



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

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August 19, 2014

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

**NMED
Hazardous Waste Bureau**

Subject: Issuance of CAR 14-057 Identified During Audit A-14-26

Dear Mr. Hoff:

The Carlsbad Field Office performed Certification Audit A-14-26, Sandia National Laboratories Central Characterization Program Characterization and Certification Activities for Remote-Handled Transuranic Waste, August 5 – 7, 2014. Enclosed are Corrective Action Report (CAR) 14-057 addressing the conditions adverse to quality identified during the audit.

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

Please contact me at (575) 234-7491, if you have any questions concerning CAR 14-057.

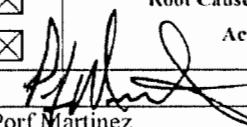
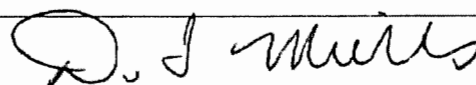
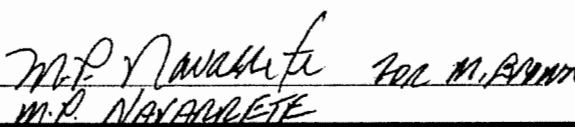
Sincerely,

Dennis S. Miehl
Senior Quality Assurance Specialist

Enclosure



CORRECTIVE ACTION REPORT

1. CAR No.: 14-057	2. Activity Report No.: A-14-26	3. Page 1 of 1
4. Controlling document: CCP-TP-500	5. CBFO Assessment Team Leader: Dennis Miehls	
6. Responsible organization: NWP-CCP/SNL		
7a. CAQ/CAR Owner (Office Director): J.R. Stroble	7b. CAQ was discussed with: I. Joo, S. Patee	
8. Requirement that is involved: CCP-TP-500, Rev. 13, Section 2.4.2[A] --"If a condition adverse to quality is identified, the individual(s) identifying the condition SHALL initiate a nonconformance report (NCR) in accordance with CCP-QP-005"		
9. Condition Adverse to Quality (CAQ): The visual examination (VE) operators did not initiate an NCR upon discovering that the number of Layers of Confinement identified during VE operations on containers within BDR SNLRHVE14001 did not match the number of Layers of Confinement documented in the Acceptable Knowledge Summary (SNL-HCF-S5400-RH, Rev. 5).		
10. Suggested actions (Optional):		
11a. Significant CAQ? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12. Type of actions required:	
11b. Work Suspension recommended? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11c. RCRA related? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11d. Accelerated corrective action required? (If 'Yes', go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Root Cause Determination? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11e. Does this CAQ affect waste streams BNINW216 or BNINW218? 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: CA-05	13b. CAR Initiator:  (printed name) Porf Martinez	Date: 8-14-14
14a. Response due date: 9-15-14		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Assessment Team Leader (if applicable):  (printed name) Dennis S. Miehls	Date: 8-18-14	
b. CBFO Quality Assurance Director:  (printed name) M.P. NAVARRETE	Date: 8-18-14	
16. Acceptance of Proposed Corrective Actions: _____ Date: _____ (printed name)		
17. Acceptance of Corrective Action Completion: _____ Date: _____ (printed name)		
18. Closure: _____ Date: _____ (printed name)		