



Department of Energy
Carlsbad Field Office
P. O. Box 3090
Carlsbad, New Mexico 88221
March 10, 2021

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

Subject: Issuance of CBFO CAR 21-011 Identified During Audit A-21-14

Dear Mr. Ivey:

The Carlsbad Field Office (CBFO) performed Audit A-21-14 of the Nuclear Waste Partnership LLC Central Characterization Program for the Quality Assurance Program on March 2 – 4, 2021. Enclosed is Corrective Action Report (CAR) 21-011 addressing the condition adverse to quality identified during the audit.

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

If you have any questions concerning the CAR, please contact me at (575) 499-5054.

Sincerely,

**JOE
LOPEZ** Digitally signed
by JOE LOPEZ
Date: 2021.03.10
15:23:09 -07'00'

Joe Lopez,
Software Quality Assurance Specialist
Carlsbad Field Office
Office of Quality Assurance

Enclosure

CBFO:OQA:JL:JM:21-0131:UFC 2300.00

210308

cc: w/enclosure

R. Knerr, CBFO	* ED
M. Hall, CBFO	ED
K. Princen, CBFO	ED
T. Carver, CBFO	ED
A. Walker, CBFO	ED
D. Smith, CBFO	ED
H. Cruickshank, CBFO	ED
D. Foreman, CBFO	ED
D. Jolley, CBFO	ED
M. Stapleton, CBFO	ED
S. Dunagan, NWP	ED
K. Stone, NWP/CCP	ED
J. Carter, NWP/CCP	ED
R. Lee, NWP/CCP	ED
J. Harvill, NWP/CCP	ED
B. Pace, NWP/CCP	ED
V. Ballew, NWP/QA	ED
S. Saiz, NWP/QA	ED
A. Boyea, NWP/QA	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
N. Barka, NMED	ED
T. Runyon, CTAC	ED
P. Martinez, CTAC	ED
S. Gomez, CTAC	ED
R. Castillo, CTAC	ED
J. Maupin, CBFO	ED
P. Yanez, CTAC	ED
G. White, CTAC	ED
S. Sifuentes, CBFO	ED

Site Documents

CBFO M&RC

CBFO QA File

*ED denotes electronic distribution

CBFO CORRECTIVE ACTION REPORT

1. CAR No.: 21-011	2. Activity Report No.: A-21-14	3. Page 1 of 1
4. Controlling document: CCP-PO-005, Rev. 30	5. Responsible CBFO Manager: N/A	
6. Responsible organization: NWP/CCP	7. CAQ discussed with: Jewell Yturralde	
8. Requirement: CCP-PO-005, Rev. 30, <i>CCP Conduct of Operations</i> , Sec. 13.2; Logbook Entries; Minimum daily entries, when equipment is operational, shall include the following: <ul style="list-style-type: none"> • Safety walk-down of facility 		
9. Condition Adverse to Quality (CAQ): CCP Operational Logbook 2020 CCP-CH-ORNL-NDA-IQ3-04 is missing several "safety walk-down" entries. (pp. 10, 11, 16, 17, 61, 78)		
10. CAR Initiator: <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> PRISCILLA YANEZ (Affiliate) <small>Digitally signed by PRISCILLA YANEZ (Affiliate) Date: 2021.03.09 15:43:07 -07'00'</small> </div> <div style="width: 35%; text-align: right;"> Date: _____ Printed Name: Prissy Yanez </div> </div>		
11. Deficiency classification: 11a. Significant CAQ? (If "Yes", go to block 15b) 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"/>
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: NDA-06		
14a. Response due date: 4/13/21		
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-start;"> <div style="width: 40%;"> Printed Name: </div> <div style="width: 40%;"> MICHEAL STAPLETON <small>Digitally signed by MICHEAL STAPLETON Date: 2021.03.10 15:38:00 -07'00'</small> </div> <div style="width: 15%; text-align: right;"> Date: _____ </div> </div>		
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: _____		

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 # **21-011**
 - 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.