



ENTERED

Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
MAY 15 2018



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

Subject: Issuance of CBFO CARs 18-029 and 18-030 Identified During Audit A-18-14

Dear Ms. McDaniel:

The Carlsbad Field Office (CBFO) performed Recertification Audit A-18-14 of the Los Alamos National Laboratory Nuclear Waste Partnership LLC Central Characterization Program on May 8 - 10, 2018. Enclosed are Corrective Action Reports (CARs) 18-029 and 18-030 addressing the conditions adverse to quality identified during the audit.

Please provide a documented response for each CAR, ensuring that the required actions indicated in Block 12 are addressed, including a schedule for completion of corrective actions. Please return your responses to me on or before the due date identified in Block 14a of the CAR forms.

If you have any questions concerning the CARs, please contact me at (575) 234-7483.

Sincerely,

[Handwritten signature]

Dennis Miehl
Senior Quality Assurance Specialist

Enclosure


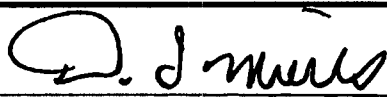
cc: w/enclosure

- R. Murray, EM-3.113 *ED
T. Shradler, CBFO ED
J. Carswell, CBFO ED
K. Princen, CBFO ED
M. Navarrete, CBFO ED
M. Stapleton, CBFO ED
N. Castaneda, CBFO ED
D. Nickless, EM-LA ED
B. Covert, NWP ED
J. Britain, NWP ED
M. Percy, NWP ED
R. Lee, NWP/CCP ED
B. Pace, NWP/CCP ED
T. Groover, NWP/CCP ED
J. Carter, NWP/CCP ED
C. Tyler, NWP/QA ED
V. Ballew, NWP/QA ED
S. Saiz, NWP/QA ED
A. Boyea, NWP/QA ED
J. Walsh, EPA ED
J. Ellis, EPA ED
T. Peake, EPA ED
E. Feltcorn, EPA ED
J. Kieling, NMED ED
R. Maestas, NMED ED
D. Biswell, NMED ED
H. Tellez, NMED ED
M. McLean, NMED ED
D. Winters, DNFSB ED
T. Runyon, CTAC ED
P. Martinez, CTAC ED
M. Lerloch, CTAC ED
C. Castillo, CTAC ED
R. Fitzgerald, CTAC ED
R. Chavez, CTAC ED
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*ED denotes electronic distribution



CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 18-029	2. Activity Report No.: A-18-14	3. Page 1 of 2
4. Controlling document: CCP-TP-005, Rev. 29	5. Responsible CBFO Manager: N/A	
6. Responsible organization: NWP/CCP	7. CAQ discussed with: Sheri Nance, Mike Papp, Jim Schoen	
8. Requirement: See CAR Continuation Sheet		
9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet		
10. CAR Initiator: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Printed Name: Randy Fitzgerald </div> <div style="text-align: center;"> Date: 5/15/18 </div> </div>		
11. Deficiency classification:		12. Type of actions required:
11a. Significant CAQ? (If "Yes", go to block 15b)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11b. Work Suspension recommended? (If "Yes", go to block 15b)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12b. Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11c. WAP-related Deficiency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12c. Causal Analysis? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
11d. Accelerated corrective action required? (If "Yes", go to block 14b)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	12d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13. Trend Code: WP-05		
14a. Response due date: 6-8-18		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:		5-15-18
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Printed Name: Dennis S. Michls </div> <div style="text-align: center;"> Date </div> </div>		
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> Printed Name: N/A </div> <div style="text-align: center;"> Date </div> </div>		
16. Acceptance of Proposed Corrective Actions:		
Printed Name and Title: _____		Date: _____
17. Acceptance of Corrective Action Completion:		
Printed Name: _____		Date: _____
18. Closure:		
Printed Name: _____		Date: _____

CAR CONTINUATION SHEET

1. CAR No: 18-029

2. Activity No: A-18-14

3. Page 2 of 2

8. Requirement:

CCP-TP-005, Rev. 29, section 4.2.17 states, "IF it is determined that a new procedure or revision affects waste stream management or packaging, THEN update the interface Waste Management Documents List to include the procedure AND include the following additional verification information in the Acceptable Knowledge Source Document Summary form (see Section 4.3), as applicable:

- [A] Description of activities affecting waste stream management or packaging, and
- [B] Interface Waste Management Documents List POCs/SMEs contacted by the AKE to verify (walk down) the procedure.

IF it is determined that the changes in a revision to a procedure currently listed on the Interface Waste Management Documents List do NOT affect waste stream management or packaging, THEN update the Interface Waste Management Documents List to include the procedure revision AND note in the Acceptable Knowledge Source Document Summary form that the review did not identify any relevant changes to waste management from the previous revision(s). Include the identification of the POCs/SMEs and verification date on the Acceptable Knowledge Source Document Summary form (see Section 4.3)."

9. Condition Adverse to Quality:

Points of Contact (POCs)/Subject Matter Experts (SMEs) were NOT identified on the Acceptable Knowledge Source Document Summary forms (Attachment 3) in verification statements for several revisions to procedures listed on the Interface Waste Management Document List (Attachment 9).

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 date identified in block 14a 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 14a).

The CAP shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

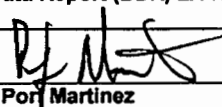
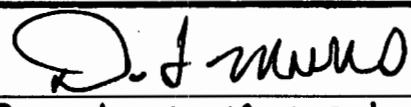
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 18-029
 - 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.: 18-030	2. Activity Report No.: A-18-14	3. Page 1 of 1
4. Controlling document: CCP-PO-005, Rev. 29	5. Responsible CBFO Manager: N/A	
6. Responsible organization: NWP/CCP	7. CAQ discussed with: Shelly Martinez, Kenneth Dale Simpson, Aaron Elliott	
8. Requirement: CCP-PO-005, Rev. 29, Section 13.2, 3 rd paragraph, states: "Minimum daily entries, when equipment is operational, shall include the following: * * * • Verification that the AK Summary Reports to be used for the process are current including document number and revision."		
9. Condition Adverse to Quality (CAQ): During review of Operational Logbook CCP-CH-LANL-RTR-HEUNIT2-02, the audit team found that the Acceptable Knowledge (AK) Summary Report and revision number were not documented in the logbook as required for characterization activities performed on 4/10/18 for Batch Data Report (BDR) LA-HERTR-18-0009, 4/11/18 for BDR LA-HERTR-18-0010, and 4/16/18 for BDR LA-RTR-18-0011.		
10. CAR Initiator: 		5/15/18
Printed Name: Port Martinez		Date
11. Deficiency classification: 11a. Significant CAQ? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11b. Work Suspension recommended? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11c. WAP-related Deficiency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 11d. Accelerated corrective action required? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		12. Type of actions required: 12a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 12b. Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 12c. Causal Analysis? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 12d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13. Trend Code: WP-06		
14a. Response due date: 6-8-18		
14b. Required corrective action completion date: N/A		
15. Concurrence: a. Quality Assurance Director/Quality Assurance Representative:  5-15-18 Printed Name: Dennis S. Mierals Date		
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		
16. Acceptance of Proposed Corrective Actions: Printed Name and Title: _____ Date _____		
17. Acceptance of Corrective Action Completion: Printed Name: _____ Date _____		
18. Closure: Printed Name: _____ Date _____		

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U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office

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The CAP shall address the corrective actions indicated in CAR block 12. 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 12.

1. Corrective action response for CAR # 18-030
 - 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.