



Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
MAY - 9 2013



Mr. D. E. Gulbransen, Manager
National TRU Program Certification
Nuclear Waste Partnership, LLC
P.O. Box 2078
Carlsbad, NM 88221-2078

Subject: Issuance of CAR 13-030 Identified During Audit A-13-02

Dear Mr. Gulbransen:

The Carlsbad Field Office performed Recertification Audit A-13-02 of the Savannah River Site Central Characterization Project waste characterization activities, November 6 – 8, 2012. Enclosed is Corrective Action Report (CAR) 13-030, addressing a condition adverse to quality identified during the audit, which was inaccurately classified as an Observation.

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

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

Sincerely,

Dennis S. Miehl
Acting Quality Assurance Director

Enclosure



cc: w/enclosure

J. Franco, CBFO	*ED
J. R. Stroble, CBFO	ED
M. Navarrete, CBFO	ED
T. Morgan, CBFO	ED
F. Sharif, NWP	ED
T. Reynolds, NWP/CCP	ED
M. Sensibaugh, NWP/CCP	ED
V. Cannon, NWP/CCP	ED
M. Walker, NWP/CCP	ED
J. Carter, NWP/CCP	ED
J. Hoff, NWP	ED
M. Mullins, NWP	ED
T. Peake, EPA	ED
L. Bender, 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
C. Smith, NMED	ED
P. Gilbert, LANL-CO	ED
G. Lyshik, LANL-CO	ED
P. Hinojos, CTAC	ED
G. White, CTAC	ED
P. Y, Martinez, CTAC	ED
B. Pace, CTAC	ED
P. Martinez, CTAC	ED
WIPP Operating Record	ED
CBFO QA File	
CBFO M&RC	

*ED denotes electronic distribution

CORRECTIVE ACTION REPORT

1. CAR No.: 13-030	2. Activity Report No.: A-13-02	3. Page 1 of 1
4. Controlling document: CCP-TP-001	5. CBFO Assessment Team Leader: N/A	
6. Responsible organization: NWP		
7a. CAQ/CAR Owner (Office Director): N/A	7b. CAQ was discussed with: Jon Hoff	
8. Requirement that is involved: CCP-TP-001, section 4.2.4: "Record the Sampling, Analysis, Sampling/Analysis, or Examination Date(s) at the top of the appropriate SPM checklist."		
9. Condition Adverse to Quality (CAQ): The SPM recorded only one examination date on the CCP SPM Radiography Project Level Validation Checklist and Summary, Attachment 2, for BDRs SR4RTR0196, SR4RTR0248 and SRSRTR0584. In this particular instance, RTR was performed on more than one day; therefore, the dates for each examination should have been recorded.		
Note: This CAR addresses the remedial action in CAR 13-023 and is initiated due to the inaccurate classification of an Observation during CBFO Audit A-13-02.		
10. Suggested actions (Optional): N/A		
11a. Significant CAQ? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11b. Work Suspension recommended? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. RCRA related? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11d. Accelerated corrective action required? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11e. Does this CAQ affect waste streams BNINW216 or BNINW218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12. Type of actions required: Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Root Cause Determination? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. Trend Code: RM06	13b. CAR Initiator: <i>Berry D. Face</i> (printed name) Berry D. Face	Date: 5/7/13
14a. Response due date: 5-24-13		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader (if applicable): (printed name) N/A		Date: N/A
b. CBFO Quality Assurance Director: (printed name) <i>Dennis S. Michels</i> Dennis S. Michels		Date: 5-9-13
16. Acceptance of Proposed Corrective Actions: (printed name) _____		Date: _____
17. Acceptance of Corrective Action Completion: (printed name) _____		Date: _____
18. Closure: (printed name) _____		Date: _____