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Hazardous Waste Bureau

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

Subject: Transmittal of CBFO Audit Report A-14-10, NWP/CCP Quality Assurance Program

Dear Mr. Hoff:

The Carlsbad Field Office (CBFO) performed Audit A-14-10 of the Nuclear Waste Partnership LLC (NWP) Central Characterization Program (CCP) Quality Assurance Program on March 25-27, 2014. The audit team concluded that the NWP/CCP Quality Assurance Program continues to adequately address the upper-tier requirements of DOE/CBFO-94-1012, *Quality Assurance Program Document*. Further, the audit team concluded that the NWP/CCP implementing procedures evaluated were satisfactorily implemented and effective. The audit report is enclosed.

As described in the report, the audit team identified seven conditions adverse to quality. The team identified three Observations, and two Recommendations were offered to Management.

If you have any questions concerning the audit report, please contact me at (575)234-7491.

Sincerely,

D. S. Miehls

Dennis S. Miehls
Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure

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U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

AUDIT REPORT

OF THE

NUCLEAR WASTE PARTNERSHIP LLC (NWP)

CENTRAL CHARACTERIZATION PROGRAM (CCP)

CARLSBAD, NEW MEXICO

AUDIT NUMBER A-14-10

NWP/CCP QUALITY ASSURANCE PROGRAM

March 25 – 27, 2014

Prepared by: Tamara D Ackman
Tamara D. Ackman, CTAC
Audit Team Leader

Date: 4/29/14

Approved by: Michael R Brown
Michael R. Brown, Director
CBFO Office of Quality Assurance

Date: 4/29/14

1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Audit A-14-10 was conducted at the Nuclear Waste Partnership LLC (NWP) Central Characterization Program (CCP) offices in Carlsbad, NM, March 25 – 27, 2014. The purpose of the audit was to evaluate the sustained adequacy, implementation, and effectiveness of the NWP/CCP Quality Assurance Program (QAP) established for controlling quality-affecting activities associated with CCP characterization and certification of transuranic (TRU) waste destined for disposal at the Waste Isolation Pilot Plant (WIPP).

The audit resulted in the identification of thirteen concerns. Eight concerns necessitated the generation of seven corrective action reports (CARs), with two concerns combined in one CAR (see section 6.1). Three concerns were classified as Observations (see section 6.3) and the remaining two concerns were offered for management consideration as Recommendations (see section 6.4).

The number and nature of the CARs identified were individually and collectively evaluated and determined not to negatively affect the overall adequacy and implementation of the NWP/CCP QAP. As a result, the audit team concluded that the NWP/CCP QAP continues to adequately address applicable upper-tier requirements and remains satisfactorily implemented and effective.

2.0 SCOPE AND PURPOSE

2.1 Scope

The scope of the audit included evaluations of the NWP/CCP QAP plans, procedures, and resulting documents and records demonstrating the performance of quality-affecting activities associated with the characterization and certification of TRU waste. The following areas were evaluated:

Quality Assurance

- Organization and Quality Assurance Program
- Personnel Qualification and Training
- Quality Improvement (WIPP Forms, Nonconformance Reports [NCRs], and Trending Analysis)
- Document Control
- Records
- Work Processes
- Procurement and Graded Approach
- Inspection and Testing
- Control of Measuring & Test Equipment
- Assessments
- Sample Control
- Software Quality Assurance

Evaluation of the NWP/CCP QAP was based on current revisions of the following documents:

- DOE/CBFO-94-1012, *CBFO Quality Assurance Program Document*
- CCP-PO-001, *CCP Transuranic Waste Characterization Quality Assurance Project Plan*
- CCP-PO-002, *CCP Transuranic Waste Certification Plan*
- Applicable CCP quality assurance (QA) implementing procedures

2.2 Purpose

The audit was conducted to determine the degree to which the NWP/CCP QAP continues to provide adequate controls governing the characterization and certification of TRU waste destined for disposal at the WIPP.

3.0 AUDIT TEAM

AUDITORS

Dennis Miehls	Management Representative, CBFO
Tamara D. Ackman	Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
Paul Gomez	Auditor, CTAC
Cindi Castillo	Auditor, CTAC
Porf Martinez	Auditor, CTAC
Katie Martin	Auditor, CTAC
Randall Allen	Auditor, CTAC
Rick Castillo	Auditor, CTAC
Greg Knox	Auditor, CTAC
Norm Frank	Auditor/Technical Specialist, CTAC
Jim Schuetz	Auditor/Technical Specialist, CTAC

4.0 AUDIT PARTICIPANTS

NWP/CCP personnel involved in the audit process are identified in Attachment 1. A pre-audit conference was held in the CBFO Skeen-Whitlock Building in Carlsbad, NM, on March 25, 2014. Daily audit briefings were held with NWP/CCP management and staff to discuss issues, potential deficiencies, and audit progress. The audit was concluded with a post-audit conference held in the CBFO Skeen-Whitlock Building on March 27, 2014.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

The following sections identify each of the NWP/CCP QAP elements evaluated during the course of this audit. For each element, the audit team evaluated the associated implementing plans and procedures to verify the adequate flow-down of upper-tier requirements, conducted interviews with responsible personnel, and reviewed randomly selected documents and records to determine the degree to which the NWP/CCP QAP is effectively implemented.

Thirteen concerns were noted during the audit and are further described in respective areas outlined in this report. Although concerns may have been identified during evaluation of those areas, the concerns may pertain to areas other than those in which they were identified.

The audit team also evaluated the implementation and effectiveness of sustained corrective actions for training-related CARs 13-024, 13-025, and 13-026 identified during the previous CBFO Audit A-13-11. The audit team determined that the corrective actions were successful in precluding recurrence of those issues.

Attachment 1 identifies the personnel contacted during the audit. Attachment 2 is a summary of the audit results. Attachment 3 lists the documents reviewed.

5.2 Quality Assurance Activities

5.2.1 Organization and QA Program

The CCP is a sub-organization of NWP, the managing and operating contractor for the WIPP. The CCP is tasked with the characterization, certification, and transportation of TRU waste destined for disposal at the WIPP. To verify the establishment of an organization as required, the audit team interviewed CCP management, examined the organizational charts for years 2013 and 2014, and reviewed CCP-PO-001, *CCP Transuranic Waste Characterization Quality Assurance Project Plan,* and CCP-PO-002, *CCP Transuranic Waste Certification Plan.*

The NWP QA Program is described in WP 13-1, *Nuclear Waste Partnership LLC Quality Assurance Program Description.* This program document governs all work performed by NWP and its sub-organizations, including CCP, in the achievement of quality. A review of this document, along with CCP implementing procedures, confirmed that methods have been established for complying with applicable regulations, U.S. Department of Energy (DOE) Orders, and commitment documents applicable to the WIPP. Evidence of implementation of the quality program included reviews of independent assessment schedules and semi-annual trend analysis for reported conditions adverse to quality (CAQs).

Overall, the audit team concluded that the requirements for the establishment of an organization and QA program are adequate, satisfactorily implemented, and effective. No concerns were identified.

5.2.2 Personnel Training and Qualification

The audit team conducted interviews with responsible personnel and reviewed documentation to verify that CCP complies with the requirements of DOE/CBFO-94-1012, Rev. 11, *CBFO Quality Assurance Program Document* (QAPD), and implementing procedure CCP-QP-002, Rev. 35, *CCP Training and Qualification Plan.*

The objective evidence reviewed pertains to qualification of personnel who are involved with characterization and certification operations performed at each applicable host site. The evidence included training and qualification records for multiple disciplines including: acceptable knowledge (AK), nondestructive assay (NDA), visual examination (VE), and project level.

Real-time radiography (RTR), helium leak detection (HLD), and pressure change leak testing (PCLT) qualification requirements were also verified according to the guidance of the American Society for Nondestructive Testing (ASNT) Recommended Practice Number SNT-TC-1A standard, and implementing procedures CCP-QP-002, Rev. 35, *CCP Training and Qualification Plan*, CCP-QP-030, Rev. 9, *CCP Written Practice for the Qualification of CCP Helium Leak Detection Personnel*, and CCP-QP-032, Rev. 2, *CCP Written Practice for the Qualification of CCP Pressure Change Leak Testing Personnel.*

The audit team reviewed qualification packages for applicable CCP personnel (including RTR, NDA, and VE operators; AK experts; HLD & PCLT Level II (L) and Level III (L) personnel and project management staff. Other objective evidence reviewed included lists of qualified individuals; table-top job analyses; and appointment letters for subject matter experts (SMEs), NDA expert analysts, remote-handled (RH) waste technical staff, and visual examination experts for each CCP host site.

The process for required reading/lessons learned is established as required by CCP-PO-005, Rev. 24, *CCP Conduct of Operations*, and assigned by cognizant managers. Documented evidence of required reading receipt acknowledgments are kept on file in the CCP Training department.

The audit team identified three concerns in the area of personnel training and qualification. The first concern was related to multiple instances of SME/on-the-job training appointment letters/emails provided by site project managers (SPMs) that did not document their decision of qualification based on the candidate's education and experience, as required by CCP-QP-002, section 3.4. Although resumes might be kept on file, the more recent documented SPM appointments were vague and did not include even a reference to the candidate's resume or a statement of education and experience. This appears to be a recent practice, as earlier appointment letters include

a more detailed description of the candidate's education and experience, and the SPM's basis for qualification of the candidate (see section 6.1, CAR 14-030).

The second concern resulted in the following Recommendation offered to NWP/CCP management for consideration (see Recommendation 1 in section 6.4):

CCP-QP-002, *CCP Training and Qualification Plan*, Rev. 35:

- Verbiage in Attachment 1 – Minimum Training, Education, and/or Experience, does not include instruction on typical packaging configurations for Radiography Operators. This is addressed in section 4.2, but is not reflected in Attachment 1.

- Verbiage has been removed from CCP-QP-002 regarding the American Society of Nondestructive Testing (ASNT) SNT-TC-1A requirements for general, specific, and practical examinations to be given to nondestructive examination (NDE) real-time radiography (RTR) operators. At one time, the verbiage was included in CCP-QP-002. The current practice specified in CCP-QP-002 only mentions requirements for an eye exam and a program-specific comprehensive exam, with no mention of the general, specific, and practical examinations. To fully address the SNT-TC-1A requirements for Level II Operators, it is recommended that the following be reinstated in section 4.3.2 [C] of CCP-QP-002, General, Specific, and Practical Examinations: "The general, specific, and practical examinations will be administered by the approved vendor; and evidence of successful completion of exams is retained within that organization."

The third concern regarded required reading of WP 15-GM1002, *Issues Management Processing of WIPP Forms*. Required reading of WP 15-GM1002 should be assigned to all CCP operators at all generator sites, with signed acknowledgement of completion of the reading returned to CCP Training. In October 2013, upper management elected to send required reading to CCP personnel, but not all personnel (operators) received the required reading nor have all personnel returned an acknowledgment of reading the procedure. The use of WIPP Forms is a fairly new CCP process, effective July 2013. Operator unfamiliarity with the new process could potentially cause problems when generating the WIPP Forms (see section 6.3, Observation 1).

With the exception of the above-mentioned concerns, the audit team concluded that the CCP Training and Qualification Program is 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 Quality Improvement (WIPP Forms and NCRs)

The CCP nonconforming item reporting and control process, as defined in CCP-QP-005, *CCP TRU Nonconforming Item Reporting and Control*, was evaluated to include a sampling of completed nonconformance reports (NCRs). The NCR Module and NCR

Log, used to track and status NCRs, were reviewed and determined to be well maintained and compliant with CCP procedures. Personnel managing the systems were knowledgeable of their roles and responsibilities.

The NWP issues management system was also evaluated. This process is described in WP 15-GM1002, *Issues Management Processing of WIPP Forms*. The WIPP Form system is used to track issues from the initiation stage through completion of assigned actions and submittal of relevant objective evidence. The issue screening process appears to be robust and may involve multiple individuals with varied expertise providing input to the screening. A sampling of WIPP Forms was reviewed and all that were sampled were determined to have been properly categorized and completed. Several CAQs, which had been categorized as significant, were reviewed to verify that causal analysis had been performed.

Overall, the NCR and WIPP Form processes were determined to be adequate, satisfactorily implemented, and effective. No concerns were identified in the area of continuous improvement during this audit.

5.2.4 Document Control

The audit team conducted interviews with responsible personnel and reviewed randomly selected CCP procedures/documents and resulting records to verify the appropriate preparation, review, approval, issuance, distribution, control, and changes that are being performed. Reviews also included verifications that procedures used were current and that, where appropriate, obsolete procedures are managed so as to preclude their use.

No concerns were identified during this portion of the audit; however, concerns related to document control were identified in the area of assessments (see section 5.2.10). The audit team concluded that the upper-tier requirements in CBFO QAPD section 1.4, *Documents*, are adequately addressed, satisfactorily implemented, and effective.

5.2.5 Records

The audit team conducted interviews and reviewed procedures for the control of records. Randomly selected records were examined, including records submittals, transmittal/receiving forms, Records Inventory and Disposition Schedules (RIDS), records inventory worksheets, and operational logbooks. Records storage arrangements were evaluated to verify compliance with requirements for the preservation of in-process and completed records. Further, reviews of records were performed to verify accuracy, completeness, legibility, and appropriate annotations for corrections when necessary.

Three concerns were identified during this portion of the audit. The first concern resulted in a Recommendation provided to CCP management for consideration. The audit team recommended that the recent revision (Rev. 22) of CCP-QP-008, *CCP Records Management*, be included in the Corrective Action Plan for CBFO CAR 14-017,

which resulted from the A-14-07 NWP/CCP Calibration Audit (see section 6.4, Recommendation 2).

The second concern relates to record validation, identifying that two records that are required to be verified by the vendor project manager (VPM) were revised/corrected and re-signed by the originator, but not re-verified/re-validated by the VPM, as required by the procedure. These records include Container Inspection/Weight Reports dated 12/16/2013, with container numbers XIOC0402795H and XIOCSATN02613G. CCP-QP-008, Rev. 22, *CCP Records Management*, section 4.7.1 [A.3] states: "Provide corrected or changed records (except for editorial changes) that have been validated back to the originating organization for review and revalidation."

The third concern relates to CCP's records receipt process. During the review of records packages, the audit team identified that during the receipt of QA records, Facility Records Custodians and Records Custodians are not verifying that records are complete and are not entering all QA records into the Records Index Module. The following are examples:

- Container Inspection/Weight Reports: XIOCSATN02613G and XIOC0402795H dated 12/16/2013 were missing the VPM re-verification signature
- Container Inspection/Weight Report: XIOCSATN02613G was re-verified by the VPM during the audit; however, the date of signature was incorrect
- Real-Time Radiography Quarterly Repeat Results: INL RH 4th Quarter Calendar Quarter of 2012 (CP:13:01241) dated 6/19/2013 listed an attachment as part of the letter although no attachment was included
- Real-Time Radiography Quarterly Repeat Results: INL RH 4th Quarter Calendar Quarter of 2012 (CP:13:01241) dated 6/27/2013 was revised to remove "Attachment"; however, the previous letter was not superseded in the record file
- Surveillance Reports: SUR-CCP-0001-13 dated 4/10/2013 (QA:13:01029) and SUR-CCP-0002-13 dated 4/3/2013 (QA:13:01026) were not entered into the Records Index Module
- NCR Log Reconciliation Reports: Contact-Handled (CH) Idaho National Laboratory (INL) Project Level (PL) NCR Log Reconciliation Report for 2013 dated 1/4/2014 and CH LANL PL NCR Reconciliation Report for 2013 dated 1/4/2014 were entered into the Records Index Module as an incorrect records type

CCP-QP-008, Rev. 22, *CCP Records Management*, sections 3.4.4 and 3.5.2 state that the Records Custodian/Facility Records Custodian "verifies that records are complete." Also, CCP-QP-008, Rev. 22, sections 3.4.6 and 3.5.4 state that the Records Custodian/Facility Records Custodian is responsible to "enter all QA records into the Records Index Module."

The second and third concerns identified during the evaluation of CCP Records have been combined and submitted as one CAR (see section 6.1, CAR 14-036).

With the exception of the concerns identified, the audit team concluded that the upper-tier requirements in CBFO QAPD section 1.5, *Records*, are adequately addressed, satisfactorily implemented, and effective.

5.2.6 Work Processes

The adequacy of CCP-PO-005, *CCP Conduct of Operations*, Rev. 24, as related to work processes, was evaluated during this audit. The audit team interviewed personnel and reviewed the CCP Standing Order Index, the Operator Aids Index for the project including generator sites, and a sample of required reading documentation. The audit team also evaluated the CCP Surveillance Program. Audit team evaluations confirmed compliance with procedural requirements.

The audit team evaluated the adequacy of CCP-QP-023, *CCP Handling, Storage, and Shipping*, Rev. 4, in relation to the QAPD, section 2.1.5, *Handling, Storage, and Shipping*. It was determined that the CCP procedure captures all flow-down requirements of upper-tier documents. The audit team verified procedural compliance through reviews of the CCP assessment schedule documentation and interviews with CCP QA management and personnel. The audit team reviewed CCP report SUR-CCP-0001-13 for a surveillance performed on 02/26/2013. The surveillance determined that "CCP does not control any items or materials that require 'special equipment' or 'special protective environments' ... for storage or shipping as described in CCP-QP-023." During the previous evaluation of CCP handling, storage, and shipping activities (Audit A-13-11), the audit team made a recommendation that CCP-QP-023 be canceled. The procedure was revised on 01/15/2013 with a change described as: "Revised to incorporate Nuclear Waste Partnership (NWP) transition changes." The procedure remains active for future implementation.

The audit team evaluated the adequacy of CCP-QP-017, *CCP Identification and Control of Items*, Rev. 4, in relation to the QAPD, section 2.1.3, *Item Identification and Control*. It was determined that the CCP procedure captures all flow-down requirements of upper-tier documents and is adequately established. The team was unable to verify the implementation and effectiveness of CCP-QP-017 as these activities are exclusively performed at the generator sites and not at the Skeen-Whitlock facility in Carlsbad, NM. Implementation and effectiveness are routinely addressed during annual site recertification audits.

The audit team concluded that the upper-tier requirements in CBFO QAPD section 2.1, *Work Processes*, are adequately addressed, satisfactorily implemented, and effective. No concerns were identified during this portion of the audit.

5.2.7 Procurement and Graded Approach

The audit team conducted interviews with responsible personnel and reviewed procedures established for the control of procurement activities and graded approach. Review of the procurement process included graded approach as described in CCP-QP-001, *CCP Graded Approach*, and procurement processes identified in CCP-QP-

015, *CCP Procurement*; WP 15-PC3044, *Quality Credit Card Purchases*; and WP 15-PC3609, *Preparation of Purchase Requisitions*. The audit team verified that the CCP graded approach procedure had been approved by CBFO QA Management as required. Specific documents reviewed included CCP Quality Level Determination Checklists (Attachment 1 to CCP-QP-001), purchase requisitions (PRs), purchase orders (POs), CCP Receipt Inspection Verification Sheets (Attachment 1 to CCP-QP-026), quality credit card purchase logs and forms, and Training Status Reports for Requisitioners and Q-Cardholders.

Additionally, the audit team witnessed a demonstration of the Integrated Financial Management System (IFMS) and the system's ability to demonstrate traceability for procurement package information. The audit team randomly selected both active and completed procurement requisitions and verified that the purchases were identified in the IFMS. The team further verified that all records were traceable and the completed records had been sent to the CCP records management facility.

The audit team verified that the CCP Graded QA Database is established, maintained current, and contains the requisite information. Quality Level Determination Checklists are generated if an item to be procured has not previously been graded, and the checklists are submitted to and maintained in Records in appropriate records storage areas as required.

The audit team verified that procurement requisitioners, Q-Cardholders, approving officers, and CCP receipt inspectors have received required training. During review of training records it was identified that one Q-Cardholder and one generator site CCP receipt inspector had not fulfilled the prerequisite training required in WP 15-PC3044, *Quality Credit Card Purchases* (see section 6.1, CAR 14-033).

PRs contain the applicable quality-related information required by WP 15-PC3609. This includes identification of the quality level (QL), statement of work, measuring and test equipment (M&TE) calibration requirements, and appropriate quality clauses, such as certificates of conformance (C of C). It was noted during the review of issued POs that NWP PO 502289 (MTO DOE13-T5010058), issued to AREVA to provide calibration and total measurement uncertainty services which were graded as a QL-1 procurement per Quality Level Determination (QLD) 13-038 (CCP-QP-001, Rev. 8, Attachment 1), does not adequately define the scope of work as to deliverables or the technical requirements identified on QLD 13-038 as related to traceability of calibration standards for QL-1 procurements (see section 6.1, CAR 14-032). The audit team verified the prohibition of mixing different QL requirements on the same PR. The identification of appropriate personnel reviewing and approving each PR was verified through access to the IFMS database. CCP QA initiates inspection planning and Receipt Inspection Verification Sheets when required. Inspection results and receipt of C of Cs, when National Institute of Science and Technology traceability is a requirement, are recorded on the CCP Receipt Inspection Verification Sheets when applicable.

The audit team concluded that, with the exceptions described above, the requirements for the use of a graded approach and the requisition and procurement of goods and

services are 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 Inspection and Testing

Procedure CCP-QP-026, *Inspection Control*, Rev. 14, was verified to meet the requirements of CBFO QAPD section 2.4, *Inspection and Testing*. Inspection documentation for supplies received was examined and training documentation for qualified receipt inspectors was reviewed. Examinations of documentation and interviews with CCP inspection personnel verified that activities are being performed in compliance with procedural requirements.

A sample of documentation of receipt inspections for items purchased under standard procurement and Q-credit card methods were reviewed. The audit team reviewed record documents with respect to CCP QA review of CCP Receipt Inspection Verification Sheets. The documents were completed in accordance with procedure. During interviews, the audit team determined that the person who performed the QA reviews recently retired. Assignment of QA review duties is awaiting completion and documentation of training of the candidate who will perform the QA reviews. The audit team determined that recent events at the WIPP site have delayed completion of training of the candidate. There are receipt inspections awaiting QA review. Receipt inspections at host site locations have been performed in accordance with procedure. The audit team determined that review of receipt documents and submittal to records can await completion of training, assignment of duties, and performance of QA reviews.

CCP inspection control activities 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.

One concern related to inspection and testing was identified during this portion of the audit. During evaluation of CCP Receipt Inspection Verification Sheet (RIVS) documents, the audit team identified that two versions of inspection forms were being used. The forms had not yet been completed as part of a receipt inspection. To avoid a deficient situation where the incorrect form for receipt inspection is submitted as a record, information should be translated to the current approved version of the form prior to completion as part of a CCP receipt inspection (see section 6.3, Observation 3).

Test control activities were evaluated per CCP-QP-027, *Test Control*, Rev. 6, requirements. The procedure was determined to adequately meet CBFO QAPD requirements. Three separate test plans were evaluated for compliance with the procedure. CCP-CM-035, *CCP Test Plan for Qualification of Test Weight for TWPC Hot Cell*, effective 12/19/2013, was the only test plan available that had been completed since 2010. Two additional test plans from 2010 were also reviewed. The audit team determined the process for development, approval, and performance of test plans to be adequately implemented.

Overall, the audit team concluded that the upper-tier requirements in CBFO QAPD section 2.4, *Inspection and Testing*, are 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 Control of Measuring and Test Equipment

The audit team conducted interviews and reviewed implementing procedures relative to the control of measuring and test equipment (M&TE) to determine the degree to which the procedures adequately address upper-tier requirements, including requirements of CBFO QAPD section 2.4.6, *Use and Control of Measuring and Test Equipment.* The audit team reviewed CCP-QP-016, Rev. 19, *CCP Control of Measuring and Testing Equipment.* Results of the review indicate that the procedure adequately addresses upper-tier requirements.

The audit team reviewed the M&TE module of the Integrated Data Center (IDC) and verified the establishment of an M&TE recall system, including user notifications on weekly, monthly, and 60 day bases; establishment of M&TE calibration intervals; identification of calibration sources; controls for managing out-of-tolerance M&TE; methods for extending recalibration due dates when necessary; and the process for removing M&TE from service.

The audit team selected a sampling of M&TE and verified calibration services were performed by vendors on the NWP qualified suppliers list and certificates of calibration included the elements for compliance to procedural requirements.

The audit team performed an inspection of M&TE maintained at the CCP Mobile Loading Unit storage facility located on Airport Drive in Carlsbad, NM, and verified calibrated M&TE was physically segregated from damaged, suspect, out-of-tolerance, and out-of-calibration M&TE.

No concerns were identified during the audit. Overall, the audit team concluded that the upper-tier requirements in CBFO QAPD section 2.4.6, *Use and Control of Measuring and Test Equipment,* are adequately addressed, satisfactorily implemented, and effective.

5.2.10 Assessments

The audit team interviewed the CCP Assessments Manager and CCP Surveillance Coordinator and evaluated objective evidence to verify implementation of the assessment processes.

A review of audit and surveillance schedules and logs was conducted to verify compliance with CCP procedures. Evaluations of randomly selected surveillances and management assessments confirmed that CCP personnel are performing assessment activities according to procedural requirements. Management assessments reviewed and evaluated included MA-CCP-0008-13, MA-CCP-0009-13, MA-CCP-0010-13, MA-

CCP-0015-13, and MA-CCP-0001-14. Additionally, assessment procedures for management assessments and surveillances were verified to be adequate, satisfactorily implemented, and effective.

The audit team interviewed the Assessments Manager and QA administrative staff and verified that NWP QA conducts annual independent assessments of the CCP program as well as independent assessments of suppliers that provide consumable products in support of the CCP. Evaluations of the latest CCP QAP independent assessment, I13-06, verified the audit was performed in two segments and compliance to CCP procedures was confirmed. The audit team verified that independent assessments are conducted by NWP qualified auditors, and personnel performing management assessments, audits, and surveillances have training documentation compliant with procedural requirements. The audit team determined that the NWP assessment program for management assessments, audits, and surveillances of the CCP QAP were conducted in accordance with the appropriate NWP QA Independent Assessment Program procedures.

During the course of the interviews and reviews of documentation, the audit team identified two concerns that were departures from requirements for document control and work processes.

The first concern was identified during review of CCP-QP-021, *CCP Surveillance Program*. The procedure states that surveillance personnel are being qualified under CCP's training program per CCP-QP-040, *Support Training*, rather than in accordance with NWP's site training program. This deviates from CCP's current training process (see section 6.1, CAR 14-034).

The second concern was identified during the review of procedure CCP-QP-018, *Management Assessment*. Obsolete procedures are referenced and there is currently not a way to address CAQs that may arise during the performance of management assessments (see section 6.1, CAR 14-035).

With the exception of the two concerns described, the audit team concluded that the upper-tier requirements in the CBFO QAPD, section 3, *Assessments*, are adequately addressed, satisfactorily implemented, and effective.

5.2.11 Sample Control

The audit team evaluated sample control as a function of QA starting from the records generated from the NWP/CCP sites. Sample control involves only the radiochemistry laboratory at the Idaho National Laboratory (INL), which is contracted by NWP to provide services on samples collected in support of the dose-to-curie (DTC) processes. The Batch Data Reports from the INL are evaluated during certification audits. The final sample control documentation is evaluated from the sample disposition that occurs some time after the reporting of the data.

The team reviewed the "WIPP RIDS-NWP/CCP/NTP Certification/RH for All Sites," Rev. 2, dated May 22, 2012, in support of sample control quality assurance activities.

The file contained chain of custody (COC) records from as early as 2007. The team chose to evaluate only those records completed in calendar year 2013. These records included five COC sets of data providing final disposition information on each COC record. The final record of the disposition is verified by CCP Records for completeness via CCP-QP-008, *CCP Records Management*. The record included the Record Transmittal Form that provided a description of the item and where it originated. This completed the processing circle for sample control regarding the request for analysis and the final disposition of the samples from the reports provided by the INL facility.

There were two NCRs involving sample control: NCR-RHINL-0426-13 and NCR-RHINL-0372-13. The audit team verified that the two NCRs were validated by NWP QA, that they were evaluated according to CCP-QP-005, that QA approved the final dispositions, and that the Quality Assurance Engineer enters the NCR into the NCR Module.

Overall, the audit team concluded that the requirements for sample control are adequate, satisfactorily implemented, and effective. No concerns were identified.

5.2.12 Software QA

The audit team conducted interviews of CCP personnel responsible for software and records control, witnessed a demonstration of the IDC, and reviewed samples of software documentation packages. Evaluations of the samples verified implementation of CCP procedure CCP-QP-022, *CCP Software Quality Assurance Plan*, Rev. 13, with respect to application of software quality assurance to project office and host site software items. The Secure File Transfer Protocol (sftp) site was viewed to verify that the site is adequately managed and adequately communicates software control data to users.

The audit team evaluated CCP Software Inventory Lists (SILs) and compared each item on the active spreadsheet of the SIL with the content of the sftp site for each host site. A CAQ was identified regarding discrepancies between the SILs and the sftp. Twenty-six (26) software document records packages were selected to represent each active host site and each software category currently being used. These packages were reviewed for evidence of implementation of procedure steps for Software Change Order (SCO), SCO Addendums, Software Problem Report and Change Request (SPRCR), and life-cycle documents (test plans, test reports, design documents, requirements documents, user manuals, and code listings) that were generated as appropriate for the category of the individual software applications (see section 6.1, CAR 14-031).

A concern was identified regarding the completion of the SCO form for User's Documentation. It was noted that not all SCOs have User's Documentation. Procedure CCP-QP-022, Rev. 13, *CCP Software Quality Assurance Plan*, sections 4.2.11 and

4.2.12 should be clarified to instruct operators on how to proceed if the SCO does not contain User's Documentation (see section 6.3, Observation 2).

The following table shows the items sampled along with their status:

Category No.	Category Name	Site*	SCO No.	Software Name	Status
6	Exempt	Project Office	N/A	Statistica	Retired
3	Qualified Supplier Software	All Sites	1191	Flat File Generator	Active
1	COTS Software	All Sites FGA	1016	MSD Productivity Chemstation	Active
2	Application within COTS Software	All Sites FGA	1049	FGA Attachments	Active
2	Application within COTS Software	All Sites GGT	1149	GGTP Data Calculation GCMS	Active
2	Application within COTS Software	ANL	1201	DTC for AERHDM 2nd Batch Liquids	Active
1	COTS Software	ANLE	909	Dicksonware	Retired
3	Qualified Supplier Software	INL	209	GammaCombo.wsc	Active
3	Qualified Supplier Software	INL	920	NGI	Active
1	COTS Software	INL FGA	984	Enhanced Chemstation (G1701DA)	Retired
2	Application within COTS Software	INL	1203	DTC for IN-ID-BTO-030]	Active
2	Application within COTS Software	INL	1140	ID-HFEF-S5400-RH Lot 4A	Retired
3	Qualified Supplier Software	LANL	1159	NDA 2000	Active
3	Qualified Supplier Software	LANL	1202	CBBIAS.wsc	Active
1	COTS Software	LANL	1148	Dicksonware	Retired
3	Qualified Supplier Software	LANL	1158	CCPNDADATA.wsc	Retired
3	Qualified Supplier Software	LANL	1163	LANLU234.wsc	Active
3	Qualified Supplier Software	ORNL	1164	CCPNDADATA.WSC	Retired
3	Qualified Supplier Software	ORNL	1209	NDA 2000	Active
3	Qualified Supplier Software	ORNL	1127	Genie 2000	Active

Category No.	Category Name	Site*	SCO No.	Software Name	Status
5	CCP Software	Project Office	829	CCP DataCenter Container Status Tracking	Active
5	CCP Software	Project Office	1029	IDC	Active
2	Application within COTS Software	Project Office	1189	RTR DataSheet.xls	Active
1	COTS Software	SRS	997	BCL DTC Sludges.xls	Retired
3	Qualified Supplier Software	SRS	1026	Canberra PC/FRAM	Active
3	Qualified Supplier Software	SRS	991	Genie 2000	Active

* No samples were pulled from Hanford because no CCP work has been done at that site for approximately three years. There was no software in Category 4, Non-Qualified Supplier Software, or Category 7, Safety Software.

The removal of software after retirement or supersession could not be checked during the audit because no software in the Skeen-Whitlock Building had been removed in the past year, and the WIPP site was not accessible.

With the exceptions of the above-mentioned concerns, the audit team concluded that the CCP Software QA Program is 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 (CAQs), according to the description 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.

Seven CAQs necessitating the generation of CARs were identified as a result of this audit, as described below.

CAR 14-030

The audit team found multiple instances of SME appointment letters/emails provided by SPMs that do not document their decision of qualification based on the candidate's education and experience, as required. Although resumes might be kept on file, the more recent documented SPM appointments are vague and do not include even a reference to the candidate's resume or a statement of education and experience. This appears to be a recent practice, as earlier appointment letters include a more detailed description of the candidate's education and experience, and the SPM's basis for qualification of the candidate.

Examples:

- Email from SPM to CCP Training to appoint DTC SME dated 7/19/2013
- Email from SPM to CCP Training to appoint VE SME dated 10/1/2013

CAR 14-031

The .sftp site is not being maintained in accordance with procedural requirements stated in CCP-QP-022, Rev. 13, *CCP Software Quality Assurance Plan*, sections 1.9 and 4.5.6.

Examples:

- SCO 784 (SuperHENC_QC.xls) on the SIL for INL was not on the .sftp site.
- The following software was on the .sftp site as active software, but the software had been retired and should have been removed from the .sftp site:
    - BuildStatisticaWork_Book007.mdb
    - StatisticaFor097.mdb
    - WStatisticaUsing 097.mdb
    - SRS HSG Data Entry template.xls
    - FGECHECKu23511172004
    - Lot_Data_NCR_Search_(Rev 6.2a).xls
    - FileConversion.xls
- Names of software on the SIL and on the .sftp site were different for:
    - Project Office: Orin01.exe on SIL was Oriin01.exe on .sftp site
    - Savannah River Site: Operator Aid on the SIL was Operator Aid 156.xls on the .sftp site

CAR 14-032

NWP PO 502289 (MTO DOE13-T5010058) was issued to AREVA to provide calibration and total measurement uncertainty services which was graded by NWP as a QL-1

procurement per QLD 13-038 (CCP-QP-001, Rev. 8, Attachment 1). PO 502289 does not adequately define the scope of work as to deliverables or the technical requirements identified on QLD 13-038 as related to traceability of calibration standards for QL-1 procurements.

CAR 14-033

WP 15-PC3044, Rev. 9, *Quality Credit Card Purchases*, section 1.4, requires all approved Q-Cardholders, designated approving officials, and CCP receipt inspectors to complete prerequisite training. There is no objective evidence of compliance for all individuals performing work to this procedure.

Examples:

- The SCI-101 (suspect/counterfeit parts training) qualification of the Los Alamos National Laboratory (LANL) Receipt Inspector is not current.
- The Q-Card User Training qualification of the CCP Q-cardholder is not current.

CAR 14-034

Procedure CCP-QP-021, *CCP Surveillance Program*, states that surveillance personnel are being qualified under CCP's training program per CCP-QP-040, *Support Training*, rather than in accordance with NWP's site training program. The references to CCP-QP-040 in sections 1.1, 2.1, and 4.2.2 of CCP-QP-021 must be removed to accurately reflect CCP's current process.

CAR 14-035

CCP-PO-005, Rev. 24, *CCP Conduct of Operations*, section 18.0 is specific to "Technical Procedures" and does not address all implementing procedures as required by the *NWP Quality Assurance Program Description*, section 2.1.2. As a result, work may not be accomplished as described in some implementing procedures. For example, the reference to CCP-QP-006 must be removed from CCP-QP-018, *CCP Management Assessment*, section 4.12. CCP-QP-006 is an obsolete procedure and there is currently not a way to address CAQs that may arise during management assessments. The management assessment procedure does not accurately reflect CCP's current work processes.

CAR 14-036

During the evaluation of CCP records, two CAQs were identified. These CAQs were combined to create CAR 14-036. The CAQs are as follows:

- During the review of records packages, it was identified that during the receipt of QA records, Facility Records Custodians and Records Custodians are not verifying that records are complete and are not entering all QA records into the Records Index Module. The following are examples:

- Container Inspection/Weight Reports XIOCSATN02613G and XIOC0402795H dated 12/16/2013 were missing the VPM re-verification signature
- Container Inspection/Weight Report XIOCSATN02613G was re-verified by the VPM during the audit; however, the date of signature was incorrect
- Real-Time Radiography Quarterly Repeat Results INL RH 4th Quarter Calendar Quarter of 2012 (CP:13:01241) dated 6/19/2013 listed an attachment as part of the letter although no attachment was included
- Real-Time Radiography Quarterly Repeat Results INL RH 4th Quarter Calendar Quarter of 2012 (CP:13:01241) dated 6/27/2013 was revised to remove "Attachment"; however, the previous letter was not superseded in the record file
- Surveillance Reports SUR-CCP-0001-13 dated 4/10/2013 (QA:13:01029) and SUR-CCP-0002-13 dated 4/3/2013 (QA:13:01026) were not entered into the Records Index Module
- NCR Log Reconciliation Reports CH INL PL NCR Log Reconciliation Report for 2013 dated 1/4/2014, and CH LANL PL NCR Reconciliation Report for 2013 dated 1/4/2014 were entered into the Records Index Module as an incorrect records type

- It was identified during the audit that two records that are required to be verified by the VPM were revised/corrected and re-signed by the originator, but not re-verified/re-validated by the VPM, as required by the procedure. These include Container Inspection/Weight Reports, dated 12/16/2013, with container numbers XIOC0402795H and XIOCSATN02613G.

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 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 deficiencies, determined to minor and isolated in nature, were identified and corrected 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 left uncorrected, could result in a CAQ.
Once a determination is made, the audit team member, in conjunction with the ATL, categorizes the condition appropriately.

Three Observations were identified during the audit.

Observation 1

A concern was identified regarding required reading of WP 15-GM1002, *Issues Management Processing of WIPP Forms*. Required reading of WP 15-GM1002 should be assigned to all CCP operators at all generator sites, with signed acknowledgement of completion of the reading returned to CCP Training. In October 2013, upper management elected to send required reading to CCP personnel, but not all personnel (operators) received the required reading nor have all personnel returned an acknowledgment of reading the procedure. The use of WIPP Forms is a fairly new CCP process effective July 2013. Operator unfamiliarity with the new process could potentially cause problems when generating the WIPP Forms.

Observation 2

It was noted that not all SCOs have User's Documentation. Procedure CCP-QP-022, Rev. 13, *CCP Software Quality Assurance Plan*, sections 4.2.11 and 4.2.12 should be clarified to instruct operators on how to proceed if the SCO does not contain User's Documentation.

Example:

- Flammable Gas Analysis SCO 1016 showed that the User Documentation (UD) had been reviewed for each of the 14 addendums. However, there was no UD in the package. The auditee contacted the chemist and verified that there was no User Documentation for this software.

Observation 3

During evaluation of CCP RIVS documents in the "\\Torreon\CCPQA\CCP Open RIVS" folder, the audit team identified two versions of inspection forms for CCP receipt inspections. The forms were the Attachment 1 – CCP Receipt Inspection Verification Sheet from the CCP-QP-026 procedure, and the EA13QA1003-1, Source/Receipt Inspection Verification Sheet from the WP 13-QA1003 procedure. These forms have not yet been completed as part of a receipt inspection. Information on the

EA13QA1003-1 forms should be translated to the Attachment 1 of the CCP-QP-026 procedure prior to completion as part of a CCP receipt inspection.

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.

Two Recommendations were provided for CCP management consideration.

Recommendation 1

The audit team offers the following training recommendations for management consideration:

CCP-QP-002, *CCP Training and Qualification Plan,* Revision 35:

- Verbiage in Attachment 1 – *Minimum Training, Education, and/or Experience,* does not include instruction on typical packaging configurations for Radiography Operators. This is addressed in section 4.2, but is not reflected in Attachment 1.

- Verbiage has been removed from CCP-QP-002 regarding the American Society of Nondestructive Testing (ASNT) SNT-TC-1A requirements for general, specific, and practical examinations to be given to nondestructive examination (NDE) real-time radiography (RTR) operators. At one time, the verbiage was included in CCP-QP-002. The current practice specified in CCP-QP-002 only mentions requirements for an eye exam and a program-specific comprehensive exam, with no mention of the general, specific, and practical examinations. To fully address the SNT-TC-1A requirements for Level II Operators, it is recommended that the following be reinstated in section 4.3.2 [C] of CCP-QP-002, General, Specific, and Practical Examinations: "The general, specific, and practical examinations will be administered by the approved vendor; and evidence of successful completion of exams is retained within that organization."

Recommendation 2

During the course of the audit, the audit team noted that CCP-QP-008, Rev. 21, *CCP Records Management,* was revised to incorporate the process of entering the receipt of QA records into the Records Index Module. Also, the Records Index Module was identified as a QA/nonpermanent record in the procedure. The audit team recommends

that the recent revision (Rev. 22) of CCP-QP-008, *CCP Records Management*, and these steps that were taken, be included in the Corrective Action Plan for CBFO CAR 14-017 which resulted from the A-14-07 NWP/CCP Calibration Audit.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During Audit A-14-10
Attachment 2: Summary of Audit A-14-10 Results
Attachment 3: Documents Audited During Audit A-14-10

PERSONNEL CONTACTED DURING AUDIT A-14-10				
NAME	**ORG/Title**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST AUDIT MEETING**
Acosta, Danette	NTPC/Records Clerk		X	
Armijo, Cheryl	CCP/NTPC Training Records Analyst		X	
Billett, Bob	NWP/Ops/Issues Management	X	X	
Billett, Michele	CCP/NTPC Training Coordinator		X	
Brown, Michael R.	CBFO/QA Director	X		
Carter, Mitch	LANL/MLU Logistics Manager		X	
Davis, Mark	NWP/WIPP Site QA Engineer		X	
Dhingra, Hardip S.	NWP/CCP Engineer		X	
Edwards, Mark	NWP/Procurement Services/ Manager		X	
Estrada, Leo	NWP/QA Engineer/WIPP Form Administrator		X	
Fisher, A.J.	NWP/CCP Support Services	X	X	
Gulbransen, Ed	NWP/CCP/NTPC Manager		X	
Hayes, Jack	NWP/CCP Procurement		X	
Hernandez, Lou E.	NWP/QA/Associate QA Analyst	X		X
Hernandez, Patrick	CCP/Records Clerk		X	
Ledford, Wayne	NWP/QA Specialist	X	X	X
Miehls, Dennis S.	CBFO/Sr. QA Specialist	X		X
Morrison, Rob	NWP/Transportation Packaging Engineer		X	
Nesser, Cathy	NWP/QA/Sr. QA Specialist	X	X	X
Oberbeck, Leslie	NWP/CCP/Waste Information Tracking System /System Analyst	X	X	
Pace, Berry	CTAC/QA Program Manager	X		X
Payanes, Jose	CCP/Document Services/ Document Manager		X	
Pearcy, Sheila	NWP/NTPC/NTPC Records Manager	X	X	
Proctor, Tricia	NWP/QA/Sr. QA Specialist		X	
Punchios, Sheri	NWP/QA/Sr. Staff Admin.		X	
Ramirez, Mike	NWP/CCP Manager	X	X	X
Reeves, Ron	NTPC/Manager		X	
Ridenour, Priscilla	NWP/NTP/CCP			X
Roberts, Nicholas	NWP/CCP Engineer	X	X	
Sexton, Chris	NWP/Transportation Packaging Engineer		X	

PERSONNEL CONTACTED DURING AUDIT A-14-10				
NAME	**ORG/Title**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST AUDIT MEETING**
Verlanic, Bill	CCP/Vendor Project Manager/ INL		X	
Waldram, Veronica	NWP/QA	X	X	X
Walker, Mak	NWP/QA Engineer/NCR Coordinator	X	X	X

Summary of Audit A-14-10 Results

Documents	Concern Classification				QA Evaluation		Technical
	CARs	CDAs	Obs	Rec	Adequacy	Implementation	Effectiveness
Audit Activity							
QA Program & Organization					A	S	E
Personnel Qualification & Training	14-030		1	1	A	S	E
Quality Improvement					A	S	E
Document Control	14-034				A	S	E
Records	14-036			1	A	S	E
Procurement & Graded Approach	14-032 14-033				A	S	E
Work Processes	14-035				A	S	E
Inspection & Testing			1		A	S	E
Sample Control					A	S	E
Assessments					A	S	E
Software QA	14-031		1		A	S	E
TOTALS	7	0	3	2	A	S	E

Definitions			
E = Effective		CAR = Corrective Action Report	Rec = Recommendation
S = Satisfactory		CDA = Corrected During Audit	A = Adequate
I = Indeterminate		NE = Not Effective	NA = Not Adequate
M = Marginal		Obs = Observation	

Documents Audited During Audit A-14-10

	Document Number	Document Title	Rev
1	CCP-PO-001	CCP Transuranic Waste Characterization Quality Assurance Project Plan (QAPjP)	21
2	CCP-PO-002	CCP Transuranic Waste Certification Plan	27
3	CCP-PO-005	CCP Conduct of Operations	24
4	CCP-QP-001	CCP Graded Approach	8
5	CCP-QP-002	CCP Training and Qualification Plan	35
6	CCP-QP-005	CCP TRU Nonconforming Item Reporting and Control	23
7	CCP-QP-008	CCP Records Management	22
8	CCP-QP-010	CCP Document Preparation, Approval and Control	24
9	CCP-QP-014	CCP Quality Assurance Trend Analysis and Reporting	6
10	CCP-QP-015	CCP Procurement	12
11	CCP-QP-016	CCP Control of Measuring and Testing Equipment	19
12	CCP-QP-017	CCP Identification and Control of Items	4
13	CCP-QP-018	CCP Management Assessment	10
14	CCP-QP-019	CCP Quality Assurance Reporting to Management	7
15	CCP-QP-021	CCP Surveillance Program	9
16	CCP-QP-022	CCP Software Quality Assurance Plan	13
17	CCP-QP-023	CCP Handling, Storage and Shipping	4
18	CCP-QP-026	CCP Inspection Control	14
19	CCP-QP-027	CCP Test Control	6
20	CCP-QP-028	CCP Records Filing, Inventorying, Scheduling, and Dispositioning	15
21	CCP-QP-030	CCP Written Practice for the Qualification of CCP Helium Leak Detection Personnel	9
22	CCP-QP-032	CCP Written Practice for the Qualification of CCP Pressure Change Leak Testing Personnel	2
23	WP 13-1	NWP Quality Assurance Program Description	34
24	WP 13-QA.03	Quality Assurance Independent Assessment Program	22
25	WP 15-GM1002	Issues Management Processing of WIPP Forms	1
26	WP 15-PC3044	Quality Credit Card Purchases	9
27	WP 15-PC3609	Preparation of Purchase Requisitions	27