



**Department of Energy**  
 Carlsbad Field Office  
 P. O. Box 3090  
 Carlsbad, New Mexico 88221  
**MAY 19 2016**

ENTERED

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

Subject: Issuance of CBFO CARs 16-039, 16-040, and 16-041 Identified During Audit A-16-09

Dear Mr. Cannon:

The Carlsbad Field Office (CBFO) performed Audit A-16-09, Nuclear Waste Partnership LLC (NWP) Contractor Assurance Program, May 10 – 12, 2016. Enclosed are Corrective Action Reports (CARs) 16-039, 16-040, and 16-041, addressing conditions adverse to quality identified during the audit.

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

If you have any questions or comments concerning the CARs, please contact me at (575) 234-7491.

Sincerely,

  
 Dennis S. Miehls  
 Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure			
M. Brown, CBFO	*ED	T. Peake, EPA	ED
W. Mouser, CBFO	ED	R. Maestas, NMED	ED
M. Navarrete, CBFO	ED	C. Smith, NMED	ED
E. Garza, CBFO	ED	V. Daub, CTAC	ED
P. Breidenbach, NWP	ED	P. Martinez, CTAC	ED
J. Blankenhorn, NWP	ED	C. Castillo, CTAC	ED
J. Britain, NWP	ED	R. Boyko, CTAC	ED
S. Hendrickson, NWP	ED	P. Gomez, CTAC	ED
B. Allen, NWP	ED	P. Hinojos, CTAC	ED
S. Punchios, NWP	ED	G. White, CTAC	ED
A. Boyea, NWP	ED	Site Documents	ED
M. McDaniel, NWP	ED	CBFO QA File	
J. Knox, NWP	ED	CBFO M&RC	
P. Love, NWP	ED	*ED denotes electronic distribution	



**CBFO CORRECTIVE ACTION REPORT**

1. CAR No.: 16-039		2. Activity Report No.: A-16-09		3. Page 1 of 2	
4. Controlling document: WP 15-CA1001		5. Responsible CBFO Manager: N/A			
6. Responsible organization: NWP		7. CAQ discussed with: Mary McDaniel			
8. Requirement: See Continuation Sheet					
9. Condition Adverse to Quality (CAQ): See Continuation Sheet					
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 checked="" type="checkbox"/>	
				11d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
12a. Trend Code: WP-06		12b. CAR Initiator: <i>Robert G. Boyko</i> Printed Name: Robert Boyko		5/16/16 Date	
13a. Response due date: <b>JUNE 17, 2016</b>					
13b. Required corrective action completion date: <b>N/A</b>					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		<i>Martin Navarrete</i> Printed Name: MARTIN NAVARRETE		5-19-16 Date	
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		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	

## CAR CONTINUATION SHEET

1. CAR No: 16-039

2. Activity No: A-16-09

3. Page 2 of 2

### 8. Requirement:

WP 15-CA1001, Rev. 0, *Independent Safety Management Program Evaluation*:

- **Paragraph 1.4:** "Team Leader, obtain approval for the independent SMP Evaluation Plan from the Self-Assessment and Continuous Improvement Manager, and the Department Manager(s) responsible for the SMP being evaluated."
- **Introduction:** "The Team Leader is approved by NWP Senior Management. The Team Leader will meet the following qualification requirements:"
- **Paragraph 2.1:** "Self-Assessment and Continuous Improvement Manager set up an in-briefing for the independent SMP evaluation."
- **Paragraph 2.8:** "Self-Assessment and Continuous Improvement Manager set up an out briefing for the independent SMP evaluation."
- **Paragraph 2.9:** Team Leader, provide an out briefing for the line and senior management summarizing the observations of the evaluation team and the issues identified during the evaluation."

**Introduction:** "The evaluation Team Leader will document an overall grade for the implementation and effectiveness of the SMP and a grade for each organization responsible for implementing the SMP(s) being evaluated."

### 9. Condition Adverse to Quality (CAQ):

- Independent Safety Management Program (SMP) evaluation plans are not being developed or approved in accordance with procedural requirements.
- Eight SMP packages were reviewed during the audit:
  - Three of the eight packages did not contain the required records documenting Leader/Team qualifications.
  - Five of the eight packages did not contain records for In, Out, & Management briefings.
- Eight SMP Final Reports were reviewed during the audit. Two of the reports did not document an "overall grade", as required.

**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:

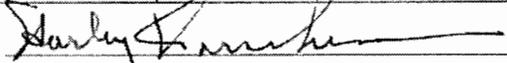
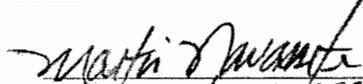
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 11.

1. Corrective action response for CAR # 16-039
  - 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.: 16-040		2. Activity Report No.: A-16-09		3. Page 1 of 1	
4. Controlling document: WP 15-CA1007			5. Responsible CBFO Manager: N/A		
6. Responsible organization: NWP			7. CAQ discussed with: Jeff Knox and Patti Love		
8. Requirement: WP 15-CA1007, Rev. 0, Para. 1.1:...for occurrence reporting and procedure system (ORPS) reportable events a critique is required to be conducted.					
9. Condition Adverse to Quality (CAQ): Ten ORPS reports have been issued since 11/15/2015 but no critiques performed for any of the ORPS reports.					
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 checked="" type="checkbox"/>	
				11d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
12a. Trend Code: WP-05		12b. CAR Initiator:  Printed Name: Harley Kirschenmann		5/16/16 Date	
13a. Response due date: JUNE 17, 2016					
13b. Required corrective action completion date: N/A					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		 Printed Name: MARTIN NAYARRETE		5-19-16 Date	
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		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			

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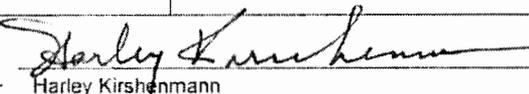
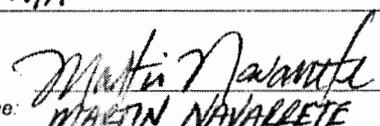
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 11.

1. Corrective action response for CAR # 16-040
  - 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.: 16-041		2. Activity Report No.: A-16-09		3. Page 1 of 1	
4. Controlling document: WP 15-CA1007			5. Responsible CBFO Manager: N/A		
6. Responsible organization: NWP			7. CAQ discussed with: Jeff Knox and Patti Love		
8. Requirement: WP 15-CA1007, Fact Findings and Critiques, Rev. 0, Para. 2.1...the Fire Protection Engineer and Fire Marshall are to attend any fact finding pertaining to: <ul style="list-style-type: none"> <li>• Response to actual fire</li> <li>• And/or any event impacting the fire protection system</li> </ul>					
9. Condition Adverse to Quality (CAQ): Review of two fact finding attendance sheets for Fire related events did not identify a Fire Marshall present. They were as follows: <ul style="list-style-type: none"> <li>• Fact finding for Fire Riser Repair (1/28/16)</li> <li>• Fact Finding for U/G vehicle fire suppression (4/19/16)</li> </ul>					
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 checked="" type="checkbox"/>	
				11d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
12a. Trend Code: WP-03		12b. CAR Initiator:  Printed Name: Harley Kirshenmann		5/13/16 Date	
13a. Response due date: JUNE 17, 2016					
13b. Required corrective action completion date: N/A					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		Printed Name:  MARTIN NAVARRETE		5-19-16 Date	
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		Printed Name: N/A		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	

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