



Department of Energy  
Carlsbad Field Office  
P. O. Box 3090  
Carlsbad, New Mexico 88221  
April 28, 2020



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

Subject: Issuance of CBFO CARs 20-019, 20-020, and 20-021 Identified During  
Audit A-20-14

Dear Mr. Ivey:

The Carlsbad Field Office (CBFO) performed Recertification Audit A-20-14 of the Nuclear Waste Partnership LLC Central Characterization Program/Oak Ridge National Laboratory on April 21 – 23, 2020. Enclosed are Corrective Action Reports (CARs) 20-019, 20-020, and 20-021 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) 706-0067.

Sincerely,

Dennis S.  
Miehls

Digitally signed by Dennis S. Miehls  
DN: c=us, o=u.s. government,  
ou=department of energy, ou=Energy  
IT Services, ou=Waste Isolation Pilot  
Plant, ou=People, cn=Dennis S. Miehls  
Date: 2020.04.28 12:57:41 -0600

Dennis S. Miehls, Acting Director  
CBFO, Office of Quality Assurance

Enclosure

SCANNED

200424



Mr. Ivey

-2-

cc: w/enclosure	
R. Murray, EM-3.113	*ED
G. Sosson, CBFO	ED
K. Lachman, CBFO	ED
K. Princen, CBFO	ED
J. Lopez, CBFO	ED
M. Stapleton, CBFO	ED
C. Fesmire, CBFO	ED
N. Castaneda, CBFO	ED
T. Carver, CBFO	ED
S. Cange, DOE-OR	ED
L. Wilkerson, DOE-OR	ED
S. Dunagan, NWP	ED
S. Strong, NWP	ED
K. Stone, NWP	ED
R. Lee, NWP	ED
R. Reeves, NWP	ED
C. Simmons, NWP	ED
J. Harvill, NWP	ED
B. Pace, NWP	ED
J. Knox, NWP	ED
J. Carter, NWP	ED
V. Ballew, NWP	ED
S. Saiz, NWP	ED
A. Boyea, NWP	ED
J. Mosser, EPA	ED
J. Ellis, EPA	ED
T. Peake, EPA	ED
E. Feltcorn, EPA	ED
K. Pierard, 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
R. Castillo, CTAC	ED
S. Gomez, CTAC	ED
P. Hinojos, CTAC	ED
G. White, CTAC	ED
Site Documents	ED
CBFO M&RC	ED
CBFO QA File	
*ED denotes electronic distribution	

### CBFO CORRECTIVE ACTION REPORT

<b>1. CAR No.:</b> 20-019	<b>2. Activity Report No.:</b> A-20-14	<b>3. Page 1 of 1</b>
<b>4. Controlling document:</b> CCP-QP-043, Rev 3	<b>5. Responsible CBFO Manager:</b> N/A	
<b>6. Responsible organization:</b> NWP/CCP	<b>7. CAQ discussed with:</b> Ron Reeves, Jake Knox, Robert Semon	
<b>8. Requirement:</b> CCP-QP-043, Rev 3, <i>CCP Operations Level Training and Qualification</i> , section 5.4.9 [F] states, "When an operator fails a training container: [F.1] Satisfactory performance must be demonstrated before returning to the LOQI: (a) Satisfactory performance is defined as: (a.1) Retraining (completing RTR-101) (a.2) The acceptable identification of prohibited items, including observable liquid in excess of the Waste Acceptance Criteria limit (during the Training Container) (a.3) Estimation of WMP weights as evaluated by the SME (during the Training Container), if applicable (a.4) A score $\geq$ 80% on a written comprehensive exam."		
<b>9. Condition Adverse to Quality (CAQ):</b> No objective evidence for the completion of retraining (e.g. RTR-101), nor a written comprehensive exam, was provided for an operator that failed a training container.		
<b>10. CAR Initiator:</b>  <div style="display: flex; justify-content: space-between;"> <span><i>Printed Name:</i> Shelly Gomez</span> <span><i>Date</i></span> </div>		
<b>11. Deficiency classification:</b> 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"/>		<b>12. Type of actions required:</b> 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"/>
<b>13. Trend Code:</b> TQ-04		
<b>14a. Response due date:</b> 05/29/2020		
<b>14b. Required corrective action completion date:</b> N/A		
<b>15. Concurrence:</b> <b>a. Quality Assurance Director/Quality Assurance Representative:</b> <div style="display: flex; justify-content: space-between;"> <span><i>Printed Name:</i> _____</span> <span><i>Date</i></span> </div> <b>b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")</b> <div style="display: flex; justify-content: space-between;"> <span>N/A</span> <span><i>Date</i></span> </div>		
<b>16. Acceptance of Proposed Corrective Actions:</b>  <div style="display: flex; justify-content: space-between;"> <span><i>Printed Name and Title:</i> _____</span> <span><i>Date</i></span> </div>		
<b>17. Acceptance of Corrective Action Completion:</b>  <div style="display: flex; justify-content: space-between;"> <span><i>Printed Name:</i> _____</span> <span><i>Date</i></span> </div>		
<b>18. Closure:</b>  <div style="display: flex; justify-content: space-between;"> <span><i>Printed Name:</i> _____</span> <span><i>Date</i></span> </div>		

## 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 # 20-019, 20-020, and 20-021
  - 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**

<b>1. CAR No.:</b> 20-020	<b>2. Activity Report No.:</b> A-20-14	<b>3. Page 1 of 1</b>
<b>4. Controlling document:</b> CCP-PO-002, Rev 30	<b>5. Responsible CBFO Manager:</b> NA	
<b>6. Responsible organization:</b> NWP/CCP	<b>7. CAQ discussed with:</b> Ron Reeves, Jake Knox, Robert Semon	
<p><b>8. Requirement:</b> CCP-PO-002, Rev. 30, <i>CCP Transuranic Waste Certification Plan</i>, Appendix 9 – Radiography Requirements for Contact-Handled Waste, states in part, "Training container examinations shall be performed by each operator semiannually. The audio/video recording and data form shall then be reviewed by a subject matter expert (SME) to ensure that operators' interpretations remain consistent and accurate."</p> <p>DOE/WIPP-02-3122, Rev. 9, <i>Transuranic Waste Acceptance Criteria for the Waste Isolation Pilot Plant</i>, Appendix F, Section F.2, states, "Training container examinations shall be performed by each operator semiannually. The audio/video recording and data form shall then be reviewed by a subject matter expert (SME) to ensure that operators' interpretations remain consistent and accurate. Imaging system characteristics shall be verified on a routine basis."</p>		
<p><b>9. Condition Adverse to Quality (CAQ):</b> During review of training container scan (NDE-TRAINING-92) for a real-time radiography (RTR) Operator, the audit team identified that the RTR Operator was assisted in identifying an item, as heard through the training container video.</p>		
<b>10. CAR Initiator:</b>		
Printed Name: Shelly Gomez		Date
<p><b>11. Deficiency classification:</b></p> <p>11a. Significant CAQ? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11b. Work Suspension recommended? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11c. WAP-related Deficiency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11d. Accelerated corrective action required? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p><b>12. Type of actions required:</b></p> <p>12a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>12b. Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>12c. Causal Analysis? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>12d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<b>13. Trend Code:</b> TQ-05		
<b>14a. Response due date:</b> 05/29/2020		
<b>14b. Required corrective action completion date:</b> N/A		
<b>15. Concurrence:</b>		
<p><b>a. Quality Assurance Director/Quality Assurance Representative:</b></p> <p>Printed Name: _____ Date _____</p>		
<p><b>b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")</b></p> <p>Printed Name: N/A Date _____</p>		
<b>16. Acceptance of Proposed Corrective Actions:</b>		
Printed Name and Title: _____		Date _____
<b>17. Acceptance of Corrective Action Completion:</b>		
Printed Name: _____		Date _____
<b>18. Closure:</b>		
Printed Name: _____		Date _____

**CBFO CORRECTIVE ACTION REPORT**

<b>1. CAR No.:</b> 20-021	<b>2. Activity Report No.:</b> A-20-14	<b>3. Page 1 of 1</b>
<b>4. Controlling document:</b> CCP-PO-002, Rev 30	<b>5. Responsible CBFO Manager:</b> NA	
<b>6. Responsible organization:</b> NWP/CCP	<b>7. CAQ discussed with:</b> Ron Reeves, Jake Knox, Robert Semon	
<p><b>8. Requirement:</b> CCP-PO-002, Rev. 30, <i>CCP Transuranic Waste Certification Plan</i>, Appendix 9 – Radiography Requirements for Contact-Handled Waste, states in part, "Training container examinations shall be performed by each operator semiannually. The audio/video recording and data form shall then be reviewed by a subject matter expert (SME) to ensure that operators' interpretations remain consistent and accurate."</p> <p>DOE/WIPP-02-3122, Rev. 9, <i>Transuranic Waste Acceptance Criteria for the Waste Isolation Pilot Plant</i>, Appendix F, Section F.2, states, "Successful examination of a training container is defined as the acceptable identification of the WMC and prohibited items including observable liquid in excess of waste acceptance criteria limits, the assignment of waste items to waste material parameters, and their estimated weights, as evaluated by a radiography SME."</p>		
<p><b>9. Condition Adverse to Quality (CAQ):</b> The SME passed a real-time radiography (RTR) Training container scan (Training Container 92, dated 9/17/2019) when the RTR Operator failed to identify the waste material parameter for glass and its associated weight, as required.</p>		
<b>10. CAR Initiator:</b>		
Printed Name: Shelly Gomez		Date
<p><b>11. Deficiency classification:</b></p> <p>11a. Significant CAQ? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11b. Work Suspension recommended? (If "Yes", go to block 15b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11c. WAP-related Deficiency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>11d. Accelerated corrective action required? (If "Yes", go to block 14b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p><b>12. Type of actions required:</b></p> <p>12a. Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>12b. Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>12c. Causal Analysis? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>12d. Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>
<b>13. Trend Code:</b> TQ-05		
<b>14a. Response due date:</b> 05/29/2020		
<b>14b. Required corrective action completion date:</b> N/A		
<b>15. Concurrence:</b>		
<p>a. Quality Assurance Director/Quality Assurance Representative:</p> <p>Printed Name: _____ Date _____</p>		
<p>b. CBFO Office of Quality Assurance Director: (If SCAQ, work suspension, or accelerated corrective action; otherwise mark as "N/A")</p> <p>Printed Name: N/A Date _____</p>		
<b>16. Acceptance of Proposed Corrective Actions:</b>		
Printed Name and Title: _____		Date _____
<b>17. Acceptance of Corrective Action Completion:</b>		
Printed Name: _____		Date _____
<b>18. Closure:</b>		
Printed Name: _____		Date _____

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