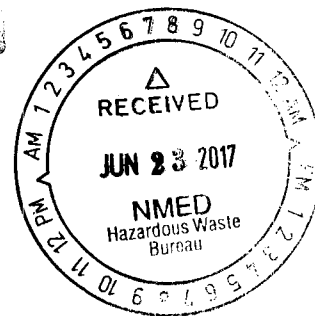


ENTERED
Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
JUN 23 2017



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

Subject: Issuance of CBFO Corrective Action Report 17-039 Identified During
Audit A-17-23

Dear Ms. McDaniel:

The Carlsbad Field Office (CBFO) performed Recertification Audit A-17-23 of the Nuclear Waste Partnership LLC Central Characterization Program/Idaho National Laboratory on June 13 – 15, 2017. Enclosed is Corrective Action Report (CAR) 17-039 addressing the condition adverse to quality identified during the audit.

Please provide a documented response for the CAR, ensuring that the required actions indicated in Block 11 are 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 form.

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

Sincerely,

Dennis S. Miehl
Senior Quality Assurance Specialist

Enclosure



Ms. Mary McDaniel

-2-

JUN 23 2017

cc: w/enclosure

| | |
|----------------------|-----|
| S. Ross, EM-3.113 | *ED |
| J. Carswell, CBFO | ED |
| M. Brown, CBFO | ED |
| J.R. Stroble, CBFO | ED |
| M. Navarrete, CBFO | ED |
| M. Stapleton, CBFO | ED |
| M. Fineran, CBFO | ED |
| N. Castaneda, CBFO | ED |
| H. Cruickshank, CBFO | ED |
| J. Malmo, DOE-ID | ED |
| J. Vliet, DOE-ID | ED |
| D. Pruitt, DOE-ID | ED |
| J. Britain, NWP | ED |
| M. Percy, NWP | ED |
| R. Lee, NWP | ED |
| A.J. Fisher, NWP | ED |
| B. Pace, NWP | ED |
| C. Simmons, NWP | ED |
| J. Carter, NWP | ED |
| V. Ballew, NWP | ED |
| S. Punchios, NWP | ED |
| A. Boyea, NWP | ED |
| J. Walsh, EPA | ED |
| J. Ellis, EPA | ED |
| T. Peake, EPA | ED |
| E. Feltcorn, EPA | ED |
| R. Joglekar, 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 |
| K. Chester, CTAC | ED |
| P. Hinojos, CTAC | ED |
| G. White, CTAC | ED |
| Site Documents | ED |
| CBFO QA File | |
| CBFO M&RC | |

*ED denotes electronic distribution

CBFO CORRECTIVE ACTION REPORT

| | | | | | |
|---|--|---|--|--|--|
| 1. CAR No.: 17-039 | | 2. Activity Report No.: A-17-23 | | 3. Page 1 of 1 | |
| 4. Controlling document: CCP-QP-005, Rev. 25 | | 5. Responsible CBFO Manager: N/A | | | |
| 6. Responsible organization: CCP | | 7. CAQ discussed with: B. Pyeatt/M. Ramirez | | | |
| 8. Requirement: CCP-QP-005, Rev. 25, CCP TRU Nonconforming Item Reporting and Control, 4.5.1 [D.5 and D.6] state, "IF the project-level NCR is determined not to be reportable, THEN the NCR Coordinator receives an IDC notification that the NCR is not reportable. The NCRM is updated automatically. File a copy of the CBFO notification and related emails with the NCR." | | | | | |
| 9. Condition Adverse to Quality (CAQ): NCR-RHINL-0210-16, Rev. 1 was determined not to be reportable by the Certification Manager; however, the NCRM "CBFO" block was checked, indicating that it was reportable. | | | | | |
| 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-06 | | 12b. CAR Initiator: <i>Katie Chester</i> Printed Name: Katie Chester | | Date: 6-22-17 | |
| 13a. Response due date: 7-17-17 | | 13b. Required corrective action completion date: N/A | | | |
| 14. Concurrence: | | a. Quality Assurance Director/Quality Assurance Representative: <i>D. S. Michels</i> Printed Name: Dennis S. Michels | | Date: 6-23-17 | |
| | | 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: _____ | | | | | |

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 # 17-039
 - 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.