



United States Government

Department of Energy

# memorandum

 Carlsbad Field Office  
 Carlsbad, New Mexico 88221

DATE: NOV 9 2015

REPLY TO  
ATTN OF: CBFO:OQA:MPN:BA:15-0950:UFC 2300.00

SUBJECT: Issuance of CAR 16-005 During Audit A-16-01

TO: Mr. Benjamine Roberts, DOE-ID



The Carlsbad Field Office performed Recertification Audit A-16-01, Advanced Mixed Waste Treatment Project certification activities for contact-handled transuranic waste, October 27-29, 2015. Attached are Corrective Action Reports (CAR) 16-005 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 schedules for completion. Please return your responses to me on or before the due date identified in CAR Block 14a.

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

Martin P. Navarrete

Senior Quality Assurance Specialist

## Attachment

cc: w/attachments

M. Brown, CBFO	*ED	R. Joglekar, EPA	ED
J.R. Stroble, CBFO	ED	J. Kieling, NMED	ED
D. Miehl, CBFO	ED	R. Maestas, NMED	ED
N. Castaneda, CBFO	ED	S. Holmes, NMED	ED
G. Birge, CBFO	ED	C. Smith, NMED	ED
T. Carver, CBFO	ED	V. Daub, CTAC	ED
S. Ross, EM-43	ED	R. Allen, CTAC	ED
J. Zimmerman, DOE-ID	ED	P. Martinez, CTAC	ED
M. Willcox, DOE-ID	ED	B. Pace, CTAC	ED
B. Blyth, DOE-ID	ED	H. Kirschenmann, CTAC	ED
D. Haar, AMWTP	ED	R. Vawter, CTAC	ED
G. Byram, AMWTP	ED	C. Castillo, CTAC	ED
G. Tedford, AMWTP	ED	P. Hinojos, CTAC	ED
A. Morse, AMWTP	ED	G. White, CTAC	ED
T. Peake, EPA	ED	Site Documents	ED
L. Bender, EPA	ED	CBFO QA File	
E. Feltcom, EPA	ED	CBFO M&RC	

\*ED denotes electronic distribution

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## CORRECTIVE ACTION REPORT

1. CAR No.: 16-005	2. Activity Report No.: A-16-01	3. Page 1 of 1
4. Controlling document: QAPP-01, <i>Quality Assurance Program Plan, Revision 15</i>	5. CBFO Assessment Team Leader: Martin Navarrete	
6. Responsible organization: DOE-ID		
7a. CAQ/CAR Owner (Office Director):	7b. CAQ was discussed with: B. Roberts/A. Morse	
8. Requirement that is involved: QAPP-01, Quality Assurance Program Plan, Revision 15:  Introduction states, "ASME NQA-1-2008, Quality Assurance Requirements for Nuclear Facility Applications with NQA-1a-2009 addenda is the QA standard for AMWTP along with ASME NQA-1-1989 to support the DOE Carlsbad Field Office (CBFO) Quality Assurance Program Document (DOE/CBFO-94-1012.)."  Section 4.2.8 states, "The Document Control system shall require that end-users verify that documents are the current revision, and that only the currently approved documents are in use at the location where work is performed."		
9. Condition Adverse to Quality (CAQ): Through interviewing QA Management personnel, the audit team identified that the CBFO QAPD, Rev. 12 has not been received for implementation. Revision 12 was effective on August 3, 2015. AMWTP (ITG) personnel performed a database search for incoming correspondence from DOE-ID and no records related to the transmittal of the CBFO QAPD, Rev. 12 were found.		
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: QA-01	13b. CAR Initiator: <i>Cindi Castillo for</i> (printed name) Harley Kirschenmann	Date: 11/9/15
14a. Response due date: <u>DEC 8, 2015</u>		
14b. Required corrective action completion date: <u>N/A</u>		
15. Concurrence:		
a. Assessment Team Leader (if applicable): (printed name) <i>M. Navarrete</i> Martin Navarrete	Date: <u>11-9-15</u>	
b. CBFO Quality Assurance Director: (printed name) <i>Michael R. Brown</i> Michael R. Brown	Date: <u>11/09/2015</u>	
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 # **16-005**
  - 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.
  - 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.