

United States Government



Department of Energy

memorandumCarlsbad Field Office
Carlsbad, New Mexico 88221

DATE: **SEP 20 2018**

REPLY TO
ATTN OF: **CBFO:OQA:MPN:JM:18-2042:UFC 2300.00**

SUBJECT: **Issuance of CARs 18-051 through 18-057**

TO: **Jim Malmø, DOE-ID**

Attached are Corrective Action Reports (CARs) 18-051 through 18-057 addressing conditions adverse to quality identified during Audit A-18-04 of the Advanced Mixed Waste Treatment Project (AMWTP). The audit was conducted August 27 – 30, 2018, at the AMWTP facilities in Idaho Falls, Idaho.

Please provide documented Corrective Action Plans (CAPs) for these CARs, ensuring that each required action indicated in Block 12 is addressed, including a schedule for completion of the corrective actions. Please return the CAPs to me on or before the due date identified in Block 14a of the CAR forms. Several CARs have been determined to be WAP-related, meaning that the CARs require accelerated corrective action.

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

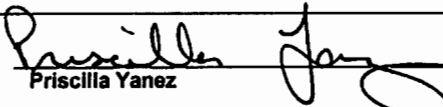
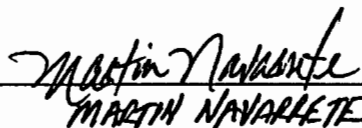

Martin P. Navarrete
Senior Quality Assurance Specialist

Attachment



cc: w/attachment	
R. Murray, EM	*ED
T. Shrader, CBFO	ED
D. Gadbury, CBFO	ED
K. Princen, CBFO	ED
C. Fesmire, CBFO	ED
D. Miehl, CBFO	ED
M. Stapleton, CBFO	ED
H. Cruickshank, CBFO	ED
J. Zimmerman, DOE-ID	ED
T. Jenkins, DOE-ID	ED
J. Viet, DOE-ID	ED
D. Pruitt, DOE-ID	ED
G. Byram, AMWTP	ED
J. McCoy, AMWTP	ED
E. Gulbransen, AMWTP	ED
E. Dumas, AMWTP	ED
J. Floerke, AMWTP	ED
A. Morse, AMWTP	ED
G. Tedford, AMWTP	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
T. Runyon, CTAC	ED
P. Martinez, CTAC	ED
C. Castillo, CTAC	ED
M. Leroch, CTAC	ED
R. Fitzgerald, CTAC	ED
D. Stegman, CTAC	ED
P. Hinojos, CTAC	ED
R. Blauvelt, CTAC	ED
R. Chavez, CTAC	ED
W. Verret, CTAC	ED
P. Gomez, CTAC	ED
R. Bradford, CTAC	ED
C. Riggs, CTAC	ED
P. Yanez, 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.: 18-051	2. Activity Report No.: A-18-04	3. Page 1 of 1
4. Controlling document: MCP-557		5. Responsible CBFO Manager: N/A
6. Responsible organization: AMWTP		7. CAQ discussed with: George Byrum
8. Requirement: MCP-557, <i>Records Management</i> , Revision 19 step 4.5.5 states "Employees: Store hardcopy records in storage cabinets located in buildings or structures equipped with a fire protection sprinkler system and/or with a communication system that notifies the Fire Department in the event of a fire or in a 1 hour (min.) fire-rated cabinet." Further step 4.6.1 states "Employees: Unless otherwise documented in the organization's RTL, transfer all ICP records to Records Management for processing within 30 days of record completion."		
9. Condition Adverse to Quality (CAQ): Characterization records were discovered that have not been turned into the Electronic Document Management System (EDMS). These records we not properly stored and some of the records were completed in 2016.		
10. CAR Initiator: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Printed Name: Priscilla Yanez </div> <div style="text-align: center;"> 9/12/18 Date </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: RM-07		
14a. Response due date: OCT. 19, 2018		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:		
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Printed Name: MARTIN NAVARRETE </div> <div style="text-align: center;"> 9-20-18 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: flex-end;"> <div style="text-align: center;"> N/A Printed Name: </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: _____

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 # 18-051
 - 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.: 18-052	2. Activity Report No.: A-18-04	3. Page 1 of 2
4. Controlling document: MCP-4023		5. Responsible CBFO Manager: NA
6. Responsible organization: AMWTP		7. CAQ discussed with: Kevin Bake
8. Requirement: See CAR Continuation Sheet		
9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet		
10. CAR Initiator:		
Printed Name: <u>B.J. Verret</u>		Date: <u>9/12/18</u>
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: <u>SW-06</u>		
14a. Response due date: <u>October 19, 2018</u>		
14b. Required corrective action completion date: <u>N/A</u>		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:		Date: <u>9-20-18</u>
Printed Name: <u>Martin Navarrete</u>		Date: _____
b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")		Date: _____
Printed Name: <u>N/A</u>		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: _____

CAR CONTINUATION SHEET

1. CAR No: 18-052

2. Activity No: A-18-04

3. Page 2 of 2

#8. Requirement:

MCP-4023, Sec. 4.1.2 states: "MTEC: Ensure the EAM database is regularly updated and is the master M&TE list."

#9. Condition Adverse to Quality (CAQ):

The Enterprise Asset Management (EAM) equipment list contains some erroneous entries, such as, equipment that is designated as "Operating," but has been retired from service (RTS). Furthermore, the EAM list does not show the equipment designated as RTS (e.g., Varian Helium Leak MT-187 was removed from service 11 years ago, but still showing as operational).

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WASTE ISOLATION PILOT PLANT
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1. Corrective action response for CAR # 18-052
 - 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.

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3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 18-053		2. Activity Report No.: A-18-04		3. Page 1 of 2	
4. Controlling document: RPT-TRUW-05		5. Responsible CBFO Manager: NA			
6. Responsible organization: AMWTP		7. CAQ discussed with: Steve Carpenter, George Byram			
8. Requirement: See CAR Continuation Sheet					
9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet					
10. CAR Initiator:					
Printed Name: Randy Fitzgerald		Date: 9/11/18		- FOR -	
11. Deficiency classification:			12. Type of actions required:		
11a. Significant CAQ? (If "Yes", go to block 15b)			12a. Remedial?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
11b. Work Suspension recommended? (If "Yes", go to block 15b)			12b. Investigative?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
11c. WAP-related Deficiency?			12c. Causal Analysis?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
11d. Accelerated corrective action required? (If "Yes", go to block 14b)			12d. Actions to Preclude Recurrence?		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
13. Trend Code: WP-02					
14a. Response due date: OCTOBER 19, 2018					
14b. Required corrective action completion date: N/A					
15. Concurrence:					
a. Quality Assurance Director/Quality Assurance Representative:		Printed Name: Martin Naranjo		Date: 9-20-18	
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:	
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: 18-053	2. Activity No: A-18-04	3. Page 2 of 2
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#8. Requirement:

RPT-TRUW-05, *Waste Matrix Code Reference Manual*, Revision 40, dated February 17, 2016, page 74: Special Notes of CW-216:

“Other absorbents (Aquaset II-G and Micro-Cel E) were added during previous AMWTP treatment for liquids. Original generator absorbents are also included in the waste. (54, 181, 289, 298)

This waste is defined as PCB-contaminated waste. (280, 298)

CW-216 should not be assigned to new containers. Containers currently assigned IDC CW-216 should be re-assigned as follows:

- BN-216 – Primarily inorganic sludge with any identified RF-003 or RF-743 waste.
- BN-217 – Primarily inorganic sludge with no identified RF-003 or RF-743 waste.
- BN-218 – Primarily organic sludge.”

#9. Condition Adverse to Quality (CAQ):

Direction in RPT-TRUW-05, *Waste Matrix Code Reference Manual*, instructs operators to no longer assign item description code (IDC) CW-216 to containers. Recently generated visual examination batch data reports suggest that IDC CW-216 is still being used so the RPT-TRUW-05 direction is not being followed.

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1. Corrective action response for CAR # 18-053
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 - 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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CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 18-054	2. Activity Report No.: A-18-04	3. Page 1 of 1
4. Controlling document: WIP-3	5. Responsible CBFO Manager: N/A	
6. Responsible organization: AMWTP	7. CAQ discussed with: T. Thompson / G. Tedford	
8. Requirement: WIP-3, Level II Data Validation, Rev 0 section 4.4.1 states: SPM: At least once each quarter (every 3 months), ensure that the Level I review, validation, and verification are repeated on the data for a minimum of one randomly chosen waste container.		
9. Condition Adverse to Quality (CAQ): A quarterly report was not submitted supporting either Visual Examination, or Real-Time Radiography in 2016 4th calendar quarter and 2017 4th calendar quarter.		
10. CAR Initiator:		
Printed Name: <u>Paul C. Gomez</u> <i>FUR</i>		Date: <u>9-12-18</u>
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 checked="" type="checkbox"/> No <input type="checkbox"/>	12c. Causal Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
11d. Accelerated corrective action required? (If "Yes", go to block 14b)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	12d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
13. Trend Code: <u>CD-016</u>		
14a. Response due date:		
14b. Required corrective action completion date: <u>OCTOBER 19, 2018</u>		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:	<u>Martin Navarrete</u>	<u>9-20-18</u>
Printed Name:	MARTIN NAVARRETE	Date
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
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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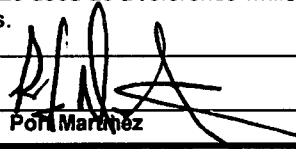
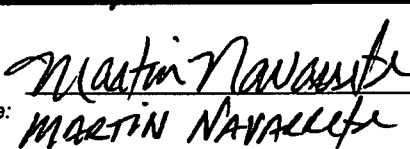
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 18-054
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NOTE: Schedule for completion of corrective actions is always required.

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CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 18-055	2. Activity Report No.: A-18-04	3. Page 1 of 1
4. Controlling document: TPR-8089 Real-Time Radiography Examinations (Certification Scans), Rev. 4	5. Responsible CBFO Manager: N/A	
6. Responsible organization: AMWTP	7. CAQ discussed with: Steve Tallman, Gina Tedford, George Byram	
8. Requirement: TPR-8089 <i>Real-Time Radiography Examinations (Certification Scans)</i> , Rev. 4, Section 4.6.39, states: "Verify that the physical form of the waste is consistent with the IDC, WMC, summary category, and waste stream description (as defined in RPT-TRUW-05, or for waste NOT covered in RPT-TRUW-05, other approved applicable AK documents and reports) for the waste container and recorded correctly in WTS."		
9. Condition Adverse to Quality (CAQ): There is no objective evidence to verify the RPT-TRUW-05, <i>Waste Matrix Code Reference Manual</i> , Rev. 42, was used as a reference while performing real-time radiography characterization scans to verify waste container contents.		
10. CAR Initiator:  Printed Name: Pam Martinez		Date: 9/12/18
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"/>	11b. Work Suspension recommended? (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"/>
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"/>	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: RT - 06		
14a. Response due date: OCTOBER 19, 2018		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:  Printed Name: MARTIN NAVARRETE		Date: 9-20-2018
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:
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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WASTE ISOLATION PILOT PLANT
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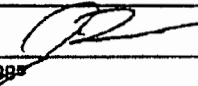
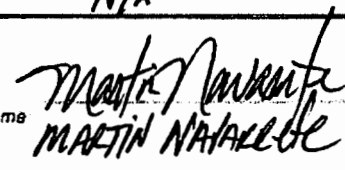
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3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

CBFO CORRECTIVE ACTION REPORT

1. CAR No. 18-056	2. Activity Report No.: A-18-04	3. Page 1 of 2
4. Controlling document: PLN-5198, PLN-5199	5. Responsible CBFO Manager: N/A	
6. Responsible organization: AMWTP	7. CAQ discussed with: Matt Hutson and Ron Griso	
8. Requirement: See attached continuation Sheet.		
9. Condition Adverse to Quality (CAQ): TPR-7997, Visual Examination Activities at RVMC, does not address the duties and responsibilities of the Visual Examination (VE) Expert from PLN-5198, AMWTP CH TRU Waste Certification Plan and PLN-5199, Quality Assurance Project Plan.		
10. CAR Initiator: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Printed Name: Charlie Riggs </div> <div style="text-align: center;"> FOR Date: 9-12-18 </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: VE - 06		
14a. Response due date: OCTOBER 19, 2018		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:		
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;">  Printed Name: MARTIN NETTEKBE </div> <div style="text-align: center;"> Date: 9-20-18 </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: 18-056	2. Activity No: A-18-04	3. Page 2 of 2
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Block 8:

PLN-5198, *AMWTP CH TRU Waste Certification Plan*, Revision 2, Appendix G, G.2, "Each VE facility shall designate one or more VE experts. The VE expert is familiar with the waste generating processes and with all types of waste being characterized at the site. The VE expert shall be responsible for the overall direction and implementation of the VE at the ICP."

PLN-5199, *Quality Assurance Project Plan*, Revision 2, C1-2, "Each VE facility shall designate one or more VE experts. The VE expert is familiar with the waste generating processes and with all types of waste being characterized at the site. The VE expert shall be responsible for the overall direction and implementation of the VE at the ICP."

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:

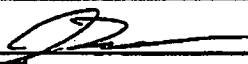
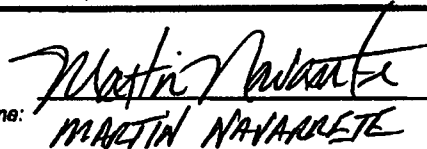
In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 18-056
 - 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.: 18-057	2. Activity Report No.: A-18-04	3. Page 1 of 2
4. Controlling document: MCP-2983	5. Responsible CBFO Manager: N/A	
6. Responsible organization: AMWTP	7. CAQ discussed with: Matt Hutson and Ron Grise	
8. Requirement: See attached Continuation Sheet		
9. Condition Adverse to Quality (CAQ): A Visual Examination (VE) operator was found performing characterization prior to completing required reading of RPT-TRUW-05, <i>Waste Matrix Code Reference Manual, Revision 42</i> . The VE batch in question is VEA18-00084 with the associated containers: 10648006, 10647842, 10648011 and 10648010. The required reading did not appear to have an assigned completion date based on the urgency and nature of the document.		
10. CAR Initiator: <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;">  Printed Name: Rhett Bradford </div> <div style="text-align: center;"> FQA Date: 9-12-18 </div> </div>		
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: VE-05		
14a. Response due date: OCTOBER 19, 2018		
14b. Required corrective action completion date: N/A		
15. Concurrence:		
a. Quality Assurance Director/Quality Assurance Representative:  Printed Name: MARTIN NAVARRETE		9-20-18 Date
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
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: 18-057	2. Activity No: A-18-04	3. Page 2 of 2
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Block 8:

MCP-2983 Required Reading Rev. 6:

Sec 3.1 Identify appropriate documents to be included in a required reading program. Assign completion dates for reading assignments.

Sec. 4.3.1 Cognizant manager or supervisor assign a completion date to each document based on the urgency and nature of the document.

Sec. 4.3.2 Operations personnel complete assigned reading by the assigned completion date.
Complete required reading of documents designated as immediate read before performing any affected evolution or assuming responsibility for the affected position.

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 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 # 18-057
 - 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.