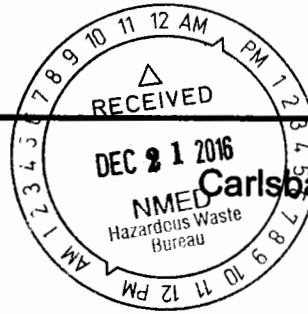


United States Government

**ENTERED**

Department of Energy

memorandumCarlsbad Field Office
Carlsbad, New Mexico 88221

DATE: DEC 21 2016

REPLY TO
ATTN OF: CBFO:OQA:MPN:BA:16-3536:UFC 2300.00

SUBJECT: Issuance of CARs 17-007, 17-008, 17-009, 17-010, and 17-011

TO: Mr. Jim Malmo, DOE-ID

Attached are Corrective Action Reports (CARs) 17-007, 17-008, 17-009, 17-010, and 17-011 addressing conditions adverse to quality identified during Audit A-17-04 of the Advanced Mixed Waste Treatment Project (AMWTP) at the Idaho National Laboratory. The CARs address implementation of the requirements of DOE/CBFO-94-1012, Quality Assurance Program Document, and various AMWTP implementing procedures.

Please provide a documented response for each CAR, ensuring that each required action indicated in Block 11 is addressed, including a schedule for completion of corrective actions. 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 concerning the CARs, please contact me at (575) 234-7483.

Martin P. Navarrete

Senior Quality Assurance Specialist

Attachment

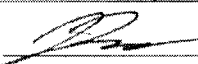

161221



cc: w/attachment
S. Ross, EM-3.113 *ED
J. Carswell, CBFO ED
M. Brown, CBFO ED
J.R. Stroble, CBFO ED
D. Miehl, CBFO ED
N. Castaneda, CBFO ED
G. Birge, CBFO ED
T. Carver, CBFO ED
J. Zimmerman, DOE-ID ED
T. Jenkins, DOE-ID ED
G. Byram, AMWTP ED
T. Clements, AMWTP ED
E. Dumas, AMWTP ED
J. Floerke, AMWTP ED
A. Morse, AMWTP ED
G. Tedford, AMWTP ED
B. Jensen, AMWTP ED
M. McKean, AMWTP ED
S. Winterbottom, AMWTP ED
L. Peterson, AMWTP ED
R. Walker, AMWTP ED
S. Tallman, AMWTP ED
J. Walsh, EPA ED
T. Peake, EPA ED
E. Feltcom, EPA ED
R. Joglekar, EPA ED
J. Kieling, NMED ED
R. Maestas, NMED ED
D. Biswell, NMED ED
V. Daub, CTAC ED
P. Martinez, CTAC ED
C. Castillo, CTAC ED
M. Leroy, CTAC ED
G. Knox, CTAC ED
J. Vernon, CTAC ED
P. Yanez, CTAC ED
C. Riggs, CTAC ED
K. Hood, CTAC ED
J. Fernandez, CTAC ED
R. Bradford, CTAC ED

CBFO QA File
CBFO M&RC
*ED denotes electronic distribution

CBFO CORRECTIVE ACTION REPORT

| | | | | | |
|---|--|---|--|--|--|
| 1. CAR No.: 17-007 | | 2. Activity Report No.: A-17-04 | | 3. Page 1 of 1 | |
| 4. Controlling document: | | AMWTP MP-DOCS-18.4, Rev. 48, Document Control | | 5. Responsible CBFO Manager: NA | |
| 6. Responsible organization: | | AMWTP – Fluor Idaho | | 7. CAQ discussed with: Blaine Jensen & Marti McKean | |
| 8. Requirement: MP-DOCS-18.4, Rev. 48, <i>Document Control</i> , section 3.2.6 states, "Ensure the appropriate reviewers have been identified for the document being created or revised per Appendix A." | | | | | |
| 9. Condition Adverse to Quality (CAQ): A required reviewer (TRU Programs) was not included on Document Change Request (DCR) 21776 for INST-AOI-12, effective 11-30-16. A required reviewer (Maintenance) was not included on DCR 21596 for INST-FOI-17, effective 11-19-16. | | | | | |
| 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: DC-06 | | 12b. CAR Initiator:  Printed Name: Kathy Hood | | Date: 12-21-16 | |
| 13a. Response due date: JAN 20, 2017 | | 13b. Required corrective action completion date: N/A | | | |
| 14. Concurrence: | | | | | |
| a. Quality Assurance Director/Quality Assurance Representative: | | Printed Name:  MARTIN NAVARRETE | | Date: 12-21-16 | |
| 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: | | | |

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:

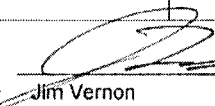
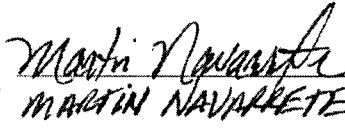
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 11.

1. Corrective action response for CAR # 17-007
 - 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.:17-008 | | 2. Activity Report No.: A-17-04 | | 3. Page 1 of 1 | |
| 4. Controlling document: DOE/CBFO-94-1012, Rev. 12, Quality Assurance Program Document | | | 5. Responsible CBFO Manager: N/A | | |
| 6. Responsible organization: AMWTP – Fluor Idaho | | 7. CAQ discussed with: Stormy Winterbottom | | | |
| 8. Requirement: DOE/CBFO-94-1012, Rev. 12, Quality Assurance Program Document, section 1.4.1 states, "Documents shall be reviewed for adequacy, correctness, and completeness prior to approval and use. Program participants shall identify the individuals or organizations responsible for the preparation, review, approval and issuance of controlled documents." | | | | | |
| 9. Condition Adverse to Quality (CAQ): Based on review of MCP-4004, Rev. 0, TRU Waste Certification, section 3.8.1.6, several steps were completed by the Waste Certification Official (WCO) that were not described in the procedure. For example, the WCO reviews the WTS data to ensure the container does not have any prohibited items; however, the WTS review for the absence of prohibited items is not described in the procedure. AMWTP issued CAR 106502 12/16/16 for this same non-conforming condition; this CAR will be used to track the completion of the AMWTP CAR. | | | | | |
| 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: TRQ-01 | | 12b. CAR Initiator:  Printed Name: Jim Vernon | | Date: 12-21-16 | |
| 13a. Response due date: JAN 20, 2017 | | | | | |
| 13b. Required corrective action completion date: N/A | | | | | |
| 14. Concurrence: | | | | | |
| a. Quality Assurance Director/Quality Assurance Representative: | | Printed Name:  MARTIN NAVARRETE | | Date: 12-21-16 | |
| 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: | | | |

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 # 17-008
 - 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.: 17-009 | | 2. Activity Report No.: A-17-04 | | 3. Page 1 of 2 | |
| 4. Controlling document: MP-COPS-9.9, Rev. 16, Log Keeping | | | 5. Responsible CBFO Manager: N/A | | |
| 6. Responsible organization: AMWTP – Fluor Idaho | | 7. CAQ discussed with: George Byram | | | |
| 8. Requirement: See CAR Continuation Sheet | | | | | |
| 9. Condition Adverse to Quality (CAQ): See CAR 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: <i>SA-05</i> | | 12b. CAR Initiator: <i>[Signature]</i> Printed Name: Rhett Bradford Date: 12/20/2016 | | | |
| 13a. Response due date: <i>JAN 20, 2017</i> | | 13b. Required corrective action completion date: <i>N/A</i> | | | |
| 14. Concurrence: | | a. Quality Assurance Director/Quality Assurance Representative: <i>[Signature]</i> Printed Name: <i>MARTIN NAVARRETE</i> Date: <i>12-21-16</i> | | | |
| | | b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A") <i>N/A</i> 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: 17-009 | 2. Activity No: A-17-04 | 3. Page 2 of 2 |
|-------------------|-------------------------|----------------|

Block 8:

MP-COPS-9.9, Rev. 16, Log Keeping - section 3.4.3 "Scope of Log Keeping Entries." section 3.4.3.1 states, "Ensure the scope of information to be entered includes, as a minimum, the following as they apply to the situation: **WHAT** was done or what happened, **WHEN** it occurred, **HOW** it was done, **WHERE** the action occurred, **WHY** (if not known or understood, so state), **WHO** was involved and notified (as applicable)."

MP-COPS-9.9, Rev 16. Log Keeping – Section 3.4.7 "Out of Specification/Abnormal Log Entries". In section 3.4.7.2 "Ensure bolded entries are readdressed, as necessary, or until the items are corrected or closed by annotations."

Block 9:

Based on review of MP-COPS-9.9, Rev. 16, Log Keeping – Section 3.4.3.1 and Section 3.4.7.2 steps in the procedure were not being completed as required per procedure. Review of a log from the Southbox Line operation shows an entry of **ABNORMAL** was entered into the electronic log book (e-SOMS). In the procedure, the steps in 3.4.3.1 ask for "**WHAT, WHEN, HOW, WHERE, WHY and WHO**". The **ABNORMAL** condition entered was for a crane limit switch not in adjustment but does not show "**WHY**" (if unknown state such) or "**WHO**" was notified. According to supporting procedures, the **SS** (Shift Supervisor) should have been notified, but the log did not indicate a repair was made or if the **SS** was notified.

In the procedure, the steps in 3.4.7.2 state "Ensure bolded entries are readdressed, as necessary, or until the items are corrected or closed by annotations". The log did not show an entry for readdress, repair or closed by annotations for the limit switch on the crane. Work continued after the entry into the electronic log but with no record of the repair or if the **SS** (Shift Supervisor) was notified, leaving a question to whether the crane was ready for operation or being operated before a necessary repair.

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 # 17-009
 - 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.: 17-010 | | 2. Activity Report No.: A-17-04 | | 3. Page 1 of 2 | |
| 4. Controlling document: AMWTP MCP-557, <i>Records Management, Rev. 19</i> MP-DOCS-18.4, <i>Document Control, Rev. 48</i> | | 5. Responsible CBFO Manager: NA | | | |
| 6. Responsible organization: AMWTP – Fluor Idaho | | 7. CAQ discussed with: Blaine Jensen, Marti McKean, Loren Peterson | | | |
| 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> | |
| | | | | 11d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 12a. Trend Code: <i>RM-04</i> | | 12b. CAR Initiator: <i>[Signature]</i> Printed Name: Kathy Hood | | Date: <i>12-21-16</i> | |
| 13a. Response due date: <i>JAN 20, 2017</i> | | 13b. Required corrective action completion date: <i>N/A</i> | | | |
| 14. Concurrence: | | a. Quality Assurance Director/Quality Assurance Representative: <i>[Signature]</i> Printed Name: MARTIN NAVARRETE | | Date: <i>12-21-16</i> | |
| | | b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A") <i>N/A</i> 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: 17-010

2. Activity No: A-17-04

3. Page 2 of 2

Block 8. Requirement:

MCP-557, *Records Management*, Rev. 19, section 4.8.2.1.1 states: "Ensure records are legible and all data fields are completed in the QA record as appropriate to the work accomplished." Section 6, Definitions, states: "Quality assurance (QA) record. A completed document, regardless of media form that furnishes evidence that an item or work complies with quality requirements."

MP-DOCS-18.4, *Document Control*, Rev. 48, section 1.1 states: "Performing this procedure will ensure documents at AMWTP are complete, technically accurate, compliant with appropriate requirements, and usable."

Block 9. Condition Adverse to Quality:

The audit team has identified multiple documents that have not met these requirements. For example:

- (1) Document Review Request (DCR) 14732 for INST-OI-09 has unchecked box in item 12 as to environmental permits.
- (2) Form 1002 Procedure Validation Request for INST-OI-09 has incorrect DCR number and incomplete date on lead validator signature.
- (3) Form 1002 Procedure Validation Request for INST-AOI-12 has unchecked box as to validation completion.
- (4) DCR 14641 for INST-FOI-46 has unchecked box as to training completed before document is issued.
- (5) DCR 21794 for INST-OI-124 has a training requirements box checked and NO TrackWise AI number assigned.
- (6) DCR 21801 for INST-OI-125 has a training requirements box checked and NO TrackWise AI number assigned.
- (7) DCR 14777 for INST-FOI-21 has "NA" box incorrectly checked for field change.
- (8) DCR 21598 for MP-RTQP 14.4 has box checked incorrectly for comments "none" when comments are entered in the item.
- (9) Visual Examination Expert Qualification Card QCVVE001, Rev. 1, has incomplete date for Line Manager Approval.
- (10) Visual Examination Qualification Card QPVE0001, Rev. 5, still references MP-TRUW-8.1 Certification Plan for INL Transuranic Waste.
- (11) Visual Examination Qualification Card QPVE0002, Rev. 0, still references MP TRUW-8.1 Certification Plan for INL Transuranic Waste. In addition, the reference to MP TRUW-8.1 is titled "Condition Plan for INL Transuranic Waste."
- (12) Nonconformance Report (NCR) 102031 had the Unreviewed Safety Question (USQ) screening required marked as YES. The adjacent block to record the USQ Determination numbers was left blank. There were two USQ Determinations (USQDs) associated with the NCR – USQD 102057 and USQD 102065. There were two Facility Modification Proposals (FMPs) associated with work to resolve NCR 102031 – FMP-1527 and FMP-1530. Revision 02 of both FMPs identified the USQD as 102031. This is the NCR number rather than the USQD. The correct USQD was not identified on the FMPs. Neither FMP-1527, Rev. 02, nor FMP-1530 identified USQD 102065. NCR 102031 was for the North/South Box Line Quad Lift Roller Conveyor upgrade and was for an incorrectly vendor-supplied component (PO 16-522) that required the FMP in-plant modifications.
- (13) ICP FORWARD, FWD-7 Basis section still references MP-TRUW-8.1 and MP-TRUW-8.2.
- (14) PRD-5071, section 3.3 has issues with numbering sequence.
- (15) TRUP-7997, section 1.0 still references MP-TRUW-8.1.
- (16) MCP-4029, *Training Records Administration*, states in section 1: "The records management activities of the training database (see def) are described in MCP-557, *Records Management*"; however, there is no such description in MCP-557. In section 6, the table of records generated by the procedure contains a broken cross-reference link in one of the record descriptions.
- (17) MCP-4026, *Personnel Qualification and Certification*, has an unnumbered Note under section 3.7, and a reference to a nonexistent revision of MCP-4026 in the Note before section 3.9.2.

INSTRUCTIONS FOR PROVIDING A CORRECTIVE ACTION PLAN

**WASTE ISOLATION PILOT PLANT
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Carlsbad Field Office**

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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).


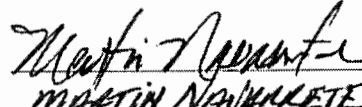
The CAP shall address the corrective actions indicated in CAR block 11. As appropriate, develop the plan in accordance with the following sequence and format:

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 # 17-010
 - 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.: 17-011 | 2. Activity Report No.: A-17-04 | 3. Page 1 of 1 |
| 4. Controlling document: MCP-4029, <i>Training Records Administration</i> , Rev. 0 | 5. Responsible CBFO Manager: N/A | |
| 6. Responsible organization: AMWTP – Fluor Idaho | 7. CAQ discussed with: Steve Tallman and Reed Walker | |
| 8. Requirement: MCP-4029, <i>Training Records Administration</i> , Rev. 0, section 3.3. Storage and Maintenance of Training Records, section 3.3.2 states, "Store electronic training records (see def.) so that those needed for legal purposes can be easily retrieved in a hard copy form. Ensure that a backup copy is made and updated whenever revisions to the record are made and that a backup copy of the electronic training record is maintained and stored in a location separate from the working copy." | | |
| 9. Condition Adverse to Quality (CAQ): AMWTP was unable to provide the Record Copy of the Site Project Manager Qualification for one individual. It should be noted that AMWTP issued a missing record letter to file and initiated a Corrective Action Request. | | |
| 10a. Significant CAQ? (If "Yes", go to block 14b) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | 11. Type of actions required: 11a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 11b. Investigative? Yes <input checked="" type="checkbox"/> No <input 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"/> |
| 10b. Work Suspension recommended? (If "Yes", go to block 14b) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 10c. WAP-related Deficiency? | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 10d. Accelerated corrective action required? (If "Yes", go to block 14b) | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 12a. Trend Code: RM-07 | 12b. CAR Initiator:  For Printed Name: Charles Riggs Date: 12/19/2016 | |
| 13a. Response due date: JAN 20, 2017 | | |
| 13b. Required corrective action completion date: N/A | | |
| 14. Concurrence: | | |
| a. Quality Assurance Director/Quality Assurance Representative: | | Date |
| Printed Name:  MARTIN NAVUMETE | | 12-21-14 |
| b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A") | | Date |
| Printed Name: N/A | | |
| 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 |

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 # 17-011
 - 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.