DATE: FEB 16 2017

REPLY TO ATTN OF: CBFO:OQA:MPN:BA:17-1049:UFC 2300.00

SUBJECT: Evaluation of the Proposed CAPs for CBFO CARs 17-007 and 17-010

TO: Mr. James Malmo, DOE-ID

The Carlsbad Field Office (CBFO) has evaluated the Corrective Action Plans (CAPs) provided by the Waste Disposition Division for Corrective Action Reports (CARs) 17-007 and 17-010, which resulted from Audit A-17-04 of the Advanced Mixed Waste Treatment Project. The results of the evaluations are provided in the attached CAR Continuation Sheets.

The results of the evaluations indicate that the CAPs for CARs 17-007 and 17-010 do not provide adequate measures to address and reduce the likelihood of recurrence of the conditions noted in the CARs. Therefore, the CAPs have been rejected. Please revise and resubmit the CAPs for CARs 17-007 and 17-010 for review by March 1, 2017.

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

Martin P. Navarrete
Senior Quality Assurance Specialist

Attachment

cc: w/attachment
S. Ross, EM-3.113 * ED
M. Brown, CBFO ED
J.R. Stroble, CBFO ED
D. Miehls, CBFO ED
M. Fineran, CBFO ED
M. Stapleton, 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
L. Peterson, AMWTP ED
J. Walsh, EPA ED
J. Ellis, EPA ED
T. Peake, EPA ED
E. Feltcorn, EPA ED
R. Joliekar, EPA ED
J. Kieling, NMED ED
R. Maestas, NMED ED
D. Biswell, NMED ED
P. Martinez, CTAC ED
C. Castillo, CTAC ED
M. Leroch, CTAC ED
G. Knox, CTAC ED
K. Hood, CTAC ED
P. Hinojos, CTAC ED
G. White, CTAC ED
Site Documents ED
CBFO QA File ED
CBFO M&RC ED
*ED denotes electronic distribution
Block #15 Acceptance of Proposed Corrective Actions

An evaluation was performed of the Corrective Action Plan (CAP) developed to address Carlsbad Field Office (CBFO) Corrective Action Report (CAR) 17-007. The CAP was submitted via U.S. Department of Energy, Idaho Operations Office memorandum (WDP-AMWTP-17-002), dated January 19, 2017, from Mr. James A. Malmo, Assistant Manager, Waste Disposition Division, to Mr. Martin P. Navarrete, Carlsbad Field Office.

Italicized text, taken verbatim from the CAP, is used to reflect the correlation between the actions required by the CAR and the method used for evaluation.

Remedial and Investigative Actions:

A. Remedial Actions:
   a. DCR's identified with missing reviews were corrected and provided to Kathy Hood (audit team).
   b. Reviewed several DCRs performed during same time-frame to determine if additional reviews had been missed (no missing reviews identified).

B. Investigative Actions:
   a. During the time-frame these DCRs were produced a number of contributing factors appear to be relative:
      • Retirement of technical writer on Oct. 27, 2016, replacement acquired Dec. 12, 2016 (insufficient trained staff).
      • Medical leave of technical writer in November, return Jan. 9, 2017 (insufficient trained staff).
      • Part time technical writing support brought in to cover hadn't used DCR process for 6 months (insufficient trained staff).
      • Abnormal number of WIPP document changes made due to contract consolidation, WIPP WAC 8 revision, ISMS activities, and numbering changes (change/competing priorities).
      • Staff implementing different change process for all non-WIPP AMWTP documents, (change/competing priorities).
   b. To determine if the missed reviews are related to the above issues and/or limited to the DCRs identified a management assessment of all WIPP document DCRs prepared between December 1, 2015 and December 9, 2016 will need to be performed. Based on assessment results, a determination will be made if any follow-on actions are required.

Evaluation:

The remedial and investigative actions described above are insufficient to address the condition adverse to quality identified in the CAR. The DCRs with “missing reviews” were not corrected and provided to the audit team as stated in the Remedial Actions section. The CAP does not address the extent of the conditions or the impact of the conditions on the overall program. The investigative actions do not appear to go beyond the original sample size. Documents being issued without proper review could affect the entire program.
CAUSAL ANALYSIS
Not required for this CAR.

ACTIONS TO PRECLUDE RECURRENCE

a. Management Assessment:
   - Action Item 106971-Complete an assessment of all WIPP document DCR case files prepared between December 1, 2015 and December 9, 2016, documenting all errors identified
   - Action Item 106973-Correct identified errors
   - Action Item 106974-Issue assessment report
   - Action Item 106975-Determine if follow on corrective actions are required
b. Staffing issues have been resolved (no further action).
c. Current staff has been made aware of the issues and are involved in the corrective actions (lessons learned, no further action).

Scheduled Completion Date: 03/28/2017

Evaluation:
The proposed corrective actions are deemed appropriate to address the condition documented in the CAR and provide reasonable assurance of precluding the likelihood of recurrence; however, if further investigations determine that additional documents were issued without proper review, actions to preclude recurrence should include a process to address attaining proper reviews.

ACCEPTANCE
The results of the evaluation of the CAP indicate that the remedial actions as stated are inaccurate, and investigative actions do not address the extent of conditions or the degree of impact these conditions have on the overall program. Therefore, it is recommended that the CAP for CAR 17-007 be rejected.

Evaluation Performed By: Kathy Hood, CTAC
Date 2-14-17
Block #15 Acceptance of Proposed Corrective Actions

An evaluation was performed of the Corrective Action Plan (CAP) developed to address Carlsbad Field Office (CBFO) Corrective Action Report (CAR) 17-010. The CAP was submitted via U.S. Department of Energy, Idaho Operations Office memorandum (WDP-AMWTP-17-002), dated January 19, 2017, from Mr. James A. Malmo, Assistant Manager, Waste Disposition Division, to Mr. Martin P. Navarrete, Carlsbad Field Office.

Italicized text, taken verbatim from the CAP, is used to reflect the correlation between the actions required by the CAR and the method used for evaluation.

**Remedial and Investigative Actions:**

**A. Remedial Actions:**
- a. Items 1-8; Applicable documents were corrected and provided to Kathy Hood (audit team).
- b. Management notified

**B. Investigative Actions:**
- a. Items 1-8 - During the time-frame these DCRs were produced a number of contributing factors appear to be relative. To determine if the missed reviews are related to the above issues and/or limited to the DCRs identified a management assessment of all WIPP document DCRs prepared between December 1, 2015 and December 9, 2016 will need to be performed. Potential contributing factors:
  - Retirement of technical writer on Oct. 27, 2016, replacement acquired Dec. 12, 2016 (insufficient trained staff).
  - Medical leave of technical writer in November, return Jan. 9, 2017 (insufficient trained staff).
  - Part time technical writing support brought in to cover hadn't used DCR process for 6 months (insufficient trained staff).
  - Abnormal number of WIPP document changes made due to contract consolidation, WIPP WAC 8 revision, ISMS activities, and numbering changes (change/competing priorities).
  - Staff implementing different change process for all non-WIPP AMWTP documents, (change/competing priorities).
- b. Item 9 - Issue verified, isolated instance (no further EOC actions required).
- c. Items 10 & 11 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no EOC action required)
- d. Items 12 – 17 - Issues verified, isolated instances (no further EOC actions required).

**Evaluation:**

The remedial and investigative actions described above are insufficient to address the conditions adverse to quality identified in the CAR. The CAP provides remedial actions only for items 1-8. For all items listed above, investigative actions do not appear to go beyond the original sample size and do not address the extent or impact of conditions. Items 9 - 11 represent multiple errors on qualification cards,
warranting a closer look at the preparation and maintenance of these type documents. Items 12 – 17 represent multiple instances of inattention to detail in preparation of documents, warranting an investigation into the degree of impact these conditions have on the overall program.

CAUSAL ANALYSIS

a. Level A Cause Code:
   - A4 – Management Problem
   - B2 – Change Management LTA
   - C13 – Accuracy/Effectiveness of Change Not Verified/Validated
b. Contributing Cause A
   - A3 – Human Performance LTA
   - B2 – Rule Based Error
   - C03 – Too Much Activity Occurring, Problem Solving Error Made
c. Items 1-8 - During the time-frame these DCRs were produced a number of contributing factors appear to be relative:
   - Retirement of technical writer on Oct. 27, 2016, replacement acquired Dec. 12, 2016 (insufficient trained staff).
   - Medial [sic] leave of technical writer in November, return Jan. 9, 2017 (insufficient trained staff).
   - Part time technical writing support brought in to cover hadn't used DCR process for 6 months (insufficient trained staff).
   - Abnormal number of WIPP document changes made due to contract consolidation, WIPP WAC 8 revision, ISMS activities, and numbering changes (change/competing priorities).
   - Staff implementing different change process for all non-WIPP AMWTP documents, (change/competing priorities).
d. Item 9 - Date incorrectly documented, isolated instance, Document will be corrected (human error).
e. Items 10-11 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).
f. Item 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-15271 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. Verify MCP-538 required when USQ is selected "Yes".
g. Item 13 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).

h. Item 14 - Inattention to detail when document was released. Document will be corrected.

i. Item 15 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).

j. Item 16 & 17 - Inattention to detail when documents were developed, reviewed, and released. Documents will be corrected.

Evaluation:

The causal analysis sufficiently determined the factors contributing to the CAR conditions.

ACTIONS TO PRECLUDE RECURRENCE

Items 1-8 - Management Assessment:

- AI 106998-Complete a management assessment of all WIPP document DCR case files prepared between December 1, 2015 and December 9, 2016, documenting all errors identified
- AI 107008-Correct identified errors
- AI 107009-Issue assessment report
- AI 107010-Determine if follow on corrective actions are required
- Staffing issues have been resolved (no further action).
- Current staff has been made aware of the issues and are involved in the corrective actions (lessons learned, no further action).

Item 9 - AI 107032-Correct document

Items 10-11 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).

Item 12 -

- AI 107012- Evaluate that MCP-538 Control of Non-Conforming Items procedure requires that the Responsible Manager is required to document the USQ Number/ID in the ICP Issues Management Database (TRACKWISE) NCR electronic form when USQ "Yes: is selected and the QE approving Dispositions with a "USQ "Yes" that the USQ number ID is referenced in the ICP Issue Management electronic form; and revise MCP-538 as required by the evaluation.
- AI 107013- Revise MCP-538 to require the Responsible Manager and QE to validate that supporting documentation is correct prior to closure verification.
- AI 107015- Provide training to Engineering Responsible Managers and QEs that submit and approve NCR Dispositions on the requirement to identify the USQ number/ID in the ICP Issues Management database field when USQ "Yes" is selected.
Item 13 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).

Item 14 - AI 107016 - Correct documents

Item 15 - ICP Core EDMS corrects for superseded document callout if user attempts to use document, referring user to correct document. Documents are correct as issued and will be updated with correct reference at next revision (no action required).

Items 16 - AI 107016 - 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.

Item 17 - AI 107016 - 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.

Scheduled Completion Date: 03/31/2017

Evaluation:
The proposed corrective actions for items 1-8 and item 12 are deemed appropriate to address the conditions adverse to quality documented in the CAR and provide reasonable assurance of precluding the likelihood of recurrence. The proposed corrective actions for items 9, 10, 11 and items 13-17, without investigation into extent and impact of conditions, provide no reasonable assurance of precluding the likelihood of recurrence.

ACCEPTANCE
The results of the evaluation of the CAP indicate that the investigative actions and several actions to preclude recurrence are insufficient to address conditions adverse to quality documented in the CAR. Therefore, it is recommended that the CAP for CAR 17-010 be rejected.

Evaluation Performed By: Kathy Hood, CTAC

Date: 2-14-17