Veronica Ballew, Acting Manager
Quality and Contractor Assurance
Nuclear Waste Partnership LLC
P.O. Box 2078
Carlsbad, NM 88221-2078

Subject: Carlsbad Field Office Audit Report A-19-01

Dear Mrs. Ballew:

Carlsbad Field Office Audit A-19-01 was performed November 27 - 29, 2018 and December 4 - 6, 2018, to evaluate the Nuclear Waste Partnership LLC Contact Handled Waste Emplacement Activities.

One Condition Adverse to Quality resulted in a Corrected during the Audit concerning procedure WP 05-WH1810, Undergraduate Transuranic Mixed Waste Disposal Area Inspections.

The audit team concluded overall, that the activities evaluated are adequate, satisfactorily implemented, and effective in the areas reviewed.

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

Sincerely,

Dennis S. Miehls
Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure
T. Shrader, CBFO *ED
K. Lachman, CBFO ED
D. Gadbury, CBFO ED
M. Navarrete, CBFO ED
M. Stapleton, CBFO ED
E. Garza, CBFO ED
K. Padilla, CBFO ED
B. Covert, NWP ED
S. Strong, NWP ED
D. Huddleston, NWP ED
C. Tyler, NWP ED
S. Saiz, NWP ED
A. Boyea, NWP ED
D. Ripley, NWP ED
J. Walsh, EPA ED
J. Ellis, EPA ED
T. Peake, EPA ED
J. Kieling, NMED ED
R. Maestas, NMED ED
D. Biswell, NMED ED
M. McLean, NMED ED
T. Runyon, CTAC ED
P. Martinez, CTAC ED
C. Castillo, CTAC ED
H. Tellez, CTAC ED
P. Gomez, CTAC ED
D. Harvill, CTAC ED
G. White, CTAC ED
CBFO QA File ED
CBFO M&RC ED

*ED denotes electronic distribution
U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

AUDIT REPORT
OF THE
NUCLEAR WASTE PARTNERSHIP LLC
CONTACT-HANDED WASTE HANDLING
EMPLACEMENT ACTIVITIES
CARLSBAD, NEW MEXICO

AUDIT NUMBER A-19-01

November 27 – 28, 2018
December 4 – 6, 2018

Prepared by: Paul C. Gomez, CTAC
Audit Team Leader

Date: 1-16-2019

Approved by: Donald C. Gadbury, Director
CBFO Office of Quality Assurance

Date: 1-18-19
1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Audit A-19-01 was conducted at the Nuclear Waste Partnership LLC (NWP) offices in Carlsbad, New Mexico, November 27 – 28, 2018 and December 4 – 6, 2018. The purpose of the audit was to verify adequacy and implementation of the NWP Quality Assurance (QA) Program with respect to Contact-Handled (CH) Waste Emplacement Activities at the Waste Isolation Pilot Plant (WIPP). The audit team also evaluated and verified the adequacy, implementation, and effectiveness of NWP implementing procedures associated with these activities.

One concern related to personnel qualification and training was identified during the audit (see section 6.2).

The audit team concluded that the NWP QA Program, with respect to CH Waste Emplacement Activities at the WIPP, continues to adequately address applicable upper-tier requirements and upper-tier requirements remain satisfactorily implemented and effective.

2.0 SCOPE AND PURPOSE

2.1 Scope

The scope of the audit, with respect to CH Waste Emplacement Activities at the WIPP, included evaluations of the NWP QA Program, as well as evaluation and verification of the implementation and effectiveness of NWP waste emplacement implementing procedures. The following elements were evaluated:

- Organization
- Personnel Qualification and Training
- Nonconformance Reports
- Supplier Evaluation / Qualification
- Documents and Records
- Internal Assessments
- Underground Operations

2.2 Purpose

The audit was conducted to assess the NWP QA Program, with respect to CH Waste Emplacement Activities at the WIPP, to determine the adequacy in addressing applicable upper-tier requirements and to ensure they remain satisfactorily implemented and effective.

3.0 AUDIT TEAM

Dennis Miehls CBFO QA Management Representative
Michael Stapleton CBFO Office of Quality Assurance
Paul Gomez Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
4.0 AUDIT PARTICIPANTS

A pre-audit conference was held in the Large Conference Room in the Support Building of the WIPP on November 27, 2018. The audit concluded with a post-audit conference held in the Small Conference Room in the Support Building on December 6, 2018.

SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

The following sections identify each of the NWP elements, with respect to CH Waste Emplacement Activities at the WIPP, evaluated during the audit. For each element, the audit team evaluated the associated implementing plans and procedures to verify the adequacy and flow-down of upper-tier requirements. The audit team conducted interviews with responsible personnel, and reviewed randomly selected documents and records to determine the degree to which the NWP QA Program addresses applicable upper-tier requirements and that the upper-tier requirements are satisfactorily implemented, and remain adequate and effective.

One concern related to personnel qualification and training was identified during the audit (see section 6.2).

Attachment 1 identifies the personnel contacted during the audit. Attachment 2 is a summary of the audit results. Attachment 3 lists the documents reviewed.

The audit team determined that the NWP CH Waste Emplacement Activities at the WIPP is adequate. The NWP procedures reviewed were found to be satisfactorily implemented and effective in achieving the desired results.

5.2 Audited Activities

The audit team evaluated the QA elements for organization, QA program, personnel qualification and training, and document control and records for compliance with requirements of the NWP QAPD. The evaluation results for each area audited are described below.

5.2.1 Organization

The audit team interviewed NWP CH Waste Handling personnel and management personnel. The team evaluated the organization chart of the NWP personnel performing work at the WIPP for CH waste emplacement and verified that the organizational structure has been established to ensure the fulfillment of requirements for emplacement activities of CH waste.
The audit team concluded that the procedures reviewed and objective evidence assembled confirmed that the applicable requirements for establishment of an organization are adequate for compliance with upper-tier requirements; satisfactory in the implementation of these requirements; and effective in achieving the desired results.

5.2.2 Personnel Qualification and Training

The audit team verified CH waste handling personnel training requirements in accordance with the following:

- Waste Isolation Pilot Plant Hazardous Waste Facility Permit NM4890139088-TSDF, Table F-1, TRU Mixed Waste Worker
- WP 14-TR.01, Rev. 21, *WIPP Training Program*
- WP 05-WH.04, Rev. 3, *WIPP Waste Handling Operations Training Program Plan*

The audit team reviewed training and qualification records for selected CH waste handling personnel, including the waste handling operations manager, ten waste handling technicians, and three waste handling engineers. It was determined that personnel performing surface and underground CH waste handling operations are adequately trained and qualified in accordance with the upper-tier requirements. There were no concerns identified in the area of CH waste handling personnel training.

The procedures reviewed and objective evidence assembled provided evidence to confirm that the applicable requirements for the training & qualification process are adequately established for compliance with upper-tier requirements, satisfactorily implemented, and effective in achieving the desired results.

5.2.3 Nonconformance Reports

The audit team reviewed implementing procedure WP 13-QA3004, Rev. 16, *Nonconformance Report*, to determine the degree to which the procedure adequately addresses upper-tier requirements. Results of the review indicate that the procedure adequately addresses upper-tier requirements for any nonconformance issued within CH waste handling operations.

The audit team interviewed a NWP QA Specialist and randomly selected nonconformance reports (NCRs) associated with CH waste handling operations. The audit team evaluated NCRs associated with CH waste handling processes and verified that the following randomly selected NCRs were processed in accordance with the implementing procedural requirements:

- NCR 2017-55 dated 7/27/17 and is closed
- NCR 2017-43 dated 4/24/17 and is closed
There were no NCRs generated in the area of waste handling in 2018. In addition, there were no concerns identified in the area of NCRs in relation to the waste handling process.

The procedures reviewed and objective evidence assembled provide evidence to confirm that the applicable requirements for waste handling operations related to NCRs are adequately established for compliance with upper-tier requirements, satisfactorily implemented, and effective in achieving the desired results.

5.2.4 Supplier Evaluation / Qualification

The audit team evaluated the Supplier Evaluation / Qualification process by reviewing documentation for suppliers of items and services associated with Underground Operations, including Ventis, and Industrial Scientific. These suppliers were confirmed to be listed as current 10 CFR Part 71, Subpart H suppliers, and placed on the NWP Qualified Supplier List (QSL) per procedural requirements. The items used in the WIPP underground of interest were the Ventis MX4 Gas Monitors. The monitors were appropriately placed on a purchase order and graded accordingly through Industrial Scientific. The requisition was completed for a rental of the equipment under Requisition ID 0000511977, completed October 18, 2018. The equipment was determined to be graded ML2 and a monthly rental for 100 units and charging units.

The audit team verified that both the QSL Coordinator and QSL Alternate Coordinator have been designated.

The audit team verified that no commercial grade item dedication activities have been performed since the previous evaluation of NWP 10 CFR Part 71, Subpart H.

Supplier Evaluation / Qualification activities were found to be adequate, satisfactorily implemented, and effective.

5.2.5 Documents and Records

The audit team evaluated the records maintenance and control process associated with CH waste handling. Objective evidence was examined to verify compliance with the requirements for records according to the current Waste Handling Records Inventory and Disposition Schedule (RIDS) dated 9/10/18. Records reviewed included: CH waste handling Required Reading (RR) management monthly and quarterly review logs; randomly selected RRs, which included RR-1222 and RR-1229; operational logbooks for the CH Bay (dated 1/13/18 – 6/2/18); various waste handling operations data sheets, calibration records and certificates; and the Measurement & Test Equipment (M&TE) status report. Verification forms of the Hazard Waste Facility Permit – CH Waste Handling Technician position lists for the calendar years 2019 and 2020 were also reviewed.

The audit team reviewed documents and records of the following:

- Record submittals
• Retrieval requests
• Transmittal/receiving forms
• Records inventory worksheets

Documentation was found to be in compliance with procedural requirements in relation to the waste emplacement. Record storage arrangements for waste handling records were evaluated to verify compliance with requirements for the preservation of in-process and completed records. Reviews of records were performed to verify accuracy, completion, legibility, and appropriate annotations for corrections when necessary, as required by WP 13-1, Rev. 38, Nuclear Waste Partnership LLC Quality Assurance Program Description and WP 15-RM, Rev. 10, WIPP Records Management Program.

The audit team examined the Records Coordinator (RC) training file to verify successful completion of ADM-105 Records Coordinator Training, and a Level 2 comprehensive examination. To ensure training remains current, documentation of having attended a minimum of two RC workshops per calendar year (starting the year following initial RC training) as required in WP 15-RM, Rev. 10, was reviewed. It was noted that the waste handling RC had successfully passed ADM-105 on 2/6/17 and will remain qualified until January 2019.

The audit team identified no concerns and determined that the CH waste handling records process is adequate, satisfactorily implemented, and effective.

5.2.6 Internal Assessments

The audit team verified that NWP QA personnel performed audits and annual evaluations that are compliant with applicable NWP procedures. Lead Auditor qualifications for personnel who lead assessments and technical personnel qualifications were also verified to be compliant with the training requirements of WP 13-QA.04, Rev. 23, Quality Assurance Department Administrative Program. The team reviewed documentation from the following NWP surveillance:

• Surveillance S-18-25 of CH Waste Handling was performed February 5 – 7, 2018. The surveillance identified no findings and one observation regarding the barcode reader that has not been declared operable. This was declared as corrected during the surveillance.

No concerns were identified in the areas of Assessments.

Internal Assessment activities were found to be adequate, satisfactorily implemented, and effective.

5.2.7 Underground Operations

CH Waste Downloading/Surface Activities:

On November 27 through December 4, 2018, the audit team assessed and evaluated underground CH waste handling operations. The audit team observed waste
downloading operations in the Waste Handling Building to verify compliance with WP 05-WH1025, Rev. 24, *CH Waste Downloading and Emplacement*. Waste downloading involves the activities that occur on the surface in the Waste Handling Building where CH waste emplacement activities begin. The audit team observed the pre-operational checks performed by the waste handling team, the loading of the facility pallet onto the conveyance loading car, the radiological control technician checks, and the loading of the facility pallet containing waste onto the waste hoist. The audit team verified that all technical safety requirement (TSR) checks and sign offs were completed by a waste handling engineer. It was noted that a hold tag was affixed to the fuse box in the conveyance loading room action request (AR) # 1810306. The AR number had been entered into the equipment logbook several days earlier for maintenance of old fuses. However, since this action did not affect the safe operation of the fuse box nor the conveyance system, waste downloading operations continued. No issues were identified while observing CH waste downloading operations.

U/G Waste Handling Operations:

The audit team reviewed the following implementing procedures to determine the degree to which the procedures adequately address upper-tier requirements of the CBFO QAPD and NWP QA program documents:

- WP 05-WH1025, Rev 24-FR1, *CH Waste Downloading and Emplacement*
- WP 05-WH1058, Rev 20-FR1, *CH Waste Handling Abnormal Operations*
- WP 05-WH1412, Revision 15, *CH Waste Handling Toyota Forklifts*
- WP 05-WH1603, Revision 18, *CH Underground Transporter 52-H-008A*
- WP 05-WH1604, Revision 1, *CH U/G Transporter 52-H-008D and 52-H-008E*
- WP 05-WH1711, Revision 14, *6-Ton Diesel Forklift 52-H-007D*
- WP 05-WH1810, Revision 18, *Underground Transuranic Mixed Waste Disposal Area Inspections*
- WP 05-WH1838, Revision 2, *Underground Site-Derived Mixed Waste Handling*
- WP 05-WH4401, Revision 5-FR1, *Waste Handling Operator Event Response*

The audit team reviewed and verified documentation from underground (U/G) waste handling emplacement operations from November 26 – 27, 2018. Documentation reviewed and verified included:

- Waste Operations U/G watch bill
- Waste Operations end of shift turnover
- CMR log entries
- Surface and U/G operations logs
- EA04AD3001-2-0, Rev 12, Facility TSR and Administrative Controls Checklist CH Waste Handling Mode
- EA04AD3001-4-0, Rev 10, Return to Storage, Disposal, or Standby Mode Upon Completion of Waste Handling
- WP 05-WH1810, Revision 18, Attachment 1 – Preoperational Underground TRU Mixed Waste Disposal Area Inspections
The audit team was able to verify through documentation review, that the underground pre-operational area inspections, equipment pre-operational checks, mode compliance checklists, surveillances and emplacement documentation are being performed and documented.

On November 27, 2018, the audit team attended the pre-job briefing for the overall waste emplacement activity for the surface and underground. Roles and responsibilities, possible hazards, emergency actions and watch bill personnel were addressed. The specific operational requirements for Panel 7 emplacement were addressed. Upon completion of waste handling mode requirements, the emplacement team assembled at the underground transition area to don the necessary protective equipment for waste emplacement in the High Contaminated Area (HCA). The transporter made two trips from the waste hoist to the intersection of E140/S2520 with the following payloads:

- Pallet “C” with payloads IN180213/136, IN180214/507 and IN180215/510
- Pallet “K” with payloads IN180211/152, LA180002/205 and OR180045/515

Each payload was removed from the facility pallet using the 6-ton forklift and transferred to the intersection of S2520/W170, which is the Radiological Buffer Area (RBA)/Contaminated Area (CA) Boundary. Using the 6-ton forklift, the emplacement team entered the CA from the HCA side and removed the payloads from the 6-ton forklift located on the RBA side. After the payloads were secured on the push/pull device, the Waste-Handling Technician (WHT) forklift operator and spotter commenced down the S2520 drift to the emplacement location (Panel 7 Room 5 on the intake side). The payloads were emplaced in rows 142 and 143 of Panel 7 Room 5. Supersacks of magnesium oxide (MgO) were then placed on top of two columns of waste in Row 142.

On December 4, 2018, after attending the pre-job briefing, the audit team proceeded back into the underground to observe the TRU Mixed Waste Disposal Area Inspections and equipment pre-operational inspections. The area inspection team consisting of a Radiological Control Technician (RCT), WHT and an Underground Facility Engineer (UFE) assembled at the underground transition area to don the necessary protective equipment to enter the HCA to complete area inspections and equipment pre-ops. The team established ventilation to ensure proper air requirements were met for waste handling mode. The area inspection was completed as well as the pre-operational inspections for the 6-ton forklift. The forklift inspection was documented in the logbook. The Waste Handling Engineer (WHE) completed the required paperwork for the area
inspection. The audit team was also able to verify that the forklift logbook had been filled out for November 26 – 27, 2018. Communication with the WHE was made throughout the inspection process.

The audit team was also able to observe pre-operational inspections of the transporters and 6-ton forklifts that were stationed in the RBA or E140 drift. The logbooks were verified to be filled out for these pre-operational inspections. The audit team also verified that entries were made for November 26 – 27, 2018 inspections.

Upon completion of waste handling mode requirements, the audit team observed Pallet "V" with payloads OR180046/209 and IN180217/144 being offloaded from the waste hoist onto transporter 52-H-008A. The pallet and payload were verified to be secured. The transit notification light was activated prior to the transporter entering the disposal path. The payloads were removed from the transporter at the intersection of E140/S2520 and transported to the transition line. The payloads were then moved from one forklift on the clean side to the other forklift on the contaminated side. The audit team returned to the surface after this development.

The audit team identified one concern:

Procedure WP 05-WH1810, step 5.3.2 requires the WHE to complete the Applicable block of EA04AD3001-2-0, "Facility TSR and Administrative Controls Checklist CH Waste Handling Mode." In addition, WP 05-WH1810, Attachment 2, requires that the WHE initial the block to indicate that they have delivered EA04AD3001-2-0 to the Central Monitoring Room Operator (CMRO). The individual signing/initialing these documents for U/G Waste Handling mode for November 26, 2018 is not a qualified WHE (they are in training to be a WHE) (see Section 6.2, Deficiencies Corrected During the Audit, CDA 1).

The audit team determined that the U/G CH waste handling procedures and activities were adequate, effective, and satisfactorily implemented.

6.0 CORRECTIVE ACTIONS, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

During the audit, the audit team may identify conditions adverse to quality (CAQs), according to the description below, and document such conditions on corrective action reports (CARs).

Condition Adverse to Quality (CAQ) – An all-inclusive term used in reference to any of the following: failures, malfunctions, deficiencies, defective items, nonconformances, and technical inadequacies.

Significant Condition Adverse to Quality (SCAQ) – A condition which, if uncorrected, could have a serious effect on safety, operability, waste confinement, TRU waste site certification, regulatory compliance demonstration, or the effective implementation of the QA program.
No CAQs necessitating the generation of CARs were identified as a result of this audit.

6.2 Deficiencies Corrected During the Audit

During the audit, the audit team may identify CAQs. The audit team members and the Audit Team Leader (ATL) evaluate the CAQs to determine if they are significant. Once a determination is made that the CAQ is not significant, the audit team member, in conjunction with the ATL, determines if the CAQ is isolated requiring only remedial action and therefore can be corrected during the audit (CDA). Deficiencies that can be classified as CDA are those isolated deficiencies that do not require a root cause determination or actions to preclude recurrence, and those for which correction of the deficiency can be verified prior to the end of the audit.

Upon determination that the CAQ is isolated, CBFO QA, in conjunction with the ATL, evaluates/verifies any objective evidence/actions submitted or taken by the audited organization and determines if the condition was corrected in an acceptable manner. Once it has been determined that the CAQ has been corrected, CBFO QA categorizes the condition as a CDA.

One deficiency was identified and corrected during the audit:

CDA 1

Procedure WP 05-WH1810, step 5.3.2 requires the WHE to complete the Applicable block of EA04AD3001-2-0, "Facility TSR and Administrative Controls Checklist CH Waste Handling Mode." In addition, WP 05-WH1810, Attachment 2, requires that the WHE initial the block to indicate that they have delivered EA04AD3001-2-0 to the CMRO. The individual signing/initialing these documents for U/G Waste Handling mode for November 26, 2018 is not a qualified WHE.

The auditee corrected the deficiency:

The auditee provided a revised draft of WP 05-WH1810 that included changes step 5.3.2 (now step 5.2.2) to identify Waste Handling Engineer or designee to complete applicable block of EA04AD3001-2-0, Facility TSR and Administrative Controls Checklist CH Waste Handling Mode, and deliver to CMRO, either by hand or fax. In addition, step 5.3.3 (now step 5.2.4) was revised to identify Waste Handling Engineer or designee upon completion of Waste Handling activities for shift, to complete applicable block of EA04AD3001-4-0, Return to Storage or Standby Modes upon Completion of Waste Handling, and deliver to CMRO, either by hand or fax. WP 05-WH1810, Attachment 2, Preoperational Waste Handling Mode Checklist, was also revised to identify Waste Handling Engineer or designee. The WHE in training is the appointed qualified designee.
6.3 Observations

During the audit, the audit team may identify potential problems that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Observations using the following definition:

Observation - A condition that, if left uncorrected, could result in a CAQ. Once a determination is made, CBFO QA, in conjunction with the ATL, categorizes the condition appropriately.

No Observations were identified during the audit.

6.4 Recommendations

During the audit, the audit team may identify suggestions for improvement that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Recommendations using the following definition:

Recommendations - Suggestions that are directed toward identifying opportunities for improvement and enhancing methods of implementing requirements. Once a determination is made, CBFO QA, in conjunction with the ATL, categorizes the condition appropriately.

No recommendations were submitted for NWP management's consideration.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During Audit A-19-01
Attachment 2: Summary of Audit A-19-01 Results
Attachment 3: Documents Audited During Audit A-19-01
5.2.7 Underground Operations

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U/G Waste Handling Operations:

The audit team reviewed the following implementing procedures to determine the degree to which the procedures adequately address upper-tier requirements of the CBFO QAPD and NWP QA program documents:

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- WP 05-WH1604, Revision 1, *CH U/G Transporter 52-H-008D and 52-H-008E*
- WP 05-WH1711, Revision 14, 6-Ton Diesel Forklift 52-H-007D
- WP 05-WH1810, Revision 18, *Underground Transuranic Mixed Waste Disposal Area Inspections*
- WP 05-WH1836, Revision 2, *Underground Site-Derived Mixed Waste Handling*
- WP 05-WH4401, Revision 5-FR1, *Waste Handling Operator Event Response*

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Each payload was removed from the facility pallet using the 6-ton forklift and transferred to the intersection of S2520/W170, which is the Radiological Buffer Area (RBA)/Contaminated Area (CA) Boundary. Using the 6-ton forklift, the emplacement team entered the CA from the HCA side and removed the payloads from the 6-ton forklift located on the RBA side. After the payloads were secured on the push/pull device, the Waste-Handling Technician (WHT) forklift operator and spotter commenced down the S2520 drift to the emplacement location (Panel 7 Room 5 on the intake side). The payloads were emplaced in rows 142 and 143 of Panel 7 Room 5. Supersacks of magnesium oxide (MgO) were then placed on top of two columns of waste in Row 142.

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Radiological Control Technician (RCT), WHT and an Underground Facility Engineer (UFE) assembled at the underground transition area to don the necessary protective equipment to enter the HCA to complete area inspections and equipment pre-ops. The team established ventilation to ensure proper air requirements were met for waste handling mode. The area inspection was completed as well as the pre-operational inspections for the 6-ton forklift. The forklift inspection was documented in the logbook. The Waste Handling Engineer (WHE) completed the required paperwork for the area inspection. The audit team was also able to verify that the forklift logbook had been filled out for November 26 - 27, 2018. Communication with the WHE was made throughout the inspection process.

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Upon completion of waste handling mode requirements, the audit team observed Pallet "V" with payloads OR180046/209 and IN180217/144 being offloaded from the waste hoist onto transporter 52-H-008A. The pallet and payload were verified to be secured. The transit notification light was activated prior to the transporter entering the disposal path. The payloads were removed from the transporter at the intersection of E140/S2520 and transported to the transition line. The payloads were then moved from one forklift on the clean side to the other forklift on the contaminated side. The audit team returned to the surface after this development.

The audit team identified one concern:

Procedure WP 05-WH1810, step 5.3.2 requires the WHE to complete the Applicable block of EA04AD3001-2-0, “Facility TSR and Administrative Controls Checklist CH Waste Handling Mode.” In addition, WP 05-WH1810, Attachment 2, requires that the WHE initial the block to indicate that they have delivered EA04AD3001-2-0 to the Central Monitoring Room Operator (CMRO). The individual signing/initialing these documents for U/G Waste Handling mode for November 26, 2018 is not a qualified WHE (they are in training to be a WHE) (see Section 6.2, Deficiencies Corrected During the Audit, CDA 1).

The audit team determined that the U/G CH waste handling procedures and activities were adequate, effective, and satisfactorily implemented.

6.0 CORRECTIVE ACTIONS, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

During the audit, the audit team may identify conditions adverse to quality (CAQs), according to the description below, and document such conditions on corrective action reports (CARs).
No CAQs necessitating the generation of CARs were identified as a result of this audit.

6.2 Deficiencies Corrected During the Audit

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Upon determination that the CAQ is isolated, CBFO QA, in conjunction with the ATL, evaluates/verifies any objective evidence/actions submitted or taken by the audited organization and determines if the condition was corrected in an acceptable manner. Once it has been determined that the CAQ has been corrected, CBFO QA categorizes the condition as a CDA.

One deficiency was identified and corrected during the audit:

CDA 1

Procedure WP 05-WH1810, step 5.3.2 requires the WHE to complete the Applicable block of EA04AD3001-2-0, “Facility TSR and Administrative Controls Checklist CH Waste Handling Mode.” In addition, WP 05-WH1810, Attachment 2, requires that the WHE initial the block to indicate that they have delivered EA04AD3001-2-0 to the CMRO. The individual signing/initiating these documents for U/G Waste Handling mode for November 26, 2018 is not a qualified WHE.

The auditee corrected the deficiency:

The auditee provided a revised draft of WP 05-WH1810 that included changes step 5.3.2 (now step 5.2.2) to identify Waste Handling Engineer or designee to complete applicable block of EA04AD3001-2-0, Facility TSR and Administrative Controls Checklist CH Waste Handling Mode, and deliver to CMRO, either by hand or fax. In addition, step 5.3.3 (now step 5.2.4) was revised to identify Waste Handling Engineer or designee upon completion of Waste Handling activities for shift, to complete applicable block of EA04AD3001-4-0, Return to Storage or Standby Modes upon Completion of Waste Handling, and deliver to CMRO, either by hand or fax. WP 05-WH1810, Attachment 2, Preoperational Waste Handling Mode Checklist, was also revised to identify Waste Handling Engineer or designee. The WHE in training is the appointed qualified designee. It was determined that there is no impact or extent of condition to quality regarding the deficiency cited and the change to the procedure.
6.3 Observations

During the audit, the audit team may identify potential problems that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Observations using the following definition:

Observation – A condition that, if left uncorrected, could result in a CAQ. Once a determination is made, CBFO QA, in conjunction with the ATL, categorizes the condition appropriately.

No Observations were identified during the audit.

6.4 Recommendations

During the audit, the audit team may identify suggestions for improvement that should be communicated to the audited organization. The audit team members, in conjunction with the ATL, evaluate these conditions and classify them as Recommendations using the following definition:

Recommendations – Suggestions that are directed toward identifying opportunities for improvement and enhancing methods of implementing requirements. Once a determination is made, CBFO QA, in conjunction with the ATL, categorizes the condition appropriately.

No recommendations were submitted for NWP management's consideration.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During Audit A-19-01
Attachment 2: Summary of Audit A-19-01 Results
Attachment 3: Documents Audited During Audit A-19-01
## PERSONNEL CONTACTED DURING AUDIT A-19-01

<table>
<thead>
<tr>
<th>NAME</th>
<th>ORG/TITLE</th>
<th>PRE-AUDIT MEETING</th>
<th>CONTACTED DURING AUDIT</th>
<th>POST-AUDIT MEETING</th>
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<td>Ballew, Veronica</td>
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Summary of Audit A-19-01 Results

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**Definitions**

- **E** = Effective  
- **S** = Satisfactory  
- **I** = Indeterminate  
- **M** = Marginal  
- **CAR** = Corrective Action Report  
- **Rec** = Recommendation  
- **CDA** = Corrected During Audit  
- **A** = Adequate  
- **NE** = Not Effective  
- **NA** = Not Adequate  
- **OBS** = Observation

**Technical Effectiveness**
## Documents Audited During Audit A-19-01

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