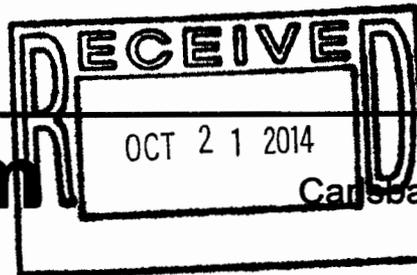


United States Government

Department of Energy

Memorandum

Carlsbad Field Office
Carlsbad, New Mexico 88221

DATE: OCT 21 2014

REPLY TO
ATTN OF: CBFO:QAD:MPN:RMS:14-1364:UFC 2300.00

SUBJECT: Issuance of CARs 15-002, 15-003, 15-004 and 15-005 Identified During Audit A-15-01

TO: Benjamine Roberts, DOE-ID

The Carlsbad Field Office performed Recertification Audit A-15-01, Advanced Mixed Waste Treatment Project certification activities for contact-handled transuranic waste, October 7-9, 2014. Attached are Corrective Action Reports (CARs) 15-002, 15-003, 15-004 and 15-005 addressing the conditions adverse to quality identified during the audit.

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

If you have any questions or comments concerning the CARs, please contact me at (575) 234-7483.

A handwritten signature in black ink that reads "Martin P. Navarrete".

Martin P. Navarrete
Senior Quality Assurance Specialist

Attachments (4)

141040



cc: w/attachments (4)
M. Brown, CBFO *ED
J.R. Stroble, CBFO ED
D. Miehl, CBFO ED
N. Castaneda, CBFO ED
J. Zimmerman, DOE-ID ED
J. Wells, DOE-ID ED
T. Jenkins, DOE-ID ED
D. Haar, AMWTP ED
G. Byram, AMWTP ED
G. Tedford, AMWTP ED
A. Morse, AMWTP 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
R. Maestas, NMED ED
S. Holmes, NMED ED
C. Smith, NMED ED
V. Daub, CTAC ED
R. Allen, CTAC ED
P. Martinez, CTAC ED
B. Pace, CTAC ED
H. Kirschenmann, CTAC ED
K. Martin, CTAC ED
C. Castillo, CTAC ED
P. Hinojos, CTAC ED
D. Sellmer, CTAC ED
G. White, CTAC ED
Site Documents ED
CBFO QA File
CBFO M&RC
*ED denotes electronic distribution

CORRECTIVE ACTION REPORT

1. CAR No.: 15-002	2. Activity Report No.: A-15-01	3. Page 1 of 1
4. Controlling document: MP-DOCS-18.4, Rev. 39, <i>Document Control</i>	5. CBFO Assessment Team Leader: Martin Navarrete	
6. Responsible organization: AMWTP		
7a. CAQ/CAR Owner (Office Director): <i>N/A</i>	7b. CAQ was discussed with: Angie Morse, Gina Tedford	
8. Requirement that is involved: MP-DOCS-18.4, Rev. 39, <i>Document Control</i> , Section 3.5.1 states, " <u>Document Owner</u> : Review controlled documents, as a minimum, within the indicated periodic intervals per the table below, to ensure the information and instructions are technically accurate." Review intervals are listed in a table in Section 3.5.1 of the procedure.		
9. Condition Adverse to Quality (CAQ): Periodic reviews are not being performed (as required by the periodic intervals table) to assure AMWTP documents are maintained to accurately identify the content or processes specific to the activity addressed by the document. Examples of this concern are as follows: 1. The Periodic Review Past/Coming Due Report as of 09/30/2014 identifies 26 of 39 documents delinquent for periodic review. Several are overdue by 10 months or greater. This is a recurrence of an issue identified by AMWTP on CAR 77022, dated 4/10/13. 2. LST-RTQP-03-IM, Rev. 1, <i>WIPP Training Requirements Implementation Matrix</i> , has not been reviewed and updated, as required after the revision of MP-TRUW-8.2, <i>Quality Assurance Project Plan</i> . 3. INST-OI-12, Rev. 55, <i>Real-Time Radiography Examinations (Certification Scans)</i> , uses terms such as "headspace gas," which is no longer used in the current WIPP Hazardous Waste Facility Permit. 4. RPT-TRUW-06, Rev. 16, <i>Acceptable Knowledge Document for AMWTP Waste</i> , identifies operations with respect to special case waste, drummed waste handling enclosure, and the drummed waste packaging glove-box; however, AMWTP does not perform these operations.		
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 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"/>	Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. Trend Code: DC-05	13b. CAR Initiator: <i>Cindi Castillo</i> (printed name) Harley Kirschenmann	Date: 10/14/14
14a. Response due date: <i>Nov. 21, 2014</i>		
14b. Required corrective action completion date: <i>N/A</i>		
15. Concurrence:		
a. Assessment Team Leader (if applicable): <i>Martin P. Navarrete</i> (printed name) Martin P. Navarrete	Date: <i>10-21-14</i>	
b. CBFO Quality Assurance Director: <i>Martin P. Navarrete</i> (printed name) Michael R. Brown	Date: <i>10-21-14</i>	
16. Acceptance of Proposed Corrective Actions: _____ (printed name)		Date: _____
17. Acceptance of Corrective Action Completion: _____ (printed name)		Date: _____
18. Closure: _____ (printed name)		Date: _____

INSTRUCTIONS FOR PROVIDING CORRECTIVE ACTION PLAN

**WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office**

**INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
RESPONSE TO A CAR ADDRESSING A CONDITION ADVERSE TO QUALITY**

You are requested to provide a corrective action plan in response to this corrective action report (CAR) by the due date identified in block 14a of the CAR. If this date cannot be met, provide a written request for extension to the assessment team leader (CAR block 5). This request must include justification for the delay and must be provided prior to the response due date (CAR block 14a).

The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 15-002
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
 - C. **Root Cause Determination**-Identify the root cause of the condition as determined through investigative actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the root cause of the condition in order to preclude recurrence.
2. For each action above, identify the individual assigned responsibility for completion of the action and the anticipated (or actual, if complete) completion date.
3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 15-003	2. Activity Report No.: A-15-01	3. Page 1 of 1
4. Controlling document: MP-TRUW-8.26, Rev. 6, <i>Reports to Management</i>	5. CBFO Assessment Team Leader: Martin Navarrete	
6. Responsible organization: AMWTP		
7a. CAQ/CAR Owner (Office Director): <i>N/A</i>	7b. CAQ was discussed with: Angie Morse & Lyle Ryman	
<p>8. Requirement that is involved: MP-TRUW-8.26, Rev. 6, <i>Reports to Management</i>, para. 3.1.1 states: "<u>Quality Assurance Representative</u>: Issue a semi-annual report that summarizes all relevant information on the QA/quality control (QC) activities for the reporting period and submit it to the SPM in accordance with MP-TRUW-8.1. NOTE: The QA report will include, as appropriate, the following information: A. Any changes to the QAPjP (MP-TRUW-8.2) B. Identification of any significant QA/QC problems, recommended solutions, and corrective actions C. An assessment of QC data collected during the period, including the frequency of repeated analyses, reasons for those repeats, and corrective actions D. Discussions of whether Quality Assurance Objectives (QAOs) have been met, and any resulting impact on decision making (emphasis added) E. Limitations on the use of measurement data F. Status of Performance Demonstration Program (PDP) results G. Results of audits and surveillances conducted during the period H. Nonconformance report (NCR) status I. Trend analysis information."</p>		
9. Condition Adverse to Quality (CAQ): The Semi-Annual Reports to Management for the periods 7/1/2013 to 12/31/2013 and 1/1/2014 to 6/30/2014 do not include a discussion of whether QAOs have been met, and any resulting impact on decision-making.		
10. Suggested actions (Optional):		
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: DC-05	13b. CAR Initiator: <i>Cindi Costello</i> (printed name) Harley Kirschenmann	Date: 10/14/14
14a. Response due date: <i>Nov. 21, 2014</i>		
14b. Required corrective action completion date: <i>N/A</i>		
15. Concurrence:		
a. Assessment Team Leader (if applicable): <i>Martin P. Navarrete</i> (printed name) Martin P. Navarrete		Date: <i>10-21-14</i>
b. CBFO Quality Assurance Director: <i>Martin P. Navarrete for</i> (printed name) Michael R. Brown		Date: <i>10-21-14</i>
16. Acceptance of Proposed Corrective Actions:		Date:
17. Acceptance of Corrective Action Completion:		Date:
18. Closure:		Date:

INSTRUCTIONS FOR PROVIDING CORRECTIVE ACTION PLAN

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office

**INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
RESPONSE TO A CAR ADDRESSING A CONDITION ADVERSE TO QUALITY**

You are requested to provide a corrective action plan in response to this corrective action report (CAR) by the due date identified in block 14a of the CAR. If this date cannot be met, provide a written request for extension to the assessment team leader (CAR block 5). This request must include justification for the delay and must be provided prior to the response due date (CAR block 14a).

The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 15-003
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
 - C. **Root Cause Determination**-Identify the root cause of the condition as determined through investigative actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the root cause of the condition in order to preclude recurrence.
2. For each action above, identify the individual assigned responsibility for completion of the action and the anticipated (or actual, if complete) completion date.
3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 15-004	2. Activity Report No.: A-15-01	3. Page 1 of 1
4. Controlling document: MP-M&IA-17.3, Rev. 8, <i>Quality Assurance Surveillance</i>	5. CBFO Assessment Team Leader: Martin Navarrete	
6. Responsible organization: AMWTP		
7a. CAQ/CAR Owner (Office Director): <i>N/A</i>	7b. CAQ was discussed with: Angie Morse & Michelle Sharp	
8. Requirement that is involved: MP-M&IA-17.3, Rev. 8, <i>Quality Assurance Surveillance</i> , para. 3.2.1 states: "QA Manager or Designee: Annually establish a QA Surveillance Plan to evaluate the following: <ul style="list-style-type: none"> • Adequacy and effectiveness of work activities • Completed work performance and product quality • Compliance with established policies, procedures, instructions, and contractual requirements • Effectiveness of implemented corrective actions based on potential risk associated with the initiating noncompliant condition. • Past compliance issues • Opportunities to promote improvement." 		
9. Condition Adverse to Quality (CAQ): There is no objective evidence that an annual QA Surveillance Plan was developed for Calendar Year (CY) 2013 and CY2014.		
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: DC-06	13b. CAR Initiator: <i>Candi Castello</i> (printed name) Harley Kirschenmann	Date: 10/14/14
14a. Response due date: <i>NOV. 21, 2014</i>		
14b. Required corrective action completion date: <i>N/A</i>		
15. Concurrence:		
a. Assessment Team Leader (if applicable): <i>Martin P. Navarrete</i> (printed name) Martin P. Navarrete		Date: <i>10-21-14</i>
b. CBFO Quality Assurance Director: <i>Martin P. Navarrete for</i> (printed name) Michael R. Brown		Date: <i>10-21-14</i>
16. Acceptance of Proposed Corrective Actions: _____		Date: _____
(printed name) _____		
17. Acceptance of Corrective Action Completion: _____		Date: _____
(printed name) _____		
18. Closure: _____		Date: _____
(printed name) _____		

INSTRUCTIONS FOR PROVIDING CORRECTIVE ACTION PLAN

**WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office**

**INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
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The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 15-004
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
 - C. **Root Cause Determination**-Identify the root cause of the condition as determined through investigative actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the root cause of the condition in order to preclude recurrence.
2. For each action above, identify the individual assigned responsibility for completion of the action and the anticipated (or actual, if complete) completion date.
3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CORRECTIVE ACTION REPORT

1. CAR No.: 15-005	2. Activity Report No.: A-15-01	3. Page 1 of 2
4. Controlling document: DOE/CBFO 94-1012, Rev. 11 & MP-RTQP-14.19, Rev. 9	5. CBFO Assessment Team Leader: Martin Navarrete	
6. Responsible organization: AMWTP		
7a. CAQ/CAR Owner (Office Director): N/A	7b. CAQ was discussed with: Gina Tedford & Cameron Stamos	
8. Requirement that is involved: See CAR Continuation Sheet.		
9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet.		
10. Suggested actions (Optional): N/A		
11a. Significant CAQ? (If 'Yes', go to block 15b) 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"/>	
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"/>		
13a. Trend Code: RM-05	13b. CAR Initiator: <u>Cindi Castillo for</u> <small>(printed name)</small> Katie Martin	Date: 10/14/14
14a. Response due date: <u>Nov. 21, 2014</u>		
14b. Required corrective action completion date: <u>N/A</u>		
15. Concurrence:		
a. Assessment Team Leader (if applicable): <u>Martin P. Navarrete</u> <small>(printed name)</small> Martin P. Navarrete	Date: <u>10-21-14</u>	
b. CBFO Quality Assurance Director: <u>Martin P. Navarrete for</u> <small>(printed name)</small> Michael R. Brown	Date: <u>10-21-14</u>	
16. Acceptance of Proposed Corrective Actions: _____ <small>(printed name)</small>		Date: _____
17. Acceptance of Corrective Action Completion: _____ <small>(printed name)</small>		Date: _____
18. Closure: _____ <small>(printed name)</small>		Date: _____

CAR CONTINUATION SHEET

1. CAR No: 15-005

2. Activity No: A-15-01

3. Page 2 of 2.

8. Requirement that is involved:

DOE/CBFO 94-1012, *CBFO Quality Assurance Program Document*, Rev. 11, Section 1.5.2 B states, "QA records shall be legible, accurate, and completed appropriate to the work accomplished."

DOE/CBFO 94-1012, *CBFO Quality Assurance Program Document*, Rev. 11, Section 1.5.7 C states, "Corrections to QA records should be made using a single line through and shall not obliterate the prior entry. QA records shall not be corrected with correction fluids or tapes."

MP-RTQP-14.19, *Training Records Administration*, Rev. 9, Section 3.2.5 states, "TC or Training Staff: Review training records on receipt for: E. Legibility, accuracy, completeness and appropriateness to the work accomplished, F. Required signatures (such as instructor, line manager, and/or training manager), G. Authorization by instructor of any corrections made on the record, ensuring appropriate signature and date requirements."

9. Condition Adverse to Quality (CAQ):

Numerous instances were noted regarding methods used for correcting record entries contrary to the requirements for correcting records as specified in MP-DOCS-18.2, *Records Management*. Additionally, numerous instances were noted regarding incomplete records. These instances were observed in records of various program disciplines, including real-time radiography, independent technical review, site project manager, non-destructive assay, acceptable knowledge, etc. A few examples include:

- RTR Biannual Container forms – obliterating information and no initial or date for corrections (multiple instances)
- Requalification Checklist – Level I Validation (ITR) for VE form – no initial or date for corrections and obliterating information
- SPM Requalification form – date was recorded rather than required initials.
- AKE Requalification & Level I Validation (ITR) for RTR – performance of on-the-job training (either simulated, performed or discussed) was not documented.

INSTRUCTIONS FOR PROVIDING CORRECTIVE ACTION PLAN

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field OfficeINSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
RESPONSE TO A CAR ADDRESSING A CONDITION ADVERSE TO QUALITY

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The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 15-005
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
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 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the root cause of the condition in order to preclude recurrence.
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NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.