U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

AUDIT REPORT

OF THE

NWP AIR MONITORING
AIR ABATEMENT PLAN

CARLSBAD, NEW MEXICO

AUDIT NUMBER A-21-01

March 16 – 18, 2021

Prepared by: PAUL GOMEZ (Affiliate) Digitally signed by PAUL GOMEZ (Affiliate) Date: 2021.04.06 12:10:30 -06'00' **Date:** _____

Paul C. Gomez, CTAC
Audit Team Leader

Approved by: DARREN JOLLEY Digitally signed by DARREN JOLLEY Date: 2021.04.07 06:44:40 -06'00' **Date:** _____

Darren Jolley, Director
CBFO Office of Quality Assurance

1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Audit A-21-01 was conducted March 16 – 18, 2021, at the Waste Isolation Pilot Plant (WIPP) facilities near Carlsbad, New Mexico. The audit was conducted to evaluate the degree of adequacy, implementation, and effectiveness of the Nuclear Waste Partnership LLC (NWP) Air Monitoring Air Abatement Plan (Title 10 CFR Section 851, Hazard Abatement Plan – NO2) program for compliance under DOE/CBFO-94-1012, Rev. 13, *CBFO Quality Assurance Program Document* (CBFO QAPD) and WP 13-1, *Nuclear Waste Partnership LLC Quality Assurance Program Description* (NWP QAPD).

The audit team identified four concerns, including two determined to be conditions adverse to quality (CAQs). The CAQs resulted in the issuance of Corrective Action Reports (CARs) (see section 6.1) with no concerns corrected during the audit (CDA) (see section 6.2). One Observation was identified (see section 6.3), and one Recommendation was offered for management consideration (see section 6.4).

The conditions resulting in the CARs were individually and collectively evaluated and determined to impose no negative effect on the overall adequacy and implementation of the NWP Air Monitoring Abatement Plan program. As a result, the audit team concluded that the NWP Air Monitoring Abatement Plan program continues to adequately address applicable upper-tier requirements, is satisfactorily implemented, and effective in all areas, except the technical activities where it was deemed marginally effective.

2.0 SCOPE

Audit A-21-01 was conducted to verify the adequacy, implementation, and effectiveness of the NWP Air Monitoring Abatement Plan program for activities in support of the WIPP in accordance with requirements of the CBFO QAPD and NWP QAPD. The evaluation included quality assurance (QA) and technical reviews of completed and in-process records.

The audit evaluated NWP documents (listed in Attachment 3) established for the implementation of the following CBFO QAPD requirements:

- Organization and QA Program
- Personnel Qualification and Training
- Document Control and Records Management
- Software Requirements
- Technical Activities

3.0 AUDIT TEAM

Michael Stapleton	CBFO QA Management Representative

Paul Gomez	Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
Shelly Gomez	QA Auditor, CTAC
Nathan Denney	QA Auditor, CTAC

4.0 AUDIT PARTICIPANTS

NWP personnel contacted during the audit are listed in Attachment 1. A pre-audit meeting was held at the WIPP facility near Carlsbad, New Mexico, on March 16, 2021. The audit concluded with a post-audit meeting held at the WIPP facility near Carlsbad, New Mexico, on March 18, 2021.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

A summary table of the audit results is provided in Attachment 2. The audit team concluded that the NWP Air Monitoring Abatement Plan program remains adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results, with the exceptions identified in technical areas where it is deemed marginally implemented.

5.2 QA Program/Technical Audit Activities

Audit A-21-01 was conducted through personnel interviews, documentation reviews, and observation of activities. Details of audit activities and the specific documents reviewed are provided in this report.

5.2.1 Organization and QA Program

The audit team interviewed NWP personnel and reviewed documentation to verify that NWP complies with the requirements of the NWP QAPD, section 1.1, *Quality Assurance Program and Organization*.

The NWP Environmental Safety and Health (ES&H) organization chart, along with field operations roles, is adequately established. As a result of the NWP ES&H Manager's guidance, the organization provides sufficient independence of personnel to identify quality problems, recommend solutions, and verify implementation of corrective actions.

The audit team verified that the NWP QA audits the Industrial Hygiene (IH) groups perform reviews via internal assessments. The review included NWP QA Audit I18-09, *Industrial Hygiene*. The ES&H group also performs internal assessments. The audit team verified the NWP Safety Management Program Health Pulse Update titled, *Hazardous Materials Control Program – Quarterly Air Monitoring FY20Q4*, Rev. 1. The report includes ToxiRAE deployments and the number of alarms that were encountered

during the last quarter of fiscal year 2020.

Overall, the organization and QA Program activities were determined to be adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results in accordance with requirements in the NWP QAPD.

5.2.2 Personnel Qualification and Training

The audit team interviewed responsible personnel and reviewed implementing procedure WP 14-TR.01, *WIPP Training Program*, to determine the degree to which the procedure adequately addresses upper-tier requirements. The team concluded that upper-tier requirements for personnel training and qualification identified in DOE Order 426.2, are adequately addressed in WP 14-TR.01.

The audit team examined personnel qualification and training records associated with the Air Monitoring Abatement Plan program to verify implementation of associated requirements and to verify that personnel performing these activities are appropriately qualified. The audit team reviewed qualification cards, training records, exams, and required reading documentation for each technical position and verified that a training program has been established for technical personnel performing air monitoring abatement plan actions.

The audit team also verified via interviews and documentation reviews that associated requirements of the WIPP Training Program are implemented. The audit team verified examinations were controlled in accordance with procedure WP 14-TR3005, *Preparation, Administration, and Grading of Examinations.* The Audit team reviewed training products to verify Lessons Learned were integrated into the training courses. Instructor qualifications and evaluations were reviewed to verify training instructors are adequately trained and qualified to perform training instruction at the WIPP. The audit team examined *Job & Task Analysis Review* documents to verify that training programs are evaluated as a joint effort between the functional group for which the training is applicable and the Technical Training department.

No concerns were identified. Personnel qualification and training activities were determined to be adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

5.2.3 Document Control and Records Management

The audit team conducted interviews and reviewed implementing procedures relative to the control and administration of QA records to determine the degree to which the procedures adequately address NWP QAPD requirements. The audit team reviewed the following procedures:

- WP 15-RM, *WIPP Records Management Program*
- WP 15-RM3002, *Records Filing, Inventorying, Scheduling, and Dispositioning*
- WP 15-RM3003, *Disposal of Nonpermanent Records in Office*
- WP 15-RM3005, *Records Transfer and Retrieval*
- WP 15-RM3006, *Records Inventory and Disposition Schedule Review and Approval*

The team concluded that upper-tier requirements are adequately addressed.

Storage and control of QA records was evaluated by the observance of QA records stored in one hour fire-rated cabinets in the Training Building, and on the 1st floor of the Safety Building.

The following documentation was reviewed by the audit team:

- 8 personnel training records and qualification cards
- ES&H Organization Chart
- The Following Individual Qualification Cards:
  - IH-10, ToxiRAE Pro Bump Test

Through document review and interviews with records coordinators, the audit team evaluated the Records Inventory and Disposition Schedule (RIDS) for the ES&H department. The audit team verified the RIDS review is performed as required on an annual basis. Fire-rated cabinets are used for records, and they are locked as required. Uniform File Codes (UFCs) are assigned to all outgoing correspondence and a correspondence log is maintained as required.

The following ES&H RIDS were reviewed by the audit team:

- NWP/ES&H RIDS prepared 10/20/2020 and approved 10/29/2020

NWP/ES&H RIDS were prepared and approved on 10/29/2020. No concerns regarding RIDS were identified. Document Control and Records Management activities were determined to be adequately established for compliance with upper-tier requirements, satisfactory in the implementation of these requirements, and effective in achieving the desired results.

5.2.4 Software Requirements

Software Quality Control

The audit team reviewed the following procedures related to NWP's Environmental Program:

- WP 13-QA.04, *Quality Assurance Department Administration Program*
- WP 16-2, *Software Screening and Control*

The audit team received an updated copy of the Controlled Software Log, dated 3/9/2021, from NWP QA personnel. The software log was reviewed for software applicable to the environmental program.

The following applications/databases/worksheets are listed on the Controlled Software Log:

- Auto RAE Cradle, Ver. 1.3.4 installed 6/29/2020
- ProRAE Studio, Ver. 1.11 installed 6/30/2020
- ToxiRAE Pro Personal Monitor installed 6/29/2020

The audit team met with various bargaining unit personnel to discuss the above mentioned applications/checklists/worksheets. The audit team verified a completed Microsoft Excel Macro used to compile daily monitor data had form EA16-2-1-0, *Software Screening Checklist*. All applications have been screened per the new requirements of procedure WP 16-2, *Software Screening and Control*.

The audit team reviewed and verified that the Software Quality elements are being followed and maintained. Custodians demonstrated the secure login process, data entry, and the data backup process for their perspective roles and responsibilities.

Overall, the audit team concluded that Software Requirement procedures and activities for software management are adequately established for compliance with upper-tier requirements and procedure implementation is satisfactory, resulting in an effective Software Quality Assurance (SQA) program.

5.3 Technical Activities

5.3.1 Underground Activities

The audit team reviewed NWP procedures with respect to requirements of the NWP QAPD. The audit team evaluated the adequacy of the following NWP procedures:

- WP 12-IH1010, *ToxiRAE Pro NO_2 Monitors*
- WP 12-IH4001, *Alarm Response for ToxiRAE Pro NO_2 Monitor*

The audit team verified the use of WP 12-IH1010 with the Industrial Safety and Hygiene (IS&H) technician in the Underground. The audit team was with the initial entry team into the mine alongside the Underground Facility Engineer, Roving Watch, and Radiological Control personnel. The bump testing for the ToxiRAEs was initiated as soon as the bump testing for the four Photo Ionization Detectors (PIDs) had been completed.

The IS&H Tech ensured the calibration gas level was at 5 ppm, as required, and that the ToxiRAE calibration date was current. The audit team verified the NO2 gas level was at 5 ppm, and the gas remained valid and had not expired. The calibration gas being utilized was verified as current, lot number was #0-321-703, and had an expiration date listed on the gas as 07/2021. Currently all ToxiRAEs are being bump tested manually and do not require the entire equipment list as listed in the prerequisite actions in section 4 of the procedure. The AutoRae2 station is kept on surface at Instrument & Calibration (I&C) and is not available underground.

The manual bump test is performed on all ToxiRAE Pro NO2 monitors prior to being distributed before the first shift of the day. The audit team verified that the calibration was current on all units prior to being bump tested. The units bumped for the shift were as follows: 3310, 9910, 0013, 9880, 3324, 0008, 9907, 3325, 3321, 3330, 0009, 9883, 9875, 3314, 3329, 3317, and 3320.

The ToxiRAEs were connected to the 5 ppm gas cylinder with the flow regulator in the on position. Multiple ToxiRAEs were placed in programming mode and prepared to bump simultaneously. The ToxiRAE ID number, gas lot #, Gas Concentration Value, Gas expiration date, date, time, calibration date verified, bump check pass /fail, Operator initials, and any notes are all recorded on EA12IH1010-1-0, *NO2 Monitor Bump Sheet*, as required by the procedure. The team also verified that the monitor is connected to the 5 ppm gas cylinder, the gas is turned on, the test description on the screen verified as “bump test” and concentration as “NO2/5 ppm”. The monitor then displays “pass” on the screen. The next monitor is connected and the test begins while the results are recorded for the previous monitor for time and efficiency. If a monitor fails a bump test, the test is repeated. If the monitor fails a second time, the monitor is removed from service. A piece of red tape is placed on the monitor, and it is segregated from the other monitors. At a later time, it is sent up with the others in the batch to be calibrated at the next calibration cycle. The Red-taped monitors are stored in a locked cabinet at I&C. Once all monitors have been tested, the gas is turned off and the form is completed unless more bump tests need to be performed for that day due to monitors alarming/invalid alarms.

Once Monitors have ben bump tested and are ready for issue, they are issued and returned in accordance with EA12IH1010-2-0, *Issue/Return Form*, for each shift. The IS&H Tech verifies the monitor is in measurement mode and that the Peak, STEL, and TWA reflected new datalogs. The IS&H Tech verifies the user places the monitor in the breathing zone and reminds the user to keep the monitor within the breathing zone for the entire work evolution. Upon completion of the shift, the form is completed and the monitor is checked for peak values. Any alarms that may have sounded are documented appropriately.

Although the ToxiRAE Pro NO2 monitors are bump tested and are within calibration as required, they could not be bump tested as required per procedure. The bump tests were not performed in accordance with the procedural steps and at the end of the observed shift, a “pause work“was placed upon the procedure by the audit team until a

field revision could allow for correction to the current process. Due to how the current procedure reads, steps were performed out of order and many steps are listed that are not needed within the procedure. Prior to the beginning of the next shift, WP 12-IH1010, Rev. 0-FR1, *ToxiRAE Pro NO_2 Monitors*, was issued to allow for out-of-sequence processing and multiple monitors bumping sequentially (see section 6.1, CAR 21-012). The Field Revision of the procedure does allow work to continue until the CAR can be adequately addressed.

The audit team verified the use of procedure WP 12-IH4001 with the IS&H technician. The audit team was present and responded to the alarms with the IS&H technician for both instances of “invalid alarm” call outs. It is reported by IS&H that there is an increase in invalid alarms due to alcohol based hand sanitizers, Lysol sprays, and cleaners. This was followed up and verified by the audit team with Honeywell, the producers of the ToxiRAE units.

The IS&H Tech is notified by the individual as soon as the user has attempted to clear the alarm by moving to fresh air and the attempt has failed.

In both instances the audit team accompanied the IS&H Tech to investigate and evaluate the air quality of the immediate area where the alarm was reported using an additional ToxiRAE monitor. In both instances the air sampled did not cause the alarms to activate at the area sampled. One of the alarms was collected from an individual spotting a bolter, and the other was collected from an individual in panel 7. Both alarms were deemed invalid alarms for high STEL alarms. The individuals had followed procedure and moved to clean air; however, neither alarm would stop alarming in fresh air. ToxiRAE #9907 failed and was replaced with monitor #9883 @ 0840 at w-170/s-1950 to brass # 21, ToxiRAE #9910 failed and was replaced with monitor #0008 @ 0956 at Panel 7 to brass # 33. During the download of data from the alarms, it was determined by the IS&H Tech that the monitors had both alarmed invalidly. Form EA12IH4001-1-0, *ToxiRAE Pro NO2 Monitor Alarm Response Logsheet*, was completed for each alarm response, as required. Although these actions were taken, and some of these steps were indicated in the procedure, many steps performed were not allowed by the procedure and were done without procedural allowance (see CAR 21-012). The audit team placed a “Pause Work” upon the procedure until a new procedure could be issued. The new revision for procedure WP 12-IH4001, Rev. 1, *Alarm Response for ToxiRAE Pro NO_2 Monitor*, was issued the following shift . The audit team continues to have concerns regarding the multiple invalid alarms due to increased use of alcohol based products, and the actual “validity” of the false alarms.

Although a new revision of the procedure has been issued that takes into account the presence of alcohol based sanitizers, there is very little criteria within the procedure to assist the technician when evaluating the validity of an alarm. Further, the steps of the procedure have not been evaluated to ensure they are being performed in the order of necessity. Moreover, the audit team questions the steps listed as the order of necessity. Training and validation is still required for the current revisions of both procedures as well.

Overall, the audit team determined that the Underground activities evaluated during the audit has provided evidence that the applicable requirements for this procedure are adequately established for compliance with upper-tier requirements, implementation is marginally satisfactory, and the implementation results are effective since the procedure is usable.

5.3.2 Equipment Records

Each morning, form EA12IH1010-1-0, *NO2 Monitor Bump Record Sheet*, is completed as equipment is prepared for issuance to operators. When monitors are issued and returned, form EA12IH1010-2-0, *Issue/Return Form*, is completed. For monitors that alarm throughout the day, form EA12IH4001-1-0, *ToxiRAE PRO NO2 Monitor Alarm Response Logsheet*, is completed.

Problems identified with these records include illegible equipment numbers and incomplete records. CBFO Corrective Action Report 20-013 was issued to address these conditions adverse to quality (see section 6.1).

The auditor observed that daily data for each ToxiRAE monitor that is issued is downloaded. The downloaded data is then compiled using a Microsoft Excel Macro (see software section). The compiled spreadsheet makes interpretation of data easier by automatically highlighting alarms and providing summary data for each monitor. Alarms for the following dates and equipment numbers were verified to match the completed form EA12IH4001-1-0:

- 2/27/21 equipment number 1308
- 2/27/21 equipment number 2347
- 2/18/21 equipment number 3313

Calibration due dates for equipment are tracked in the CHAMPS system which automatically generates work orders. The auditor verified complete and accurate records packages for work order numbers 2047315, 2047316, 2047317, and 2047318. Equipment that fails calibration is kept segregated in a separate locked cabinet.

Overall, the audit team determined that the equipment records evaluated during the audit had provided evidence that the applicable requirements for this procedure are adequately established for compliance with upper-tier requirements, implementation is satisfactory, and that implementation results are effective as required.

6.0 CORRECTIVE ACTION REPORTS, DEFICIENCIES CORRECTED DURING THE AUDIT, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

During the audit, the audit team may identify CAQs and document such conditions on CARs. CAQs are defined as follows:

Condition Adverse to Quality – 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 – A condition which, if uncorrected, could have a serious effect on safety, operability, waste confinement, transuranic waste site certification, regulatory compliance demonstration, or the effective implementation of the QA program.

Two CARs were identified as a result of Audit A-21-01.

CAR 21-012

In procedure WP 12-IH1010, Rev. 0, *ToxiRAE Pro NO_2 Monitors*, steps 5.2.2, 5.2.4, and 5.2.6 cannot be performed based on current equipment setup. Additionally, steps in section 5 must be performed in various orders to accommodate the current process.

In procedure WP 12-IH4001, Rev. 0, *Alarm Response for ToxiRAE Pro NO_2 Monitor*, no steps have been provided for responding to ToxiRAE Pro2 alarms, assessing for false alarms, and replacing the faulty ToxiRAE Pro2.

The NWP QAPD, WP 13-1, Rev 39, *Nuclear Waste Partnership LLC Quality Assurance Program Description*, Section 2.1.2, states, in part: “Implementing procedures shall include the following information, as appropriate to the work to be performed: Bullet 3. Sequential description of the work to be performed, including any allowance for out-of-sequence processing”.

CAR 21-013

Form EA12IH4001-1-0, *ToxiRAE Pro NO2 Monitor Alarm Response Logsheet*, is not completed accurately and completely as required by WP12-IH4001, Rev. 0, *Alarm Response for ToxiRAE Pro NO_2 Monitor*, step 4.1.1.B.

WP 12-IH4001, Rev. 0, *Alarm Response for ToxiRAE Pro NO_2 Monitor*, step 4.1.1.B, states: “Complete EA12IH4001-1-0, ToxiRAE Pro NO2 Monitor Alarm Response Logsheet.”

NWP QAPD, WP 13-1, Rev. 39, *Nuclear Waste Partnership LLC Quality Assurance Program Description*, Paragraph 1.5.1, Generating QA Records, states, in part: “Individuals shall create QA records that are legible, accurate, and complete.”

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 an isolated case requiring only remedial action, and therefore can be 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. Examples of CDAs include one or two minor changes required to correct a procedure (isolated), one or two forms not signed or not dated (isolated), or one or two individuals that have not completed a reading assignment (isolated).

Upon determination that the CAQ is isolated, the audit team member, 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, the ATL categorizes the condition as CDA.

No CDAs were complete by the end of the audit.

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 not controlled, could result in a CAQ.

Once a determination is made, the audit team member, in conjunction with the ATL, categorizes the condition appropriately.

Observation 1

One Observation was identified as a result of Audit A-21-01.

The audit team observed that the high number of alarms each week has led to alarm fatigue. The alarm fatigue has resulted in operators and Industrial Hygiene (IH) technicians becoming desensitized to alarms and not taking alarms seriously until proven otherwise. The high number of alarms also raises the possibility that the ToxiRAE Pro devices are faulty.

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, the audit team member, in conjunction with the ATL, categorizes the condition appropriately.

Recommendation 1

One recommendation was offered for management consideration as a result of audit A-21-01.

The audit team recommends that IH provide quantifiable criteria to determine whether an alarm is valid. The audit team is concerned that insufficient actions are taken to investigate the accuracy and validity of ToxiRAE Pro alarms. For example, the auditor watched that when a ToxiRAE Pro worn by a bolting spotter alarmed at 1.2 ppm the IH technician brought the bolting spotter a new ToxiRAE Pro.

While approaching the bolter the auditor verified an instantaneous reading of 0.7 ppm on another ToxiRAE Pro. The IH technician issued a new ToxiRAE Pro to the spotter and determined that the alarm at 1.2 ppm was invalid. However, the location, time the spotter spent working in the area, and instantaneous reading do not seem to support the conclusion that the 1.2 ppm alarm was invalid.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During Audit A-21-01
Attachment 2: Summary Table of Audit Results
Attachment 3: NWP Procedures Evaluated

PERSONNEL CONTACTED DURING AUDIT A-21-01				
Name	**Title/Organization**	**Pre-Audit Meeting**	**Contacted During the Audit**	**Post-Audit Meeting**
Amy Anaya	Training Proc./NWP		X	
Veronica Ballew	QA Programs and Supplier Quality Manager/NWP	X	X	X
David Crnich	IH Lead/NWP	X	X	X
Tracey Dearing	IH Technician/NWP		X	
Michael Garcia	Underground Safety/NWP		X	
Victoria Holt	Training Proc./NWP		X	
John Kennedy	Deputy ES&H Ops/NWP	X		X
Sheri Saiz	QA Staff Admin./NWP	X		X

Summary Table of Audit Results

AUDIT ELEMENTS	CAR	CDA	OBSERVATION	RECOMMENDATION	ADEQUACY	IMPLEMENTATION	EFFECTIVENESS
Organization / QA Program					A	S	E
Qualification and Training					A	S	E
Document Control					A	S	E
QA Records					A	S	E
Software QA					A	S	E
Technical Activities	2		1	1	A	M	E
SUMMARY	**2**	**0**	**1**	**1**	**A**	**S**	**E**

A – Adequate
S – Satisfactory
M – Marginal
E – Effective

NWP Documents Evaluated			
No.	**Procedure No.**	**Revision**	**Document Description**
1.	10 CFR 851	8	WIPP Hazard Abatement Plan – NO2
2.	WP 12-IH1010	0	Data Verification and Validation of RCRA Constituents
3.	WP 12-IH1010	0-FR1	ToxiRAE Pro NO_2 Monitors
4.	WP 12-IH4001	0	Delaware Basin Drilling Surveillance Plan
5.	WP 12-IH4001	1	Alarm Response for ToxiRAE Pro NO_2 Monitor
6.	WP 13-1	39	Nuclear Waste Partnership LLC Quality Assurance Program Description
7.	WP 13-QA.04	24	Quality Assurance Department Administrative Program
8.	WP 14-TR.01	22	WIPP Training Program
9.	WP 14-TR3005	10	Preparation, Administration, and Grading of Examinations
10.	WP 15-RM	10	WIPP Records Management Program
11.	WP 15-RM3002	10	Records Filing, Inventorying, Scheduling, and Dispositioning
12.	WP 15-RM3003	5	Disposal of Nonpermanent Records in Office
13.	WP 15-RM3005	10	Records Transfer and Retrieval
14.	WP 15-RM3006	7	Records Inventory and Disposition Schedule Review and Approval
15.	WP 16-2	17-FR1	Software Screening and Control