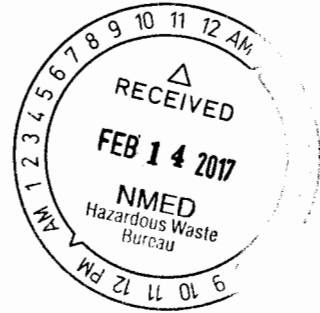




ENTERED

Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
FEB 14 2017



Ms. Mary McDaniel, Manager
Quality and Contractor Assurance
Nuclear Waste Partnership LLC
P.O. Box 2078
Carlsbad, NM 88221-2078

Subject: Issuance of CARs 17-012, 17-013, 17-014, and 17-015 Identified During Audit A-17-05 of the NWP Industrial Safety Air Quality Monitoring Program

Dear Ms. McDaniel:

Attached are Corrective Action Reports (CARs) 17-012, 17-013, 17-014, and 17-015 addressing conditions adverse to quality identified during Audit A-17-05 of the Nuclear Waste Partnership LLC (NWP) Industrial Safety Air Quality Monitoring Program. The CARs address implementation of the requirements of WP 13-1, NWP Quality Assurance Program Description, and various NWP 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 response 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.

Sincerely,

[Handwritten signature of Martin P. Navarrete]

Martin P. Navarrete
Senior Quality Assurance Specialist

Enclosure

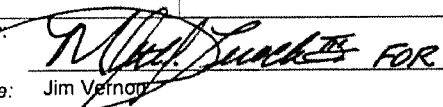
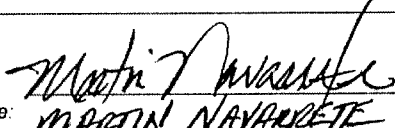
cc: w/enclosure

- M. Brown, CBFO *ED
D. Miehl, CBFO ED
M. Stapleton, CBFO ED
M. Fineran, CBFO ED
E. Garza, CBFO ED
R. Elmore, CBFO ED
M. Heard, CBFO ED
P. Breidenbach, NWP ED
J. Britain, NWP ED
B. P. Shagula, NWP ED
V. Ballew, NWP ED
S. Punchios, NWP ED
A. Boyea, NWP ED
J. Ellis, EPA ED
J. Walsh, EPA ED
T. Peake, 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. Lerach, CTAC ED
P. Yanez, CTAC ED
J. Vernon, CTAC ED
J. Fernandez, CTAC ED
P. Hinojos, CTAC ED
G. White, CTAC ED
CBFO QA File
CBFO M&RC

*ED denotes electronic distribution



CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 17-012		2. Activity Report No.: A-17-05		3. Page 1 of 1	
4. Controlling document: WP 16-2, Software Screening and Control			5. Responsible CBFO Manager: N/A		
6. Responsible organization: NWP			7. CAQ discussed with: Jerry Clark/Tom Kesterson		
8. Requirement: WP 16-2, <i>Software Screening and Control</i> , Revision 15, section 1.0 states: "Software that is acquired, received, or developed by or for NWP, except for the exemptions noted below, shall be screened in accordance with section 1.0 of this procedure, to determine if it falls within this scope. If applicable, this software shall be processed in accordance with the requirements of this procedure."					
9. Condition Adverse to Quality (CAQ): The IS/IH Sampling Database (FileMaker Pro) has been screened as uncontrolled software per WP 16-2, <i>Software Screening and Control</i> . The IS/IH Sampling Database contains the results of personal monitoring results; this data does not meet the exemptions listed in WP 16-2. Further, FileMaker Pro is not supported or approved by IRM (Information Resource Management) per WP 16-IT1003, <i>Acquisition of Hardware and Software</i> , Revision 0, section 3.3.					
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: SW-05		12b. CAR Initiator:  Printed Name: Jim Vefnon			
		Date: 2/7/17			
13a. Response due date: MARCH 13, 2017					
13b. Required corrective action completion date: N/A					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		Printed Name:  MARTIN NAVARRETE		Date: 2-14-17	
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

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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 # 17-012
 - 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.

**DIVIDER
PAGE**

CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 17-013		2. Activity Report No.: A-17-05		3. Page 1 of 1	
4. Controlling document: WP 13-1, Nuclear Waste Partnership LLC Quality Assurance Program Description		5. Responsible CBFO Manager: N/A			
6. Responsible organization: NWP		7. CAQ discussed with: Jerry Clark/Tom Kesterson			
8. Requirement: WP 13-1, Nuclear Waste Partnership LLC Quality Assurance Program Description, Revision 36, Section 1.4.2 [D] states: "Controls shall be established and maintained to identify the current status/revision of controlled documents and forms."					
9. Condition Adverse to Quality (CAQ): Several forms were presented to the audit team. The two forms in question were called "Field Notes." The first "Field Notes" form was for personal sampling, the second "Field Notes" form was for area sampling. WP 12-IH1006, Airborne Contaminant Sampling, Revision 5, Attachment 1 – Industrial Hygiene Air Sampling Field Notes, is not currently being used for personal sampling and there is not a controlled form for area sampling.					
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: <i>[Signature]</i> FOR 2/7/17 Printed Name: John Fernandez Date			
13a. Response due date: MARCH 13, 2017					
13b. Required corrective action completion date: N/A					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		<i>[Signature]</i> Printed Name: MARTIN NAVARRETE		2-14-17 Date	
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		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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Carlsbad Field Office

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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 # 17-013
 - 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.

DIVIDER

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CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 17-014		2. Activity Report No.: A-17-05		3. Page 1 of 2	
4. Controlling document: WP 13-1, Nuclear Waste Partnership LLC Quality Assurance Program Description			5. Responsible CBFO Manager: N/A		
6. Responsible organization: NWP			7. CAQ discussed with: Jerry Clark / Graham Theobald / Cody Carrasco		
8. Requirement: WP 13-1, Nuclear Waste Partnership LLC Quality Assurance Program Description, Revision 36, Section 1.4.1 states: "Documents that specify or prescribe work shall be reviewed for adequacy, correctness, and completeness prior to approval and issuance as controlled documents. Management shall identify the individuals or organizations responsible for the preparation, review, approval, and issuance of controlled documents. This is to ensure that documents are accurate, adequate and approved."					
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: WP-06		12b. CAR Initiator: <i>John Fernandez</i>		Date: 2/7/17	
		Printed Name: John Fernandez			
13a. Response due date: MARCH 13, 2017					
13b. Required corrective action completion date: N/A					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		Printed Name: <i>Martin Navarrete</i>		Date: 2-14-17	
		MARTIN NAVARRETE			
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: _____			

CAR CONTINUATION SHEET

1. CAR No: 17-014

2. Activity No: A-17-05

3. Page 2 of 2

Block 9: Condition Adverse to Quality (CAQ)

The audit team reviewed the following procedures:

WP 12-IH1006, *Airborne Containment Sampling*, Revision 5,
WP 12-IH1007, *Personal Sampling Pump Calibration* Revision 4
WP 12-IH1022, *Sampling for Waste Generated VOCs*, Revision 12

During the review, these procedures were found to lack detail and have outdated/unused steps. For example:

- Industrial Hygiene demonstrated a 30-day pump calibration and used a training guide (SAF-101). Neither the training guide nor the steps from the training guide are referenced in WP 12-IH1007.
- EA12IH1022-1-0 referenced in WP 12-IH1022 is not being used.
- Several steps associated with data generation are being performed in WP 12-IH1007, yet section 1.0 of the procedure states: "No records are generated by the performance of this procedure."
- WP 12-IH1007, section 5.1.8 describes creating a new record in the IH Sampling database. The forms generated as a result of sampling or calibration is the record.
- WP 12-IH1006 and WP 12-IH1007 state that personnel performing work will be designated by the IS/IH Manager. This is not the situation; personnel are qualified to perform work through the WIPP training and qualification program

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Carlsbad Field Office

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1. Corrective action response for CAR # 17-014
 - 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.

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DIVIDER

PAGE

CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 17-015		2. Activity Report No.: A-17-05		3. Page 1 of 1	
4. Controlling document: WP 12-IH1007, <i>Personal Sampling Pump Calibration</i>			5. Responsible CBFO Manager: N/A		
6. Responsible organization: NWP			7. CAQ discussed with: Jerry Clark/Tom Kesterson		
8. Requirement: WP 12-IH1007, <i>Personal Sampling Pump Calibration</i> , Rev. 4, section 4.2, Equipment List: Personal sampling pumps: states "Pumps must have NIOSH or Mine Safety and Health Administration (MSHA) approval for the type of sampling being performed."					
9. Condition Adverse to Quality (CAQ): The Gillian sampling pumps used for personal sampling in the WIPP Underground do not exhibit MSHA/NIOSH labels or logos.					
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>MT-06</i>		12b. CAR Initiator: <i>John Fernandez FOR</i> Printed Name: John Fernandez Date: <i>2/7/17</i>			
13a. Response due date: <i>MARCH 13, 2017</i>					
13b. Required corrective action completion date: <i>N/A</i>					
14. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		Printed Name: <i>Martin Navarrete</i> <i>MARTIN NAVARRETE</i>		Date: <i>2-14-17</i>	
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		Printed Name: <i>N/A</i>		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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1. Corrective action response for CAR # 17-015
 - 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.
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