



ENTERED

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

MAY 09 2016



Mr. Val Cannon, Manager
Quality Assurance
Nuclear Waste Partnership LLC
P.O. Box 2078
Carlsbad, NM 88221-2078

Subject: Issuance of CBFO Corrective Action Report 16-035 Identified During Audit A-16-15

Dear Mr. Cannon:

The Carlsbad Field Office (CBFO) performed Audit A-16-15 of the Oak Ridge National Laboratory Central Characterization Program on April 19 – 21, 2016. Enclosed is Corrective Action Report (CAR) 16-035 addressing the condition adverse to quality identified during the audit.

Please provide a documented response for the CAR, ensuring that the required actions indicated in Block 11 are addressed, including a schedule for completion. Please return your response to me on or before the due date identified in Block 13a of the CAR form.

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

Sincerely,

Martin P. Navarrete
Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure

S. Ross, EM-43	*ED	A. Boyea, NWP	ED
M. Brown, CBFO	ED	T. Peake, EPA	ED
J.R. Stroble, CBFO	ED	L. Bender, EPA	ED
D. Miehl, CBFO	ED	E. Feltcorn, EPA	ED
G. Birge, CBFO	ED	R. Joglekar, EPA	ED
N. Castaneda, CBFO	ED	J. Kieling, NMED	ED
T. Carver, CBFO	ED	R. Maestas, NMED	ED
S. Cange, DOE-OR	ED	C. Smith, NMED	ED
L. Wilkerson, DOE-OR	ED	V. Daub, CTAC	ED
P. Briedenbach, NWP	ED	R. Allen, CTAC	ED
J. Blankenhorn, NWP	ED	P. Martinez, CTAC	ED
J. Britain, NWP	ED	R. Castillo, CTAC	ED
F. Sharif, NWP	ED	R. Bradford, CTAC	ED
D. E. Gulbransen, NWP	ED	K. Martin, CTAC	ED
R. Reeves, NWP	ED	P. Hinojos, CTAC	ED
A.J. Fisher, NWP	ED	G. White, CTAC	ED
I. Joo, NWP	ED	Site Documents	ED
J. Carter, NWP	ED	CBFO QA File	
B. Allen, NWP	ED	CBFO M&RC	
S. Punchios, NWP	ED	*ED denotes electronic distribution	



INSTRUCTIONS FOR PROVIDING A CORRECTIVE ACTION PLAN

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

INSTRUCTIONS FOR PROVIDING A CORRECTIVE ACTION PLAN

You are requested to provide a corrective action plan (CAP) in response to this corrective action report (CAR) by the completion date identified in block 13b of the CAR. If this date cannot be met, provide a written request for extension to the Quality Assurance Representative with courtesy copy to the Office of Quality Assurance Director. This request must include justification for the delay and must be provided seven calendar days prior to the response due date (CAR block 13a).

The CAP shall address the corrective actions indicated in CAR block 11. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 11.

1. Corrective action response for CAR # 16-035
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during discovery.
 - 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. **Causal Analysis**-Identify the causal factor(s) of the CAR condition. Refer to Step 5.3.2 if the CAR was issued to CBFO or Step 5.3.3 if the CAR was issued to a participant organization.
 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the causal factors of the condition in order to preclude recurrence.

NOTE: Schedule for completion of corrective actions is always required.

2. For each action above, identify 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.

CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 16-035	2. Activity Report No.: A-16-15	3. Page 1 of 1
4. Controlling document: CCP-TP-113, Rev. 18	5. Responsible CBFO Manager: N/A	
6. Responsible organization: NWP/CCP	7. CAQ discussed with: Derek Matheny	
8. Requirement: CCP-TP-113, Rev. 18, <i>CCP Standard Contact-Handled Waste Visual Examination</i> , Section 4.4, NOTE states: "Waste container(s) SHALL be closed and have a TID applied when access to the container is uncontrolled."		
9. Condition Adverse to Quality (CAQ): There was no tamper indicating device (TID) applied to container X10C9311083A when access to the container was uncontrolled.		
10a. Significant CAQ? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11. Type of actions required:	
10b. Work Suspension recommended? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10c. WAP-related Deficiency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11b. Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
10d. Accelerated corrective action required? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	11c. Causal Analysis? Yes <input type="checkbox"/> No <input type="checkbox"/>	
		11d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
12a. Trend Code: VE-05	12b. CAR Initiator: <i>R. Bradford</i> Printed Name: Rhett Bradford	 5/9/16 Date
13a. Response due date: JUNE 7, 2016		
13b. Required corrective action completion date: N/A		
14. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:	 <i>Martin Navarrete</i> Printed Name: MARTIN NAVARRETE	 5-9-16 Date
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")	 Printed Name: _____	 Date _____
15. Acceptance of Proposed Corrective Actions:		
Printed Name and Title: _____		Date _____
16. Acceptance of Corrective Action Completion:		
Printed Name: _____		Date _____
17. Closure:		
Printed Name: _____		Date _____