



 ENTERED

Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
MAY 02 2019

MAY 02 2019

Mr. Dennis Ivey, Manager
Quality and Contract Assurance
Nuclear Waste Partnership LLC
P.O. Box 2078
Carlsbad, NM 88221-2078

Subject: Issuance of CBFO CARs 19-042, 19-043, 19-044, 19-045, and 19-046 Identified during Audit A-19-16

Dear Mr. Ivey:

The Carlsbad Field Office (CBFO) performed Recertification Audit A-19-16 of the Nuclear Waste Partnership LLC Central Characterization Program/Oak Ridge National Laboratory on April 23 – 25, 2019. Enclosed are Corrective Action Reports (CARs) 19-042, 19-043, 19-044, 19-045, and 19-046 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,


Martin P. Navarrete
Senior Quality Assurance Specialist

Enclosure

cc: w/enclosure

R. Murray, EM *ED
K. Lachman, CBFO ED
D. C. Gadbury, CBFO ED
C. Fesmire, CBFO ED
H. Cruickshank, CBFO ED
D. Miehls, CBFO ED
M. Stapleton, CBFO ED
N. Castaneda, CBFO ED
T. Carver, CBFO ED
L. Wilkerson, DOE/OR ED
B. Covert, NWP ED
S. Strong, NWP ED
M. Percy, NWP ED
R. Lee, NWP ED
R. Reeves, NWP ED
M. Ramirez, NWP ED
C. Simmons, NWP ED
R. Martin, NWP ED
J. Knox, NWP ED
J. Harvill, NWP ED
J. Carter, NWP ED
D. Matheny, NWP ED
J. Harrison, NWP ED
S. Reavis, NWP ED
P. Tillman, NWP ED
S. Saiz, NWP ED
V. Ballew, NWP ED
A. Boyea, NWP 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
M. McLean, NMED ED
J. Dawson, Trinity Eng. ED
T. Runyon, CTAC ED
P. Martinez, CTAC ED
C. Castillo, CTAC ED
H. Tellez, CTAC ED
D. Stegman, CTAC ED
K. Gentry, CTAC ED
D. Blauvelt, CTAC ED
R. Fitzgerald, CTAC ED
R. Chavez, CTAC ED
R. Bradford, CTAC ED
T. Boswell, 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.: 19-042 | 2. Activity Report No.: A-19-16 | 3. Page 1 of 2 |
| 4. Controlling document: CCP-QP-010, Rev. 30 | 5. Responsible CBFO Manager: N/A | |
| 6. Responsible organization: NWP/CCP | 7. CAQ discussed with: Jeff Harrison, CCP AKE Sherrod Reavis, CCP AKE | |
| 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;"> Printed Name: <u>Katie Gentry for Randy Fitzgerald</u> Date: <u>5-1-2019</u> </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: <u>DC-02</u> | | |
| 14a. Response due date: <u>MAY 31, 19</u> | | |
| 14b. Required corrective action completion date: <u>N/A</u> | | |
| 15. Concurrence: | | |
| a. Quality Assurance Director/Quality Assurance Representative: | | Date |
| Printed Name: <u>Martin Nataro-IT</u> | | <u>5-2-19</u> |
| 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> | | |
| 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: 19-042

2. Activity No: A-19-16

3. Page 2 of 3

8. Requirement:

CCP-QP-010, *Document Preparation, Approval, and Control*, Rev. 30, section 2.1.1 states: "Documents are reviewed for adequacy, correctness, and completeness prior to approval and issuance."

9. Condition Adverse to Quality (CAQ):

CCP-TP-005, *CCP Acceptable Knowledge Documentation*, Rev. 30, includes five occurrences of the incorrect reference to section/step 4.2.9, which should be section/step 4.2.10, and one occurrence of the incorrect reference to "Steps 4.2.10 through 4.2.22," which should be "Steps 4.2.10 [A] – [K]."

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).

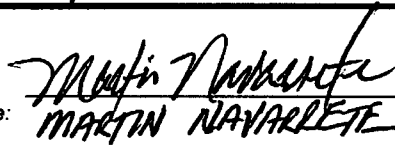
The CAP shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

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 # 19-042
 - 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.: 19-043 | | 2. Activity Report No.: A-19-16 | | 3. Page 1 of 2 | |
| 4. Controlling document: CCP-TP-005, Rev. 30 | | 5. Responsible CBFO Manager: N/A | | | |
| 6. Responsible organization: NWP/CCP | | 7. CAQ discussed with: Jeff Harrison, CCP AKE Sherrod Reavis, CCP AKE | | | |
| 8. Requirement: See CAR Continuation Sheet | | | | | |
| 9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet | | | | | |
| 10. CAR Initiator: Printed Name: <u>Katie Gentry for Randy Fitzgerald</u> Date: <u>5/1/19</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>AK-06</u> | | | | | |
| 14a. Response due date: <u>MAY 31, 19</u> | | | | | |
| 14b. Required corrective action completion date: <u>N/A</u> | | | | | |
| 15. Concurrence: | | | | | |
| a. Quality Assurance Director/Quality Assurance Representative: | |  Printed Name: <u>MARTIN NAVARRETE</u> | | <u>5-2-19</u> 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: _____ | | | | | |

CAR CONTINUATION SHEET

| | | |
|-------------------|-------------------------|----------------|
| 1. CAR No: 19-043 | 2. Activity No: A-19-16 | 3. Page 2 of 3 |
|-------------------|-------------------------|----------------|

8. Requirement:

CCP-TP-005, *CCP Acceptable Knowledge Documentation*, Rev. 30, section 4.2.10 [J] states: **“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 IWMDL 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).” (emphasis added)

9. Condition Adverse to Quality (CAQ):

In some of the Interface Waste Management Documents List (IWMDL)-related Acceptable Knowledge Source Document Summary forms (AK Attachment 3's) reviewed by the audit team, it was identified that upon determining that changes in a revision to a procedure currently listed on the IWMDL did not affect waste stream management or packaging, no notation was entered on the Acceptable Knowledge Source Document Summary form that the review did not identify any relevant changes to waste management from the previous revision(s), as required by the procedure (P254, P1435).

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 # 19-043
 - 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.: 19-044 | 2. Activity Report No.: A-19-16 | 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: Jeff Harrison, CCP AKE Sherrod Reavis, CCP AKE |
| 8. Requirement: See CAR Continuation Sheet | | |
| 9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet | | |
| 10. CAR Initiator: <u>Cindi Castille for</u> 5/2/19 <small>Printed Name: Randy Fitzgerald</small> <small>Date</small> | | |
| 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>AK-06</u> | | |
| 14a. Response due date: <u>MAY 31, 19</u> | | |
| 14b. Required corrective action completion date: <u>N/A</u> | | |
| 15. Concurrence: | | |
| a. Quality Assurance Director/Quality Assurance Representative: | | <u>5-2-19</u> |
| <small>Printed Name: MARTIN NAVARRETE</small> | | <small>Date</small> |
| b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A") | | <u>N/A</u> |
| <small>Printed Name:</small> | | <small>Date</small> |
| 16. Acceptance of Proposed Corrective Actions: | | |
| <small>Printed Name and Title:</small> | | <small>Date</small> |
| 17. Acceptance of Corrective Action Completion: | | |
| <small>Printed Name:</small> | | <small>Date</small> |
| 18. Closure: | | |
| <small>Printed Name:</small> | | <small>Date</small> |

CAR CONTINUATION SHEET

1. CAR No: 19-044

2. Activity No: A-19-16

3. Page 2 of 3

8. Requirement:

CCP-TP-005, *CCP Acceptable Knowledge Documentation*, Rev. 29, section 4.2.17 states, in part: "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)." (emphasis added)

9. Condition Adverse to Quality (CAQ):

For some of the AK Source Document Summary Forms (Attachment 3) reviewed by the audit team, it was identified that the POCs/SMEs and verification date was not included, as required by the procedure revision effective during that timeframe. This CAQ was previously identified on CBFO CAR 18-029, which was issued on May 15, 2018. A corrective action for CAR 18-029 included an email dated June 8, 2018, from the CCP Project Manager to the AK Experts reiterating the importance of verbatim compliance to technical procedures and that the POC/SME and verification date were required on Attachment 3s when changes did or did not affect waste stream packaging and/or treatment. (P1444, P590)

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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:

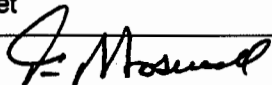

In order to develop the CAP, perform an investigative action to determine the extent and impact of the deficiency and to identify the causal factors. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # 19-044
 - 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.: 19-045 | | 2. Activity Report No.: A-19-16 | | 3. Page 1 of 2 | |
| 4. Controlling document: | | CCP-TP-113, CCP Standard Contact- Handled Waste Visual Examination, Rev. 22 | | 5. Responsible CBFO Manager: N/A | |
| 6. Responsible organization: | | NWP/CCP | | 7. CAQ discussed with: Derek Matheny Pat Tilton | |
| 8. Requirement: See CAR Continuation Sheet | | | | | |
| 9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet | | | | | |
| 10. CAR Initiator: | | | | | |
| Printed Name: Tim Boswell | |  | | Date: 5/1/19 | |
| 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: YE-06 | | | | | |
| 14a. Response due date: MAY 31, 19 | | | | | |
| 14b. Required corrective action completion date: N/A | | | | | |
| 15. Concurrence: | | | | | |
| a. Quality Assurance Director/Quality Assurance Representative: | |  | | Date: 5-2-19 | |
| 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") | | N/A | | Date | |
| 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 | |

CAR CONTINUATION SHEET

| | | |
|-------------------|-------------------------|----------------|
| 1. CAR No: 19-045 | 2. Activity No: A-19-16 | 3. Page 2 of 2 |
|-------------------|-------------------------|----------------|

8. Requirement:

CCP-TP-113, Rev. 22, *CCP Standard Contact-Handled Waste Visual Examination*, section 4.3.6 states: "Examine the waste AND record waste description on Attachment 2 in the Waste Material Data Section by WMP category, using Table 3, Waste Material Parameters, as a guide as follows..."

9. Condition Adverse to Quality:

In six of the eight Batch Data Reports reviewed by the audit team, the weighing code on Attachment 2, CCP Visual Examination Loading Form, from CCP-TP-113, Rev. 22, did not indicate the method of weighing used for the waste material parameters listed on the Attachment 2.

INSTRUCTIONS FOR PROVIDING A CORRECTIVE ACTION PLAN

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office

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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 # 19-045
 - 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.: 19-046 | 2. Activity Report No.: A-19-16 | 3. Page 1 of 2 |
| 4. Controlling document: CCP-QP-010, CCP Document Preparation, Approval, and Control, Rev. 30 | 5. Responsible CBFO Manager: N/A | |
| 6. Responsible organization: NWP/CCP | 7. CAQ discussed with: Ryan Martin | |
| 8. Requirement: See CAR Continuation Sheet | | |
| 9. Condition Adverse to Quality (CAQ): See CAR Continuation Sheet | | |
| 10. CAR Initiator: <u><i>T. Boswell</i></u> Printed Name: Tim Boswell Date: <u>5/1/19</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>VE-01</u> | | |
| 14a. Response due date: <u>May 31, 19</u> | | |
| 14b. Required corrective action completion date: <u>N/A</u> | | |
| 15. Concurrence: | | |
| a. Quality Assurance Director/Quality Assurance Representative: <u><i>Martin Nappolite</i></u> Printed Name: MARTIN NAPPOLITE Date: <u>5-2-19</u> | | |
| 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: _____ | | |

CAR CONTINUATION SHEET

| | | |
|-------------------|-------------------------|----------------|
| 1. CAR No: 19-045 | 2. Activity No: A-19-16 | 3. Page 2 of 2 |
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8. Requirement:

CCP-QP-010, Rev. 30, *CCP Document Preparation, Approval, and Control*, section 2.3.3 [B], states: "Implementing QPs, TPs, and CM procedures (but not CM equipment descriptions) include the following information as appropriate to the work to be performed: *** [B] Technical, regulatory, QA, or other project requirements."

9. Condition Adverse to Quality:

During the adequacy review of CCP-TP-113, *CCP Standard Contact-Handled Waste Visual Examination*, Rev. 22, it was identified that the following regulatory requirement from CCP-PO-001, Rev. 23, section C1-2, was removed from this implementing procedure: "Each VEO shall observe for themselves the waste being placed in the waste container or the contents within the examined waste container when the waste is not removed."

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 # 19-046
 - 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.