U.S. DEPARTMENT OF ENERGY
OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT
OFFICE OF QUALITY ASSURANCE

AUDIT REPORT OCRWM-ARC-98-18

OF THE

OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT HEADQUARTERS

AT

WASHINGTON, D.C.

AUGUST 10-13, 1998

Prepared by: _____ Date: _____
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Office of Quality Assurance

Approved by: _____ Date: _____
Robert W. Clark
Acting Director
Office of Quality Assurance

1.0 EXECUTIVE SUMMARY

As a result of Quality Assurance (QA) Audit OCRWM-ARC-98-18, the Audit Team determined that the Office of Civilian Radioactive Waste Management (OCRWM) Headquarters (HQ) is effectively implementing applicable portions of the QA Program described in the Quality Assurance Requirements and Description (QARD) document, DOE/RW-0333P, Revision 8; and OCRWM implementing procedures.

QA Program Elements 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0 and 17.0 were found to be effectively implemented. There was no implementation of Supplement V and currently OCRWM HQ have no activities that implement Program Elements 8.0, 9.0, 10.0, 11.0, 12.0, 13.0, 14.0, 15.0, 16.0, 18.0, Supplements I, II, III, IV, Appendices A, B, and C.

The Audit Team identified one condition adverse to quality that resulted in the issuance of one OCRWM Deficiency Report (DR). This DR is described in Section 5.5.2. In addition, there were four conditions adverse to quality identified by the Audit Team that were corrected prior to the post-audit meeting. These conditions are described in Section 5.5.4.

2.0 SCOPE

The audit was conducted to evaluate the adequacy, compliance, and effectiveness of implementation of the OCRWM QA Program at HQ.

The following QA Program elements/requirements were evaluated during the audit, in accordance with the approved audit plan:

<u>QA PROGRAM ELEMENTS/REQUIREMENTS</u>

1.0	Organization
2.0	Quality Assurance Program
3.0	Design Control
4.0	Procurement Document Control
5.0	Implementing Documents
6.0	Document Control
7.0	Control of Purchased Items and Services
17.0	Quality Assurance Records
Supp. V	Control of the Electronic Management of Data

The following QA Program elements/requirements were not reviewed during the audit because OCRWM HQ has no activity to which these elements apply:

8.0	Identification and Control of Items
9.0	Control of Special Processes
10.0	Inspection
11.0	Test Control
12.0	Control of Measuring and Test Equipment
13.0	Handling, Storage, and Shipping
14.0	Inspection, Test, and Operating Status
15.0	Nonconformances
16.0	Corrective Action
18.0	Audits
Supp. I	Software
Supp. II	Sample Control
Supp. III	Scientific Investigation
Supp. IV	Field Surveying
Appendix A	High-Level Waste Form Production
Appendix B	Storage and Transportation
Appendix C	Mined Geologic Disposal System

3.0 AUDIT TEAM AND OBSERVERS

The following is a list of Office of Quality Assurance (OQA) audit team members, their assigned areas of responsibility, and audit observers:

Name/Title/Organization	QA Program Elements Evaluated
Charles C. Warren, Audit Team Leader, OQA	1.0, 2.0, Supplement V
Emily S. Reiter, Auditor, OQA	2.0, 5.0, 6.0
Gary D. Wood, Auditor, OQA	3.0, 4.0, 7.0, 17.0
Ted Carter, Observer, Nuclear Regulatory Commission	

4.0 AUDIT MEETINGS AND PERSONNEL CONTACTED

A pre-audit meeting was conducted on August 10, 1998, at the OCRWM offices in Washington, D.C. Daily debriefing and coordination meetings were held with OCRWM management and staff, and daily audit team/observer meetings were held to discuss audit status. The audit concluded with a post-audit meeting held on August 13, 1998, at the OCRWM offices in Washington, D.C. Personnel contacted during the audit are listed in Attachment l. The list includes those who attended the pre-audit and post-audit meetings.

5.0 SUMMARY OF RESULTS

5.1 Program Effectiveness

The Audit Team determined that implementation of the OCRWM QA Program at HQ is being effectively implemented for Program Elements 1.0, 2.0, 3.0, 4.0, 5.0, 6.0, 7.0 and 17.0. There was no implementation of Supplement V, although HQ Line Procedure (HLP) 2.3Q has recently been revised to include control of an electronic database for QARD Applicability Questionnaires. It was determined that this revision (Revision 1) adequately reflects the requirements of the QARD, Supplement V.

5.2 Stop Work or Immediate Corrective Actions Taken

There were no Stop Work Orders or immediate corrective actions resulting from this audit.

5.3 QA Program Activities

A summary table of audit results is provided in Attachment 2. Details of the evaluations, along with objective evidence reviewed, are included in the audit checklists. The checklists are maintained as QA records.

5.4 Technical Audit Activities

There were no technical activities evaluated during this audit.

5.5 Summary of Conditions Adverse to Quality

The audit team identified one condition adverse to quality during the audit, which resulted in the issuance of one DR (OCRWM-98-D-128). Four additional adverse conditions were identified and corrected prior to the post-audit meeting. Synopses of the deficiency documented as a DR and those corrected during the audit are detailed below. The DR has been transmitted to you under a separate letter.

5.5.1 Corrective Action Requests (CAR)

None.

5.5.2 Deficiency Reports

OCRWM 98-D-128

HLP-3.1Q, Revision 0, *Preparation of Civilian Radioactive Waste*

Management System Requirements Document (CRD), requires that the preparer of changes to the CRD document on Requirements Analysis Sheets whether CRD requirements apply to functions or activities subject to the QARD. A review of requirements analysis sheets for Revision 4 of the CRD indicated that documentation of QARD applicability had not been performed.

5.5.3 Performance Reports (PR)

None.

5.5.4 Conditions Adverse to Quality Corrected During the Audit

1) QAP 1.1, Revision 4, *Organization*, states that the Director, OCRWM, is responsible for providing for management assessments of the QA Program. QAP 1.1 also states that further delegation of authority by the Director, OCRWM, is accomplished by approving procedures or issuing memorandums of delegation that are retained as QA records. An evaluation of the FY 1997 QA Management Assessment for compliance to QAP 2.7, Revision 4, *Management Assessment*, indicated that several activities required to be accomplished by the Director, OCRWM, were actually performed by the Director, OQA, without a letter of delegation on file. This condition was corrected during the audit by the Director, OCRWM, issuing a memorandum delegating signature authority to the Director, OQA, for matters related to QA Management Assessments. It was verified that this memorandum, dated August 11, 1998, was retained as a QA record.

2) HLP-6.1Q, Revision 0, ICN 1, *Controlled Documents*, requires controlled copies of documents to be maintained by the cognizant recipient. One recipient had an obsolete copy of YAP-5.8Q, *Technical Document Preparation*. This was corrected during the audit by the initiation of a Document Control Action Request on August 12, 1998, requesting removal from controlled distribution of this document, and the recipient destroying the obsolete copy.

3) Record Package QRP-98-1099.00 included a document on which information was obliterated by a “post-it” note during document reproduction. The Record Source was contacted and a fully legible copy of the document was obtained and placed into the records package by record center personnel.

4) The Requirement Analysis Sheets (RAS) in Records Package QRP-97-1094.00 were identified as QA nonpermanent records. HLP-3.1Q specifies that the RAS are QA Lifetime records. The record

source was contacted and immediately corrected the RAS by changing the designator from QA:N to QA:L and signing and dating the change.

5.5.5 Follow-up of Previously Identified CARs and DRs

There were three previously issued DRs, which were generated as a result of Audit OCRWM-ARC-97-23, that were determined to be applicable to the scope of this audit:

YM-97-D-078

Deficiency: Several OCRWM procedures in their present state cannot be implemented, or are not being implemented as written. A Task Team was developed out of the Yucca Mountain Site Characterization Office organization to correct twenty-one procedures. Verification is scheduled for September 4, 1998 by the QA representative. With the exception of the condition documented on DR OCRWM 98-D-128, no similar deficiencies were identified by the team.

YM-97-D-081

Deficiency: The scope and applicability of YAP 6.2Q, *Distribution, Maintenance and Use of Controlled Documents*, does not include OCRWM Washington, D.C. personnel. This DR was closed on March 7, 1998. The team evaluated the remedial and corrective action, and determined that the corrective action was effective.

YM-97-D-086

Deficiency: Employee indoctrination and training files did not contain objective evidence to support completion of Training Assignment Sheet required training. The audit team selected an additional sampling of OCRWM personnel to review. No similar deficiencies were identified during the audit in the area of indoctrination and training. Verification of this DR is scheduled for September 4, 1998.

6.0 RECOMMENDATIONS

None.

7.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit
Attachment 2: Summary Table of Audit Results

ATTACHMENT 1
PERSONNEL CONTACTED DURING THE AUDIT

Name	Organization/Title	Pre-audit Meeting	Contacted During Audit	Post-audit Meeting
Barrett, L.	RW-1/Acting Director, OCRWM		X	
Blackwell, M.	CRWMS M&O/Document Control		X	
Breese, J.	RW-40/Sr. Technical Specialist, OATI	X	X	X
Clark, R.	RW-3/Acting Director, OQA		X	
Ellis-Brown, D.	RW-54/Training Coordinator, HRD		X	
George, J.	RW-3/Sr. QA Specialist, OQA	X		
Lukasik, C.	RW-56/HRD, Director		X	
Murthy, R.	RW-3/OWAST Lead, OQA	X	X	X
Pollock, S.	RW-56/Training Officer, HRD	X	X	
Rousso, S	RW-50/Director, OPMA		X	
Ruffin, G.	RW-54/Records Technician		X	
Senderling, M.	RW-46/General Engineer, SEID	X	X	X
Shelor, D.	RW-40/Acting Director, OATI		X	
Vlahakis, J.	RW-44/General Engineer, WATD	X		
Weber, C.	RW-3/HQ Liaison, OQA	X	X	X
Williams, J.	RW-46/SEID, Director	X	X	

Legend:

CRWMS M&O	Office of Civilian Radioactive Waste Management Systems Management and Operating Contractor
HQ	Headquarters
HRD	Human Resources Division
OATI	Office of Acceptance, Transportation, and Integration
OCRWM	Office of Civilian Radioactive Waste Management
OPMA	Office of Program Management and Administration
OQA	Office of Quality Assurance
OWAST	Office of Waste Acceptance, Storage, and Transportation
QA	Quality Assurance
SEID	Systems Engineering and International Division
WATD	Waste Acceptance and Transportation Division

ATTACHMENT 2
SUMMARY TABLE OF AUDIT RESULTS

ELEMENT	IMPLEMENTING DOCUMENTS	DETAILS (Checklist)	DEFICIENCIES	RECOMMEND-ATIONS	PROGRAM ADEQUACY	PROCEDURE COMPLIANCE	OVERALL
1.0	QAP 1.1, R4	Pgs. 1-5	CDA #1	N	SAT	SAT	SAT
2.0	HLP-2.1Q, R1	Pgs. 15-24	N	N	SAT	SAT	SAT
	HLP-2.3Q, R0	Pgs. 11-12	N	N		SAT	
	HLP-2.10Q, R0	Page 13	N	N		N/I	
	QAP 2.5, R0, R1	Page 6	N	N		N/I	
	QAP 2.6, R3	Page 7	N	N		N/I	
	QAP 2.7, R4	Page 8-10	N	N		SAT	
3.0	HLP-3.1Q, R0	Pgs. 25-32	N	N	SAT	SAT	SAT
4.0 & 7.0	HLP-7.1Q, R1	Pgs. 52-59	N	N	SAT	SAT	SAT
5.0	QAP 5.1, R8	Pgs. 33-39	DR OCRWM-98-D-128	N	SAT	SAT	SAT
6.0	HLP-6.1Q, R0	Pgs. 40-44	CDA #2	N	SAT	SAT	SAT
	QAP 6.2, R2	Pgs. 45-51	N	N			
17.0	AP 17.1Q, R0	Pgs. 60-66	CDA #3, #4	N	SAT	SAT	SAT
Supp. V	QARD, R8	Page 14	N	N	SAT	N/I	SAT

CDA …….. Corrected During the Audit
N …… None
N/I ……. No Implementation

ADEQUACY …….. Requirements in Procedure Meet QARD
COMPLIANCE ….. Procedures Implemented
OVERALL …… Summary of Element
SAT …… Satisfactory