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

March 31, 2009

Mr. Steve Zappe, Project Leader
Hazardous Waste Bureau
New Mexico Environment Department
2905 Rodeo Park Drive East, Building 1
Santa Fe, New Mexico 87505-6303

Subject: Transmittal of the Revised Final Audit Report, B6 Checklists, Supplemental Evidence and Responses to Address NMED Comments for CBFO Audit A-09-05 of the General Electric Vallecitos Nuclear Center/Central Characterization Project

Dear Mr. Zappe:

Per your request in the New Mexico Environment Department (NMED) letter dated March 20, 2009, enclosed are the revised Final Audit Report, B6 checklists, supplemental evidence, and responses associated with CBFO Audit A-09-05 of the General Electric Vallecitos Nuclear Center/Central Characterization Project.

Should you have any questions, please contact the CBFO Quality Assurance Director, Ava L. Holland, at (575) 234-7423.

Sincerely,

Original Signature on File

David C. Moody
Manager

Enclosures

CBFO:QA:DSM:KBS:09-1247:UFC 2300.00

cc: w/o enclosure

A. Holland, CBFO	*ED
D. Miehls, CBFO	ED
M. Navarrete, CBFO	ED
J. R. Stroble, CBFO	ED
D. Gadbury, CBFO	ED
C. Fesmire, CBFO	ED
D. Ploetz, WTS/CCP	ED
B. Billet, WTS/CCP	ED
V. Cannon, WTS/CCP	ED
A.J. Fisher, WTS/CCP	ED
M. Walker, WTS/CCP	ED
J. Hoff, WTS	ED
M. A. Mullins, WTS	ED
J. Lee, DOE-OAK	ED
M. Eagle, EPA	ED
E. Feltcorn, EPA	ED
R. Joglekar, EPA	ED
S. Ghose, EPA	ED
R. Lee, EPA	ED
J. Bearzi, NMED	ED
S. Holmes, NMED	ED
J. Kieling, NMED	ED
T. Kesterson, DOE OB WIPP NMED	ED
C. Timm, Pecos Management Services	ED
D. Winters, DNFSB	ED
P. Gilbert, LANL-CO	ED
G. Lyshik, LANL-CO	ED
A. Pangle, CTAC	ED
R. Garcia, CTAC	ED
B. Pace, CTAC	ED
WWIS Database Administrators	ED
R. Chavez, WRES	ED
W. Most, WRES	ED
D. Streng, WRES	ED
L. Pastorello, WRES	ED

cc: w/enclosures
WIPP Operating Record, MS: 452-09
CTAC QA File
CBFO M&RC

RESPONSE TO NMED COMMENTS ON THE
GEVNC/CCP
FINAL AUDIT REPORT A-09-05

The NMED letter dated March 20, 2009, for Final Audit Report A-09-05 included the following eight comments and indicated that the audit report was incomplete due to two specific issues requiring resolution (see comments #7 and #8),. The following responses address all NMED comments, as well as the actions taken to address/correct the conditions.

1. In question 19 of the B6 Checklist, a citation given was CCP-TP-509, (All). This procedure was not included in the audit report.

   Response: CCP-TP-509 is listed as one of the audited documents on Attachment 4 of the electronic copy of the report. However, for reasons unknown, the printed hard-copy provided did not include CCP-TP-509. The correct printed copy of Attachment 4 is being provided, which includes the reference to CCP-TP-509 in "red" text. Also provided is a printed copy of CCP-TP-509.

2. In question 26 of the B6 Checklist, the citation CCP-TP-500, S. 1.1 does not completely answer the question and should include CCP-TP-500, Attachments 1 and 2.

   Response: Reference to Attachments 1 and 2 of CCP-TP-500 has been added to the B6-1 checklist question 26 using redline/strikeout.

3. In question 27a of the B6 Checklist, the citation CCP-TP-500, S. 1.1 does not completely answer the question and should include CCP-TP-500, Attachment 1 in the citation.

   Response: Reference to Attachment 1 of CCP TP-500 has been added to the B6-1 checklist question 27a using re-line/strikeout.

4. In questions 72 and 73 of the B6 Checklist, the citation given was CCP-TP-507. This procedure was not included in the audit report.

   Response: CCP-TP-507 is listed as one of the audited documents on Attachment 4 of the electronic copy of the report. However, for reasons unknown, the printed copy provided did not include CCP-TP-507. The correct printed copy of Attachment 4 is being provided, which includes the reference to CCP-TP-507 in "red" text. Also provided is a printed copy of CCP-TP-507.

5. In questions 149b, 168, and 169 of the B6 Checklist, a citation given was WP-13-QA.03 (All). This procedure was not included in the audit report.

   Response: WP 13-QA.03 is listed as one of the audited documents on Attachment 4 of the electronic copy of the report. However, for reasons unknown, the printed copy provided did not include WP 13-QA.03. The correct printed copy of Attachment 4 is

being provided, which includes the reference to WP 13-QA.03 in "red" text. Also provided is a printed copy of WP 13-QA.03.

6. Question 314 of the B6 checklist should also cite CCP-TP-500 Attachments 2 and 3.

   Response: Reference to Attachments 2 and 3 of CCP-TP-500 has been added to the B6-6 checklist question 314 using redline/strikeout.

7. CCP-QP-002 Section 4.2.6 [B.1] states that for the initial qualification and requalification, VE operators and ITRs must "Pass a program/site-specific comprehensive exam with an 80 percent or better grade that addresses VE operations, documentation, characterization, formal training elements, and procedural elements." This language is consistent with, and complies with, the Quality Assurance Objective for accuracy of VE in Permit Attachment B3, Section B3-4, which states, "Accuracy is maintained by requiring operators to pass a comprehensive examination and demonstrate satisfactory performance in the presence of the VE expert during their initial qualification and subsequent requalification." NMED notes that the Audit Report does not include objective evidence of a site-specific initial qualification of the CCP VE operators and ITRs at GEVNC. Because GEVNC is a new site for the CCP VE operators and ITRs, both the Permit and CCP-QP-002 require an initial qualification, including a site-specific comprehensive exam, for CCP VE operators and ITRs at that site. The Permittees must provide objective evidence that the CCP VE operators and ITRs received their initial qualification at GEVNC.

   Response: Evidence reviewed during the audit supports both adequacy and implementation of the Permit requirement in Attachment B3, Section B3-4 for administering a comprehensive examination for VE operators. As previously provided, objective evidence VE2 contains copies of three qualification cards, two requalifications and one initial qualification, all of which reflect the satisfactory completion of the required examination (reference Page 4 of 4 on each qualification card).

   The presence of the phrase "program/site-specific" is confusing and is therefore being removed from the procedure. The phrase was included as a contingency in case a supplement to the comprehensive examination specified in Attachment B3, Section B3-4, was ever determined to be necessary. CCP did not intend, and Attachment B3, Section B3-4 does not require, that there be a site-specific examination for VE personnel.

   Further, CCP complies with Attachment B1, Section B1-4, which requires that the training be site-specific to include the various waste configurations generated/stored at the site. CCP fulfills this requirement by requiring VE operators to read and understand site-specific AK documentation. In this case, the audit team confirmed fulfillment of this requirement through the review of objective evidence VE2 (reference required reading section in Addendum E on the qualification cards) and required reading report, VE3.

8. Recommendation 1 in the Audit Report states, "In some instances the appointment letters for VEEs are facility-specific, and in other instances they are not. It is recommended that appointment letters for VEEs be facility-specific." However, Permit Attachment B1, Section B1-4 Visual Examination, states, "Each visual examination facility shall designate a visual examination expert. The visual examination expert shall be familiar with the waste generating processes that have taken place at that site and also be familiar with all of the types of waste being characterized at that site. The visual examination expert shall be responsible for the overall direction and implementation of the visual examination at that facility." This language clearly states that VEE designations are required to be facility-specific, and not having a facility-specific designated VEE is a deficiency, and is therefore a condition adverse to quality (**CAQ**). CCP corrected the CAQ during the Audit when they designated Tommy Mojica and Joseph Garcia as VEEs at GEVNC in the December 4, 2008 electronic mails provided in objective evidence VE2. The Permittees must re-categorize the concern as a deficiency corrected during the audit (**CDA**) and provide the necessary objective evidence supporting the CDA with the revised Audit Report.

   Response: The categorization for this concern has been revised in the report from a Recommendation to a condition adverse to quality (CAQ), which was corrected during the audit (CDA). A copy of the completed CDA form is being provided. The revision is reflected in the report using redline/strikeout where appropriate. The objective evidence for correcting the condition was previously provided in objective evidence VE2. Additionally, VE3 confirms that VE personnel at GEVNC have reviewed the AK Summary for familiarity with the types of waste characterized.

   In this instance, the audit team carefully considered this concern and categorized it as a Recommendation based on the following:

   1) *CCP's practice of VEE appointment has been evaluated by CBFO and observed by the NMED during numerous audits over the course of a number of years.*
   2) *The VEEs at GEVNC were qualified as VEEs and evidence reviewed confirmed that they had read the site-specific AK documentation.*
   3) *The audit team evaluated the documentation demonstrating compliance as satisfactory even though the approach used by CCP was inconsistent. Since the question of compliance was answered satisfactorily, the only issue, to the audit team's understanding, was lack of consistency. With no noncompliance identified, the team did not regard this as a CAQ.*

U.S. DEPARTMENT OF ENERGY
CARLSBAD FIELD OFFICE

Revised FINAL AUDIT REPORT

OF THE

GENERAL ELECTRIC VALLECITOS NUCLEAR CENTER (GEVNC) UTILIZING THE CENTRAL CHARACTERIZATION PROJECT (CCP)

SUNOL, CALIFORNIA

AUDIT NUMBER A-09-05

DECEMBER 2 – 4, 2008

FINAL AUDIT REPORT OF WASTE CHARACTERIZATION IN ACCORDANCE WITH THE HAZARDOUS WASTE FACILITY PERMIT

Prepared by: _____ **Date:** 3/27/09
Berry D. Pace, CTAC
Audit Team Leader

Approved by: _____ **Date:** 3/31/09
Ava L. Holland, CBFO
Quality Assurance Director

1.0 EXECUTIVE SUMMARY

Carlsbad Field Office (CBFO) Audit A-09-05 was conducted to evaluate the adequacy, implementation, and effectiveness of General Electric Vallecitos Nuclear Center (GEVNC) transuranic (TRU) waste characterization activities performed for remote-handled (RH) Summary Category Group (SCG) S5000 debris waste by the Washington TRU Solutions (WTS) Central Characterization Project (CCP). Activities were evaluated relative to the requirements of the Waste Isolation Pilot Plant (WIPP) Hazardous Waste Facility Permit (HWFP)/Waste Analysis Plan (WAP), the *CBFO Quality Assurance Program Document* (QAPD), and the *Waste Acceptance Criteria for the Waste Isolation Pilot Plant* (WAC).

The audit was performed at GEVNC December 2 through 4, 2008. The audit team concluded that overall, the GEVNC/CCP technical and quality assurance (QA) programs, as applicable to the audited activities, were adequate, satisfactorily implemented, and effective for compliance with applicable upper-tier requirements.

~~There were no~~One HWFP/WAP-related deficiency~~ies~~ was identified and~~, which~~ was corrected during the audit (CDA);~~,~~ however, no deficiencies were identified that necessitated~~ing~~ the generation of corrective action reports (CARs). No Observations were identified; however, ~~two~~ one Recommendation~~s~~ ~~were~~ was offered to CCP management in the area~~s~~ of ~~Personnel Training & Qualification and~~ Acceptable Knowledge (AK).

2.0 SCOPE AND PURPOSE

2.1 Scope

The audit team evaluated the adequacy, implementation, and effectiveness of the programs and requirements controlling GEVNC/CCP TRU waste characterization activities for SCG S5000 RH debris waste stream GEVNC.01. Specifically, the following programmatic and technical elements were evaluated.

<u>Quality Assurance</u>

- Personnel Qualification and Training
- Nonconformances
- Records

<u>Technical</u>

- Data Validation & Verification (V&V)
- Acceptable Knowledge (AK)
- Visual Examination (VE)
- Headspace Gas (HSG) sampling
- Waste Certification (e.g., Waste Stream Profile Form (WSPF))

WIPP Waste Information System (WWIS)

The evaluation of GEVNC/CCP TRU waste activities and documents was based on current revisions of the following documents:

Hazardous Waste Facility Permit (HWFP) Waste Isolation Pilot Plant EPA No. NM4890139088-TSDF by the New Mexico Environment Department

CBFO Quality Assurance Program Document (QAPD), DOE/CBFO-94-1012

Transuranic Waste Acceptance Criteria for the Waste Isolation Pilot Plant (WAC), DOE/WIPP-02-3122

CCP Transuranic Waste Quality Assurance Characterization Project Plan (QAPjP), CCP-PO-001

CCP Transuranic Waste Certification Plan, CCP-PO-002

Related technical and QA implementing procedures

2.2 Purpose

Audit A-09-05 was conducted to evaluate the degree to which GEVNC/CCP waste characterization and certification activities for SCG S5000 RH debris waste (waste stream GEVNC.01 in particular) are compliant with the HWFP/WAP and applicable portions of the CBFO QAPD.

3.0 AUDIT TEAM AND OBSERVERS

AUDITORS/TECHNICAL SPECIALISTS

Dennis S. Miehls	Management Representative, CBFO
Berry D. Pace	Audit Team Leader, CBFO Technical Assistance Contractor (CTAC)
Steve Calvert Auditor,	CTAC
Earl Bradford Auditor,	CTAC
Priscilla Martinez	Auditor, CTAC
Tamara Bowden	Auditor, CTAC
Mark Von Weber	Auditor, CTAC
Wayne Ledford	Technical Specialist, CTAC
Kirk Kirkes	Technical Specialist, CTAC
Mavis Lin	Technical Specialist, CTAC
Jim Oliver	Technical Specialist, CTAC
Dick Blauvelt	Technical Specialist, CTAC

OBSERVERS

Steve Zappe	New Mexico Environment Department (NMED)
Steve Holmes	NMED
Connie Walker	NMED Contractor
J.R. Stroble CBFO	

4.0 AUDIT PARTICIPANTS

The individuals at GEVNC/CCP who were contacted during the audit are identified in Attachment 1. A pre-audit meeting was held in building 104 at the GEVNC facility in Sunol, California, on December 2, 2008. Daily meetings were held with GEVNC/CCP management and staff to discuss the audit progress, issues, and potential deficiencies. The audit concluded with a post-audit meeting held in building 104 on December 4, 2008.

5.0 SUMMARY OF AUDIT RESULTS

5.1 Program Adequacy, Implementation, and Effectiveness

This audit was performed to assess the ability of GEVNC/CCP to characterize RH SCG S5000 debris waste for compliance with the requirements specified in the WIPP HWFP WAP, WIPP WAC, and CBFO QAPD. The characterization methods assessed were AK, VE, HSG (sample collection). Processes evaluated included data-generation and project-level data review and validation, preparation of the waste stream profile form (WSPF), Data Quality Objectives (DQOs) reconciliation, and WWIS data entry. Additionally, QA program elements within the B6-1 checklist were evaluated, including nonconformance reporting, QA records, and personnel qualification and training.

~~There were no~~One HWFP/WAP-related ~~deficiencies~~ deficiency was identified, which was corrected during the audit (CDA);~~,~~ however, no deficiencies were identified necessitating the generation of CARs. The CDA is described in section 6. No Observations were identified; however, ~~two~~ one Recommendation~~s~~ ~~were~~ was offered to CCP management in the area~~s~~ of ~~Personnel Training & Qualification and~~ Acceptable Knowledge (AK). The Recommendation~~s~~ ~~are~~ is described in section 7.

The audit team concluded that the GEVNC/CCP TRU waste characterization program is adequate and satisfactorily implemented and effective. Attachment 2 contains a list of personnel contacted during the audit by area. Attachment 4 contains a table of audited documents evaluated during the audit. Attachment 5 is a list of processes and equipment evaluated during the audit. The audit areas/activities are more specifically described below.

5.2 Quality Assurance Activities

The following B6-1 checklist items related to QA program implementation were evaluated by the audit team. Each QA element evaluated is discussed and the objective evidence used to assess compliance and to reach a conclusion is briefly cited.

<u>Personnel Qualification and Training</u>

The audit team evaluated the portion of the CCP QA program for the control of personnel qualification and training. Evidence reviewed included a sample of training and qualification records for CCP personnel performing AK, VE, and HSG

characterization functions at GEVNC. During the review of VE training records, the audit team noted an inconsistency in the CCP appointment letters for VE Experts (VEEs). In some instances the appointment letters are site-specific and in other instances they are not. This inconsistency was documented as a concern (see Recommendation 1 in section 7). No additional concerns were identified. The audit team concluded that the requirements for personnel qualification and training were adequate, satisfactorily implemented, and effective.

QA Records

The audit team evaluated the portion of the CCP QA program for the control of QA records. Evidence reviewed included a sample of GEVNC/CCP-generated records and the GEVNC/CCP Records Inventory and Disposition Schedule (RIDS). Records were appropriately classified, maintained, and retained in accordance with associated requirements. Evidence reviewed confirmed that record corrections and amendments were appropriately annotated as required. The audit team determined that requirements for QA records were adequate, satisfactorily implemented, and effective. No concerns related to QA Records were identified.

Nonconformances

The audit team evaluated the portion of the CCP QA program for nonconformance reporting. The status of nonconformance reports (NCRs) is tracked in an electronic data center maintained by the CCP project office in Carlsbad, New Mexico. Evidence reviewed included two NCRs generated prior to the audit. Review of these NCRs determined that they were appropriately completed, reviewed, validated, and approved as required. The audit team determined that requirements for nonconformance reporting were adequate, satisfactorily implemented, and effective. No concerns related to nonconformance were identified.

5.3 Technical Activities

Each technical area evaluated is discussed in detail in the following sections. Technical activities evaluated included data generation-level and project-level V&V, AK, HSG, and VE. Objective evidence was selected and reviewed to evaluate implementation of requirements for characterization activities. This included, but was not limited to, source documents, summaries, batch data reports (BDRs), sampling records, and personnel training and qualification records. The audit included direct observation of actual waste characterization activities such as VE and demonstrations were provided for WWIS data entry and HSG sample collection using a mock drum.

Each characterization process involves:

- Collecting raw data
- Collecting quality assurance/quality control (QA/QC) samples or information
- Reducing the data to a useable format, including a standard report
- Review of the report by the data generation facility and the site project office

- Comparing the data against program DQOs
- Reporting the final waste characterization information to WIPP

The flow of data for each characterization technique was reviewed to ensure that all applicable requirements were captured in the site operating procedures. Specific procedures audited and the objective evidence reviewed is described in the following sections. Objective evidence was assembled and used to assess compliance and the conclusions reached for each area is briefly cited.

5.3.1 Table B6-1, WAP Checklist

The B6-1 WAP checklist addresses general program requirements from an overall management perspective and the validation of data at the site project level. It documents the verification that the waste characterization strategy, as defined in the WAP, is implemented by using controlled procedures. In addition, Table B6-1 documents the site project-level reviews of the data collected as a result of the waste characterization implementing procedures.

Objective evidence was reviewed to ensure project-level activities were adequately performed to support waste characterization. BDRs were evaluated based on project-level requirements for VE, and HSG sampling and analysis for SCG S5000. Random selection requirements for HSG were evaluated. The quarterly repeat data generation-level requirements have not been performed because the characterization program has not been in operation longer than one quarter.

A review of the draft WSPF and Characterization Information Summary (CIS) for GEVNC.01 was performed. The characterization activities performed on this stream were VE and HSG sampling and analysis.

The project-level data V&V process was evaluated by reviewing the following BDRs:

<u>VE</u>
RHGEVE080001
RHGEVE080002
RHGEVE080003

<u>Headspace Gas</u>
GEHSGS080001
ECL08021G
ECL08021M

The audit team determined that the B6-1 general program requirements, including requirements relative to project-level data V&V, were adequate, satisfactorily implemented, and effective. No concerns were identified.

The audit team evaluated the portion of the CCP QA program for use of the WWIS, including observation of a WWIS demonstration performed by a CCP Waste

Certification Officer (WCO). The demonstration was performed using the test version of the database, since all WWIS-related entries are performed at the Carlsbad project office and since GEVNC has yet to be certified for shipment. The demonstration was performed appropriately and in accordance with requirements. The audit team determined that requirements for WWIS were adequate, satisfactorily implemented, and effective. No concerns related to WWIS were identified.

5.3.2 Table B6-2, Solids and Soils/Gravel Sampling Checklist

This audit was performed to assess the ability of GEVNC/CCP to characterize SCG S5000 debris waste.

GEVNC/CCP is not characterizing SCG S3000 homogeneous solids or SCG S4000 soils/gravel waste streams at this time.

5.3.3 Table B6-3, Acceptable Knowledge

Objective evidence was reviewed to evaluate compliance with AK requirements specified in the HWFP. This evidence included, but was not limited to, AK summary reports, draft WSPFs, hazardous waste constituents lists, waste material parameters, and selected BDRs as a result of VE and HSG for the first ten drums packaged. Reviews were performed of numerous relevant AK source documents established to support the conclusions reached in the AK Summary. Additionally, a review was performed for a discrepancy report documenting the incorrect assignment of hazardous waste numbers (HWNs) for paint constituents in the waste as a result of a hit for toluene identified in the HSG analytical results.

The required traceability exercise was performed for three drums characterized through VE and HSG. The random selection memorandums for HSG sampling and analysis for lots 1 and 2 were reviewed, along with the HSG Summary Report for lot 1. No drums from lot 2 had been sampled at the time of the audit. Additionally, the audit team examined AK source documentation that supported parameters in the AK Summary.

The audit team issued one Recommendation (see ~~Recommendation 2-1 in~~ section 7) dealing with paint in the waste and a reconciliation of smear numbers and locations between the CCP-AK-GEV-501, CCP-AK-GEV-500, and the sampling plan compiled for smear collection. In addition, the audit team recommended clarifications in the text of CCP-AK-GEV-500.

The audit team determined that requirements for AK were adequate, satisfactorily implemented, and effective.

5.3.4 Table B6-4, Headspace Gas

Objective evidence was reviewed to evaluate compliance with HSG sampling requirements specified in the HWFP. GEVNC/CCP collects HSG samples in SUMMA® canisters and ships the canisters to the Idaho National Laboratory (INL) for analytical results. Evidence examined included sampling BDR GEHSGS080001, operational

logbooks, chain-of-custody forms, certificates of calibration, and personnel training and qualification records. Interviews with responsible HSG sampling personnel were conducted, along with observation of a sampling event demonstration using a 55-gallon mock container.

The audit team determined that requirements for HSG sampling operations were adequate, satisfactorily implemented, and effective. No concerns were identified.

5.3.5 Table B6-5, Radiography Checklist

Radiography was not in the scope of this audit. GEVNC/CCP is not characterizing any S5000 RH debris waste utilizing RTR at this time.

5.3.6 Table B6-6, Visual Examination

Objective evidence was reviewed to evaluate compliance with VE requirements specified in the HWFP. Evidence examined included VE BDRs, logbooks, and VE personnel training and qualification records. VE activities were observed during the audit in the hot cell facility in building 102, which included VE of container GE019. VE of container GE019 was performed satisfactorily in accordance with Procedure CCP-TP-500, *CCP Remote-Handled Waste Visual Examination,* using two qualified VE operators.

The following BDRs were reviewed by the audit team:

RHGEVE080001
RHGEVE080002
RHGEVE080003
RHGEVE080006

The audit team identified ~~one concern~~a condition adverse to quality (see ~~Recommendation CDA-1 in~~ section ~~7~~6) related to the appointment letters for VEEs. In some instances the appointment letters are facility-specific, while in other instances they are not. ~~The audit team recommended that appointment letters cite the facility for which the appointment is being made.~~ CCP provided objective evidence correcting the condition, which was verified by the audit team prior to the conclusion of the audit.

The audit team determined that requirements for VE operations were adequate, satisfactorily implemented, and effective.

6.0 CORRECTIVE ACTIONS, OBSERVATIONS, AND RECOMMENDATIONS

6.1 Corrective Action Reports

During the audit, the audit team may identify conditions adverse to quality (CAQs) and document such conditions on CARs.

Condition Adverse to Quality (CAQ) – Term used in reference to failures, malfunctions, deficiencies, defective items, and nonconformances.

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

There were no HWFP/WAP-related deficiencies during the audit necessitating the generation of CARs.

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 corrected during the audit. 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 a CDA according to the definition below.

CDAs – Isolated deficiencies that do not require a root cause determination or actions to preclude recurrence. Correction of the deficiency can be verified prior to the end of the audit. Examples include one or two minor changes required to correct a procedure (isolated), one or two forms not signed or not dated (isolated), and one or two individuals that have not completed a reading assignment.

~~No~~ One CDA~~s~~ ~~were~~ was identified as a result of the audit.

CDA 1

The HWFP, Attachment B1, Section B1-4 requires that each examination facility shall designate a visual examination expert. Two CCP VEE appointment letters reviewed during the audit did not specify the facility for which the appointment was being made.

CCP provided copies of emails, which included statements clarifying that the VEE appointments were applicable to GEVNC. This was verified by the audit team prior to the conclusion of the audit, thereby correcting the condition.

7.0 SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS

During the audit, the audit team may identify potential problems or suggestions for improvement that should be communicated to the audited organization. The audit team

member, in conjunction with the ATL, evaluates these conditions and classifies them as Observations or Recommendations using the following definitions.

Observation – A condition that, if not controlled, could result in a CAQ.

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.

7.1 Observations

No Observations were provided to GEVNC/CCP management as a result of the audit.

7.2 Recommendations

~~Two~~ One Recommendation~~s~~, described below, ~~were~~ was presented to GEVNC/CCP management as a result of this audit.

~~**Recommendation 1**~~

~~In some instances the appointment letters for VEEs are facility-specific, and in other instances they are not. It is recommended that appointment letters for VEEs be facility-specific.~~

Recommendation ~~21~~

CCP-AK-GEV-500, CCP AK Summary Report, Revision 1, contained information needing clarification. It is recommended that the current freeze-file for Revision 2 of this report be expanded to include various changes, such as a modification to section 4.1 to clarify discussions dealing with GEVNC as a whole versus activities that took place in hot cell 4, and a revision to Table 4 to ensure that all appropriate HWNs are presented.

8.0 LIST OF ATTACHMENTS

Attachment 1: Personnel Contacted During the Audit
Attachment 2: Personnel Contacted During the Audit by Area
Attachment 3: Objective Evidence
Attachment 4: Table of Audited Documents
Attachment 5: List of Processes and Equipment Reviewed

PERSONNEL CONTACTED DURING THE AUDIT

PERSONNEL CONTACTED DURING AUDIT A-09-05				
NAME	**ORG/TITLE**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST-AUDIT MEETING**
Atwood, A.	CCP/Project Support Specialist	X X		X
Doherty, M.	CCP/Acceptable Knowledge Expert	X X		X
Feltcorn, E.	EPA/Inspector			X
Fussell, B.	CCP/Vendor Project Manager	X	X	X
Garcia, J.	CCP/Operator – Visual Examination and Headspace Gas	X X		X
Gill, D.	EPA/Inspector	X		X
Gomez, C.	CCP/QA Specialist	X	X	X
Harvill, J.	CCP/Radiological Specialist	X	X	X
Holmes, S.	NMED/Hazardous Waste Bureau/Observer	X		X
Joglekar, R.	EPA/Inspector			X
Kasper, K.	Energy Solutions/Project Manager	X X		
Kelly, P.	SC&A/Inspector (Contractor)	X		X
Lee, J.	DOE/Federal Project Director (Oakland Office)	X		X
Lillge, R.	GE Hitachie/Liability Reduction Manager	X		X
Mojica, T.	CCP/Operator – Visual Examination	X X		X
Nance, S.	CCP/Technical Specialists/Acceptable Knowledge Expert	X X		X
Neely, H.	CCP/Site Project Manager		X	X
Palmer, J.	CCP/Mobile Characterization Services/AREVA	X X		X
Pearcy, S.	CCP/Triumph/Records Manager	X X		X
Peters, K.	CCP/Technical Specialists/Acceptable Knowledge Expert	X X		X
Quintana, I.	CCP/Site Project Manager	X	X	X
Ramirez, M.	CCP/Project Certification Specialist	X		X
Rowsell, J.	CCP/Operator – Dose-to-Curie	X X		X

PERSONNEL CONTACTED DURING AUDIT A-09-05				
NAME	**ORG/TITLE**	**PREAUDIT MEETING**	**CONTACTED DURING AUDIT**	**POST-AUDIT MEETING**
Sensibaugh, M.	CCP/Project Certification Manager	X X		X
Stroble, J. R.	CBFO/RH TRU Waste Certification Manager	X		X
Tenorio, J.	GE Hitachi/Project Manager		X	X
Turner, D.	GE Hitachi/General Manager	X	X	
Vance, J.	CCP/Acceptable Knowledge and Radiological Specialist	X X		
Walker, C.	EPA/NMED Hazardous Waste Bureau/ Inspector/Observer	X		X
Zappe, S.	NMED/Hazardous Waste Bureau/Observer	X		X

PERSONNEL CONTACTED DURING THE AUDIT BY AREA

Nonconformances C.	Gomez
Training A.	Atwood
Records Sheila	Pearcy
Acceptable Knowledge	S. Nance M. Doherty K. Peters I. Quintana C. Gomez B. Fussell J. Vance J. Harvill K. Kasper
Headspace Gas & Gas VOCs Sampling	J. Garcia I. Quintana T. Mojica
Visual Examination	M. Sensibaugh B. Fussell J. Tenorio T. Mojica J. Garcia
WIPP Waste Information System (WWIS Data Entry)	M. Ramirez
Waste Certification/Project Level Validation & Verification	I. Quintana H. Neely

GENERAL ELECTRIC/VALLECITOS NUCLEAR CENTER
CENTRAL CHARACTERIZATION PROJECT
TABLE OF AUDITED DOCUMENTS
Audit A-09-05

No.	Procedure Number	Rev	DOCUMENT TITLE
1.	CCP-AK-GEV-500	1	Central Characterization Project Acceptable Knowledge Summary Report for General Electric Vallecitos Nuclear Center
2.	CCP-PO-001	16	CCP Transuranic Waste Characterization Quality Assurance Project Plan
3.	CCP-PO-002	20	CCP Transuranic Waste Certification Plan
4.	CCP-PO-008	8	CCP Quality Assurance Interface with the WTS Quality Assurance Program
5.	CCP-PO-502	0	CCP/GEVNC Interface Document
6.	CCP-QP-002	27	CCP Training and Qualification Plan
7.	CCP-QP-005	17	CCP TRU Nonconforming Item Reporting and Control
8.	CCP-QP-008	14	CCP Records Management
9.	CCP-QP-021	5	CCP Surveillance Program
10.	CCP-QP-028	8	CCP Records Filing, Inventorying, Scheduling, and Dispositioning
11.	CCP-TP-001	17	CCP Project Level Data Validation and Verification
12.	CCP-TP-002	20	CCP Reconciliation of DQOs and Reporting Characterization Data
13.	CCP-TP-003	16	CCP Data Analysis for S3000, S4000, and S5000 Characterization
14.	CCP-TP-005	18	CCP Acceptable Knowledge Documentation
15.	CCP-TP-082	7	CCP Preparing and Handling Waste Containers for Headspace Gas Sampling
16.	CCP-TP-093	13	CCP Sampling of TRU Waste Containers
17.	CCP-TP-106	6	CCP Headspace Gas Sampling Batch Data Report Preparation
18.	CCP-TP-160	0	CCP Random Selection of Containers for Headspace Gas Sampling and Analysis
19.	CCP-TP-500	8	CCP Remote-Handled Waste Visual Examination
20.	CCP-TP-507	3	CCP Shipping of RH TRU Waste
21.	CCP-TP-509	1	CCP RH Container Management
22.	CCP-TP-530	7	CCP RH TRU Waste Certification and WWIS Data Entry
23.	WP 13-QA.03	14	Quality Assurance Independent Assessment Program

List of Processes and Equipment Reviewed

WIPP #	Process/Equipment Description	Applicable to the Following Waste Streams/Groups of Waste Streams	Currently Approved by NMED
NEW PROCESSES OR EQUIPMENT			
GEVNC/CCP Audit A-09-05 Remote Handled (RH) S5000 debris waste			
N/A	Acceptable Knowledge (AK) Procedure – CCP-TP-002 & CCP-TP-005	Debris (S5000)	No
17RHVE 2	Visual Examination (VE) Procedure – CCP-TP-500	Debris (S5000)	No
17HSG2	Headspace Gas Sampling Procedure – CCP-TP-093	Debris (S5000)	No
N/A	Data Generation and Project Level Validation & Verification (V&V) Procedure – CCP-TP-001	Debris (S5000)	No
N/A	WIPP Waste Information System (WWIS)	Debris (S5000)	No