIT PARTICIPANTS**

Individuals contacted during the audit are identified in Attachment 1. A preaudit conference was held in the NWP Support Building large conference room on November 13, 2012. The audit was concluded with a postaudit conference in the NWP Support Building small conference room on November 15, 2012.

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

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

The audit team concluded that the NWP programs and associated implementing procedures evaluated are adequately established and effectively implemented for compliance with DOE Order 226.1B, Attachment 1, Contractor Requirements Document.

#### **5.2 Audit Details**

NWP has established a number of program documents and implementing procedures to address the requirements of DOE Order 226.1. Additionally, multiple NWP organizations are involved in the implementation of the Order requirements, in particular the Central Characterization Program (CCP). CCP is a sub-organization to NWP, and its prime function is the characterization of transuranic (TRU) waste from DOE waste generating and storage facilities across the nation. As such, the CCP is based on a project-specific quality assurance project plan (QAPjP) that addresses upper-tier requirements specific to CCP that may not necessarily apply to NWP site operations.

For this reason, the reported results differentiate where the dissimilarities exist and are separated to more clearly describe how each was evaluated and the results of those evaluations.

The following sections provide details of the audit and describe the methods used to conduct the evaluations, along with narratives for each of the areas and organizations evaluated. The Order requirements are cited as they relate to the program areas evaluated.

**Identification and Management of Risk/Hazards (DOE Order 226.1B, CRD Section 2.a)**

**NWP:**

As it relates to independent assessment planning, the NWP quality assurance (QA) organization applies a rigorous risk-based, graded-approach methodology for assessment planning. In accordance with WIPP procedure (WP) 13-QA.03, *Quality Assurance Independent Assessment Program*, assessment schedules are developed based on applicable upper-tier governing requirements and the use of Attachment 1, "WTS QA Internal Assessment Priority Determination Tables" of the procedure. The tables provide a methodology for determining which areas of the program require assessment, along with the assessment type (audit or surveillance) and frequency. The tables provide information for consideration of the degree of risk/hazard that could potentially be encountered if the assessment was not performed. Based on the degree of risk/hazard, a "probability/consequence" value is assigned in response to established questions; #1 indicating the lowest risk and #3 indicating a higher risk. Furthermore, the tables provide information for considering the importance/complexity of the area being assessed and the assignment of a value similar to the assignment of risk/hazard values described above. Both values are then used to determine the assessment priority, frequency, and type. Once determined, the assessment is identified on the NWP QA internal assessment schedule. The NWP Quality Assurance Rolling 2-Year Independent Assessment Schedule FY2013/2014 was examined for verification.

NWP QA audit reports I11-01, *Work Processes*, and I12-03, *Documents and Records*, were examined to verify the fulfillment of the Order requirements for ensuring that elements of the NWP assurance system are periodically assessed, including evaluations to verify that work is being performed safely, securely and in compliance with requirements (DOE Order 226.1B, CRD, Section 2.a). Both audits included evaluations to verify application of the Core Functions and Guiding Principles described in WP 15-GM.03, *Integrated Safety Management System (ISMS)*, for ensuring the safe performance of work.

Where required by WP 04-IM1000, *Issues Management Processing of WIPP Forms*, and at the direction of the WIPP Form Committee, WIPP Forms determined to constitute a condition adverse to quality (CAQ) are evaluated by the NWP Compliance Coordinator for reporting through the NWP Worker Safety and Health program (Price-Anderson Amendments Act) and the NWP Occurrence Reporting and Processing

System (ORPS) representative. WIPP Forms noted as potential significant conditions adverse to quality (SCAQs) are evaluated by the NWP QA organization and documented, with the results submitted to the WIPP Form Committee Chair via memorandum. In the event a WIPP Form is determined to constitute a SCAQ, the Screening Committee assigns the issue to the responsible manager for immediate action. NWP performs root cause analyses for SCAQ conditions in accordance with WP 15-GM1001, *Root Cause Analysis*, in order to determine the direct and/or contributing causes so that measures can affectively be taken to preclude recurrence. WIPP Form significance determinations examined during the audit were those completed for WIPP Form 12-144 (determined not to constitute a SCAQ) and WIPP Form 12-159 (determined to constitute a SCAQ). The root cause analysis report associated with WIPP Form 12-159 was also examined.

The NWP QA program provides measures for controlling items, services and activities utilizing a graded approach prescribed by DOE Order 414.1D, *Quality Assurance*. This graded approach is described in WP 09-CN3005, *Graded Approach to Application of QA Controls*. When it becomes necessary to acquire items or services using a graded approach, an evaluation is performed in accordance with the procedure to determine the appropriate controls to address and mitigate any risks/hazards. Assignments of Management Level (ML) 1 through ML-4 are assigned based on the evaluation. ML-1 is assigned when the results of the evaluation determine that the most rigorous controls are necessary (such as for Safety Class/Safety Significant Structures, Systems and Components [SSCs]). ML-4 is assigned where minimal controls are necessary to mitigate risks/hazards, such as Balance of Plant (BOP) items or activities. ML determination sheets are completed and routed through the QA department for review and evaluation to ensure the appropriate QA controls have been identified and applied. ML determination sheets examined during the audit were #111, for Removal Lid Canisters (RLCs), and #798, for waste hoist disc brake components. Both sheets were appropriately assigned ML-1.

#### CCP:

The audit team interviewed responsible QA and records staff and the senior technical advisor regarding Order requirements, and examined evidence of management assessments (self-assessments) of CCP operations at the Idaho National Laboratory (INL), Los Alamos National Laboratory (LANL), and Savannah River Site (SRS). These assessments evaluated the aspects of industrial safety related to various characterization processes and equipment at each of the locations noted. Each report included an extensive checklist to verify the implementation and effectiveness of safety requirements. No reported weaknesses were identified from the results of these assessments.

**NWP Assurance System Effectiveness Validation (DOE Order 226.1B, CRD Section 2.b(1))**

**NWP:**

NWP programs are periodically evaluated by the CBFO as part of its role in performing oversight of the Management and Operating (M&O) contractor. Numerous audits and surveillances are scheduled and conducted annually and cover a broad scope of contractor activities. A number of these assessments evaluate elements of the contractor assurance system such as Lessons Learned, Issues Management, Nonconformance Reporting, Corrective Action Reporting, and Data Analysis/Trending. Audit A-13-04 of the NWP QA program was recently conducted to evaluate compliance with NQA-1, Criterion 10 through 18. No deficiencies were identified. Since this audit included evaluations of the continuous improvement (corrective action) element of the NWP program, the results indicate that the related elements of the NWP assurance system are effective. When weakness or deficiencies are identified, they are documented during assessments and transmitted to the M&O for resolution as necessary.

An additional measure of effectiveness validation is the program established for the performance of internal independent assessments, which are performed by personnel in the NWP QA organization in accordance with WP 13-QA.03, *Quality Assurance Independent Assessment Program*. This was evident from the examination of QA audit I11-01, *Work Processes*, reported on January 27, 2011. The scope of that audit encompassed evaluations of procedure compliance with activities such as item identification and control, special processes, operating status indicators, suspect/counterfeit items, conduct of operations, and elements of the NWP ISMS.

**CCP:**

The audit team examined the surveillance log for calendar year (CY) 2012 and randomly selected seven completed surveillance reports. The reports selected covered areas such as QA program, records management, and nondestructive examination techniques (real-time radiography and visual examination). The review determined that CCP routinely assesses its operations, and the results of the report indicate that work is performed safely and compliantly.

**Utilization of Rigorous, Risk-Informed, and Credible Self-Assessments (DOE Order 226.1B, CRD, Section 2.b.(2))**

**NWP:**

As previously mentioned, the NWP QA organization applies a rigorous risk-based, graded-approach methodology for assessment planning. In accordance with WP 13-QA.03, *Quality Assurance Independent Assessment Program*, assessment schedules are developed based on applicable upper-tier governing requirements and the use of Attachment 1, WTS QA Internal Assessment Priority Determination Tables. The tables provide a methodology for determining which areas of the program require assessment,

along with the type (audit or surveillance) and frequency. The tables provide information for consideration with regard to the degree of risk/hazard that could potentially be encountered if the assessment was not performed. Based on the degree of risk/hazard, a probability/consequence value is assigned in response to established questions, #1 indicating the lowest risk and #3 indicating a higher risk. Furthermore, the tables provide information for considering the importance/complexity of the area being assessed and the assignment of a value similar to the assignment of risk/hazard values described above. Both values are then used to determine the assessment priority, frequency and type. Once determined, the assessment is identified on the NWP QA internal assessment schedule. The NWP Quality Assurance Rolling 2-Year Independent Assessment Schedule FY2013/2014 was examined for verification.

CCP:

The audit team interviewed responsible QA and records staff and the senior technical advisor regarding Order requirements, and examined evidence of management assessments (self-assessments) of CCP operations at the INL, LANL and SRS. These assessments evaluated the aspects of industrial safety related to various characterization processes and equipment at each of the locations noted. Each report included an extensive checklist to verify the implementation and effectiveness of safety requirements. No weaknesses were identified from the results of these assessments.

**Documented Issues Management System (DOE Order 226.1B, CRD, Section 2.b.(3)(a))**

NWP:

NWP has established and documented an issues management process prescribed in WP 04-IM1000, *Issues Management Processing of WIPP Forms*. This is an all-inclusive process for documenting and controlling a number of issues ranging from suggestions for improvement to noncompliances and deficiencies. The audit team determined that NWP personnel have submitted 193 WIPP Forms this calendar year.

The audit team attended the weekly WIPP Form Screening Committee meeting on November 13, 2012. Nine WIPP Forms were processed, six for acceptance of the corrective action plan (CAP), and three for closure of the Form. No new WIPP Forms had been submitted in the previous week; therefore, the associated activities for processing newly generated forms were not observed.

NWP utilizes the traditional method for controlling nonconforming item deficiencies. This Nonconformance Reporting Process is implemented by WP 13-QA3004, *Nonconformance Report*. Evidence revealed that 33 nonconformance reports (NCRs) were initiated in fiscal year (FY) 2012 and four NCRs have been initiated thus far in FY 2013. Of particular note, the new contract requires that, if an NCR will be open for greater than 30 days, concurrence must be obtained from the CBFO Director of Quality Assurance. Presently, there are three NCRs that fall into this category. Review of

these NCRs indicated that NWP is implementing the process in compliance with the procedure and are appropriately taking measures to control, address and correct nonconforming conditions.

CCP:

The CCP program for identifying and reporting deficiencies uses the traditional NCR system for reporting deficiencies and controlling items and corrective action reports (CARs) for reporting deficiencies of a programmatic nature. Approximately twenty NCRs were examined to confirm that the requirement for documenting issues is being implemented. The majority of NCRs generated by CCP are those related to waste contents not meeting waste acceptance criteria. As such, the majority of NCRs are not indicative of programmatic deficiencies. Additionally, six CARs were examined. These CARs dealt with deficiencies regarding the identification of waste material parameters, incomplete records, incomplete waste data system entries, incorrect packaging configuration group numbers and incorrect closure and vent dates on the associated Acceptable Knowledge (AK) tracking spreadsheets. The evidence reviewed indicated that the CCP had taken prompt action and the measures for correcting the conditions were appropriately supported by documented objective evidence.

**Issues Management System Deficiency Significance Categorization (DOE Order 226.1B, CRD, Section 2.b.(3)(b))**

As mentioned above, where required by WP 04-IM1000, *Issues Management Processing of WIPP Forms*, and at the direction of the WIPP Form Committee, WIPP Forms determined to constitute a CAQ are evaluated by the NWP Compliance Coordinator for reporting through the NWP Worker Safety and Health program (Price-Anderson Amendments Act) and the NWP ORPS representative. Additionally, WIPP Forms noted as potential SCAQ are evaluated by the NWP QA organization and documented, with the results submitted to WIPP Form Committee Chair via memorandum. In the event a WIPP Form is determined to constitute a SCAQ, the Screening Committee assigns the issue to the responsible manager for immediate action. NWP performs root cause analyses for SCAQ conditions in accordance with WP 15-GM1001, *Root Cause Analysis*, in order to determine the direct and/or contributing causes so that measures can affectively be taken to preclude recurrence. WIPP Form significance determinations examined during the audit were those completed for WIPP Form 12-144 (determined not to constitute a SCAQ) and WIPP Form 12-159 (determined to constitute a SCAQ). The root cause analysis report associated with WIPP Form 12-159 was also examined.

**Deficiency Analysis, Timely Corrective Action, Effectiveness Reviews,  
Maintenance and Tracking of Corrective Action, Reporting to Management (DOE  
Order 226.1B, CRD, Section 2.b(3)(b)(1-5))**

**NWP:**

The analysis performed by NWP to identify underlying causal factors for deficiencies is a function of the corrective action process. As previously mentioned, NWP has instituted an issues management system described in WP 04-IM1000, *Issues Management Processing of WIPP Forms*. The current program requires that a root cause analysis be performed for CAQs determined to be significant (SCAQs) based on a documented QA evaluation. Root cause analysis is performed in accordance with WP 15-GM1001, *Root Cause Analysis*. The audit team examined the root cause analysis report resulting from an investigation of an event whereby the incorrect installation of an Outer Containment Vessel (OCV) vent port plug O-ring was installed on an OCV seal test port plug during a TRUPACT-II maintenance evolution performed on September 10, 2012. The root cause analysis team utilized the Human Performance Improvement Process, TapRoot® and the Missed Opportunity Matrix to guide the performance of the analysis. The report thoroughly documents the history and genesis for the TRUPACT-II, the chronology leading up to the event, results of the investigation to determine similarities with other events, results of the analytical methods used, depiction of the missed opportunities that could have prevented the event, extent of condition, identification of the direct and contributing causes, assignment of cause codes to aid in trending, and a listing of recommended corrective actions to reduce the likelihood of recurrence.

A review of a random selection of WIPP Forms revealed that where deficiencies had occurred, corrective action plans were appropriately developed and completed consistent with the 10 day timeframe required by the procedure. Additionally, the audit team confirmed the use of the NWP Commitment Tracking System (CTS) for managing and tracking completion of corrective actions.

NWP performs effectiveness reviews to evaluate the implementation of corrective actions developed to address, correct, and prevent recurrence for deficiencies determined to be significant. These are typically performed three to twelve months following the completion and closure of the WIPP Form. Conducted as QA surveillances, these reviews are performed, documented, and reported to the appropriate management. The audit team examined documentation of the following surveillances as evidence of effectiveness review performance: QA Surveillance S11-24, Effectiveness Review of the Management Level Determination Process, and QA Surveillance S12-15, Effectiveness Review of Maintenance Work Packages for Safety Structures, Systems, or Components Being Prepared Without Quality Assurance Review. In both cases, the reviews uncovered weaknesses with the effectiveness of corrective actions. Consequently, NWP took further actions to address and correct the identified weaknesses.

The audit team examined evidence to verify that analysis and resulting performance trends are communicated to upper management as required. This evidence consisted of a memorandum from the NWP General Manager entitled "Transmittal of the WTS Performance Trend Data Report for the Third Quarter of Calendar Year 2012," dated October 30, 2012. This report includes analyzed data such as Technical Safety Requirement (TSR) violations, ORPS reports, Work Control and Maintenance Performance, WIPP Form issues, SCAQs, and status of corrective actions, to name a few. Additionally, since the Order requires that work be performed safely, the audit team examined the October Injury/Illness Report submitted to the CBFO Office of Site Operations by the NWP Environment, Safety and Health manager. This report reflects that the number of reported injuries and illnesses are well below the target rates.

CCP:

As previously mentioned, the CCP program for identifying and reporting deficiencies uses the traditional NCR system for reporting deficiencies and controlling items and CARs for reporting deficiencies of a programmatic nature. Approximately twenty NCRs were examined to confirm that the requirement for documenting issues is being implemented. The majority of NCRs generated by CCP are those related to waste contents not meeting waste acceptance criteria. As such, the majority of NCRs are not indicative of programmatic deficiencies. Additionally, six CARs were examined. These CARs dealt with deficiencies regarding the identification of waste material parameters, incomplete records, incomplete waste data system entries, incorrect packaging configuration group numbers, and incorrect closure and vent dates on the associated AK tracking spreadsheets. The evidence reviewed indicated that the CCP had taken prompt action and the measures for correcting the conditions were appropriately supported by documented objective evidence.

CCP performs, documents, and reports trending analysis on reported deficiencies per each host site where CCP performs characterization activities per CCP procedure CCP-QP-014. The results of these analyses are then consolidated into a semi-annual report which is transmitted to the CBFO. Trend analysis reports examined included host sites INL, LANL, and SRS. The results of these analyses and semi-annual reports revealed that no adverse trends have been identified.

**Timely and Appropriate Communication to the Contracting Officer (DOE Order 226.1B, CRD, Section 2.b(4))**

The various deficiency reporting mechanisms used by NWP are primarily electronic. These consist of on-line systems for reporting WIPP Forms, Noncompliance Tracking System for reporting potential nuclear safety and industrial safety non-compliances, and the ORPS reporting system for reporting unusual/undesirable events. All of these systems are accessible through the WIPP network, and therefore available to the contracting officer's review as deemed necessary.

**Continuous Feedback and Improvement (DOE Order 226.1B, CRD, Section 2.b(5))**

**NWP:**

The Order requirements for continuous feedback and improvement are implemented through NWP's issues management process, nonconformance reporting, and assessment programs for both independent and management assessments. In addition, NWP has instituted lessons learned and employee concerns programs. All these programs provide a vehicle for enhancing feedback and continuous improvement. The lessons learned program is prescribed by WP 15-PA2000, *Lessons Learned Bulletin Development*. The audit team examined four Lessons Learned Bulletins submitted to the DOE Corporate Lessons Learned database during FY 2012 and over 60 Just-in-Time Lessons Learned Bulletins issued in CY 2011 and CY 2012 by WTS/NWP, including the CCP organization. This evidence indicates that the program is effectively being used to support feedback and continuous improvement. The employee concerns program is implemented by MP 4.2, *Employee Concerns*. There had not been a single Employee Concern Form submitted by NWP personnel to Human Resources this calendar year as of the time of this audit. However, it should be noted that several issues were presented to Human Resources for resolution by the WIPP Form Screening Committee during CY 2012.

**CCP:**

CCP publishes lessons learned in accordance with CCP-PO-005. The audit team examined four CCP-generated lessons learned involving personnel fall during gas generation testing; lack of real-time radiography after waste remediation activities; data generation level changes to a batch data report that had already been processed through project level; and lack of vent and closure dates in the associated AK spreadsheet.

**Metrics and Targets, Benchmarking (DOE Order 226.1B, CRD, Section 2.b(6))**

Evidence was examined by the audit team to verify that metrics and targets are established to monitor performance. This evidence consisted of a memorandum from the NWP General Manager entitled "Transmittal of the WTS Performance Trend Data Report for the Third Quarter of Calendar Year 2012," dated October 30, 2012. This report includes the performance in areas such as plant availability, equipment availability, mine ventilation rates, preventive maintenance performance, salt dissolution initiative mining, open engineering change orders, etc.

Although no evidence was provided indicating that NWP had benchmarked functional areas with other DOE contractors, evidence was provided indicating that other DOE contractors had inquired about NWP's program. These included the Idaho Treatment Group, where NWP exchanged best practices and lessons learned related to document control, graded-approach, work control, and issues management, and Chenega Global Services, contractor to the DOE National Training Center at Kirtland Air Force Base in Albuquerque, NM.

**Contractor Assurance System Submittal to DOE (DOE Order 226.1B, CRD, Section 2.c)**

NWP:

The audit team was presented a copy of the NWP Contract Transition Element Completion Verification Form, Element ID D-05, signed by the CBFO point-of-contact on July 25, 2012. With the recent change in the M&O contract, the assuming M&O contractor was required to submit its QA program description (contractor assurance system) for review, approval and acceptance by DOE. This was accomplished via NWP memorandum AA:12:01122 entitled "Contract No. DE-EM-0001971 – Nuclear Waste Partnership Contract Deliverable D-5, Quality Assurance Project Plan," dated July 17, 2012.

**Assurance System Data Availability (DOE Order 226.1B, CRD, Section 2.d)**

NWP/CCP:

Most of the systems used to manage assurance system data are located on the WIPP network. The on-line systems are made available to CBFO through access to the WIPP network. Data not on the network would be limited to reports based on system data. In either case, evidence was provided to the audit team to confirm that assurance system data is made available to DOE to support the Order requirements.

## **6.0 CONCLUSION**

Based upon the examination of the collected evidence and interviews with responsible personnel, the contractor assurance system implemented by NWP was determined to be adequately established for compliance with DOE Order 226.1B, effectively implemented, and achieving the desired results. There were no concerns identified necessitating the initiation of a CAR and no observations or recommendations were offered for NWP consideration.

## **7.0 SUMMARY OF DEFICIENCIES**

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

During the audit, the audit team may identify CAQs, as defined below, and document such conditions on 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 (SCAQ)** – 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.

There were no CAQs necessitating the initiation of a CAR during the course of this audit.

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

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.

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 isolated requiring only remedial action and therefore can be corrected during the audit (CDA). Deficiencies that can be classified as CDA are those isolated deficiencies that do not require a root cause determination or actions to preclude recurrence, and those for which correction of the deficiency can be verified prior to the end of 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.

No CAQs were identified that were corrected during the audit.

## **7.3 Observations And Recommendations**

During the audit, the audit team may identify conditions that warrant input by the audit team to the audited organization regarding potential problems or suggestions for program improvement. The audit team members report these to the CBFO QA for evaluation and classification as observations or recommendations (using the following definitions).

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

**Recommendation** – A suggestion that is directed toward identifying opportunities for improvement and enhancing methods of implementing requirements.

### **Observations**

No Observations were identified during this audit.

Recommendations

No Recommendations were identified during this audit.

**8.0 LIST OF ATTACHMENTS**

Attachment 1: Personnel Contacted During the Audit

<b>PERSONNEL CONTACTED DURING THE AUDIT</b>				
<b>NAME</b>	<b>ORGANIZATION/ DEPARTMENT</b>	<b>PRE-AUDIT MEETING</b>	<b>CONTACTED DURING AUDIT</b>	<b>POST-AUDIT MEETING</b>
Allen, B.	NWP, Quality Assurance	X	X	X
Ater, E.	NWP, Quality Assurance	X	X	
Bostick, L.	NWP, Operations		X	
Cannon, V.	NWP, Quality Assurance	X	X	X
Elmore, R.	CBFO, Office of Site Operations	X		
Estrada, L.	NWP, Quality Assurance	X	X	X
Fisher, A. J.	NWP, Central Characterization Program	X	X	
Frye, T.	NWP, Human Resources		X	
Gomez, C.	NWP, Quality Assurance		X	
Hernandez, L.	NWP, Quality Assurance	X		X
Hoff, J.	NWP, Quality Assurance	X	X	
Ito, F.	NWP, Performance Assurance		X	X
Keathley, M.	NWP, Quality Assurance	X	X	X
Klingler, L.	NWP, Quality Assurance			X
Knox, J.	NWP, Performance Assurance	X	X	X
Ledford, W.	NWP, Quality Assurance	X	X	
Mueller, T.	NWP, Quality Assurance		X	
Mullins, M.	NWP, Quality Assurance		X	
Navarrete, Y.	NWP, Human Resources		X	
Nesser, C.	NWP, Quality Assurance	X	X	X
Pearcy, S.	NWP, Central Characterization Program		X	
Proctor, T.	NWP, Quality Assurance	X	X	X
Vandekraat, J.	NWP, Quality Assurance	X	X	
Walker, M.	NWP, Quality Assurance		X	
Wiedenhoeft, D.	NWP, Quality Assurance	X	X	X