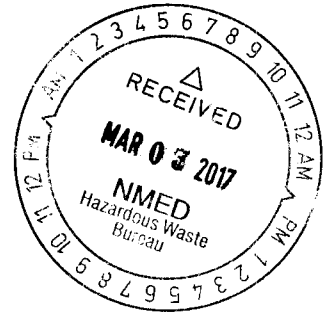




Department of Energy
 Carlsbad Field Office
 P. O. Box 3090
 Carlsbad, New Mexico 88221
MAR 03 2017

 **ENTERED**



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

Subject: Issuance of CBFO CAR 17-026 Identified During Surveillance S-17-07

Dear Ms. McDaniel:

The Carlsbad Field Office (CBFO) performed Surveillance S-17-07 of the Nuclear Waste Partnership LLC (NWP) Waste Data System, February 21 – 28, 2017, at the Skeen-Whitlock Building in Carlsbad, NM. Enclosed is Corrective Action Report (CAR) 17-026 addressing a condition adverse to quality identified during the surveillance.

Please provide a documented response for the CAR, ensuring that the required actions indicated in Block 11 of the CAR form 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) 234-7491.

Sincerely,



Dennis S. Miehl
 Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure

J.R. Stroble, CBFO	*ED	R. Maestas, NMED	ED
D. Standiford, CBFO	ED	D. Biswell, NMED	ED
M. Brown, CBFO	ED	V. Daub, CTAC	ED
M. Navarrete, CBFO	ED	P. Martinez, CTAC	ED
M. Fineran, CBFO	ED	C. Castillo, CTAC	ED
M. Stapleton, CBFO	ED	M. Leroch, CTAC	ED
J. Britain, NWP	ED	J. Vernon, CTAC	ED
V. Ballew, NWP	ED	B. Tousley, CTAC	ED
S. Punchios, NWP	ED	D. Harvill, CTAC	ED
A. Boyea, NWP	ED	G. White, CTAC	ED
J. Walsh, EPA	ED	CBFO QA File	
T. Peake, EPA	ED	CBFO M&RC	
J. Kieling, NMED	ED	*ED denotes electronic distribution	



CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 17-026	2. Activity Report No.: S-17-07	3. Page 1 of 1
4. Controlling document: WP 13-1, <i>NWP Quality Assurance Program Description</i> WP 15-RM3002, <i>Records Filing, Inventorying, Scheduling, and Dispositioning</i>		5. Responsible CBFO Manager: NA
6. Responsible organization: Nuclear Waste Partnership LLC		7. CAQ discussed with: Chris Luoma, Steve Offner, Nicki Hensley
8. Requirement: WP 13-1, <i>NWP Quality Assurance Program Description</i> , Rev. 36, section 2.1.2: "Implementing procedures shall include the following information, as appropriate to the work to be performed: Identification and classification of QA records generated by the implementing procedure." WP 15-RM3002, <i>Records Filing, Inventorying, Scheduling, and Dispositioning</i> , Revision 8, Attachment 4 – Instructions for Preparing the WIPP Records Inventory Work Sheet (EA15RM3002-1-0) states Records and Series and Description: List a very detailed description of the record series. Be precise and exact. Make sure to include all records within the series, and do not omit any information that can be used to describe the series in full detail.		
9. Condition Adverse to Quality (CAQ): WP 08-NT1002, Rev. 5, <i>WDS Administrative Reference Tables</i> , uses email as a record in the procedure. Email is not listed in the WDS Records Inventory and Disposition Schedule or as a record in the procedure.		
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: <u>Kathy Hood</u> Printed Name: Kathy Hood Date: 3/3/17	
13a. Response due date: 4-3-17		
13b. Required corrective action completion date: N/A		
14. Concurrence:		
a. Quality Assurance Representative (If applicable): <u>D. S. Miehl</u> Printed Name: Dennis S. Miehl Date: 3-3-17		
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A") <u>N/A</u> 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: _____		

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 # 17-026
 - 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.