



Department of Energy

Washington, DC 20585

QA: QA

FEB 15 2002

C. M. Sparks
Bechtel SAIC Company, LLC
1180 Town Center Drive, M/S 763
Las Vegas, NV 89144

EVALUATION OF AMENDED RESPONSE TO, VERIFICATION OF CORRECTIVE ACTIONS AND CLOSURE OF DEFICIENCY REPORT (DR) BSC-02-D-017

The Office of Quality Assurance staff has evaluated the amended response to, verified the corrective actions of DR BSC-02-D-017 and determined the results to be satisfactory. As a result, the DR is considered closed.

If you have any questions, please contact either James Blaylock at (702) 794-1420 or John R. Doyle at (702) 794-5021.

James Blaylock for
Ram Murthy, Acting Director
Office of Quality Assurance

OQA:JB-0668

Enclosure:
DR BSC-02-D-017



Printed with soy ink on recycled paper

WM-11
NMB507

FEB 15 2002

cc w/encl:

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OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.8. ☒ DEFICIENCY REPORT
☐ CORRECTIVE ACTION
REPORT
NO. BSC-02-D-017
PAGE 1 OFQA: *X* *PA*

DEFICIENCY/CORRECTIVE ACTION REPORT

DGO 10/31/01

1. Controlling Document: AP-2.23Q, Rev. 0, ICN 0, Work Request/Work Order Process		2. Related Report No.: Issue #0809	
3. Responsible Organization: Work Control		4. Discussed With: Anthony Myatt, Randy Cunningham, & Ed Fitch	
5. Requirement: QARD DOE/RW-0333P Rev. 10 paragraph 5.2 states, "Work shall be performed in accordance with controlled implementing documents."			
6. Description of Condition: AP-2.23Q, Work Request/Work Order Process, is the mechanism that insures that the current version of implementing procedures are used in the field. AP-2.23Q paragraph 5.6.1 WO Impact Reviews, Note states, "Engineering documents and implementing procedures may be included with the WO. Changes to these documents are reviewed in accordance with LP-CON-002Q-BSC, Field Engineering Impact Reviews. Impact to WO will be identified by means of a Field Engineering Document Review Affected Work Order Notice (Form LP-CON-002Q-BSC.3), which will be inserted in the WO package by Work Control, identifying the impacted documents." LP-CON-002Q-BSC establishes the process for impact reviews of new or revised engineering documents, however there is no established process for impact review of new or revised implementing procedures. Revised implementing procedures are not being included/referenced in Work Orders. Examples: 1) WO #12248 Task Step 35, maintenance of steel set lagging was performed on 10/11/01 in accordance with NWI-ESF-049Q which was superseded by LP-OM-043Q-BSC on 10/01/01; 2) WO #12248 and 10751 references NWI-ESF-016Q which has been superseded by LP-OM-040Q-BSC effective 07/09/01; 3) WO #12248 and 10751 references NWI-ESF-022Q which has been superseded by LP-OM-042Q-BSC effective 07/09/01; 4) WO #10751 references NWI-ESF-049Q which has been superseded by LP-OM-043Q-BSC effective 10/01/01.			
7. Initiator: <i>Richard L. Noel</i> Richard L. Noel Date 10/24/01		9. Does a stop work condition exist? (Not required for a DR) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, Check One: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
10. Recommended Actions: 1. Revise WOs in Block 6 to reflect current procedure status. 2. Review, and if necessary revise, all quality affecting WOs to ensure compliance to QARD Requirements.			
11. QA Review: <i>John R. Doyle</i> QAR John R. Doyle Date 11/2/01.		12. Response Due Date: 10 working days from issuance	
13. DOQA Issuance Approval: Printed Name Robert D. Davis Signature <i>James Blaylock Jr</i> Date 11/7/01			
22. Corrective Actions Verified QAR <i>John R. Doyle</i> Date 2/12/02.		23. Closure Approved by: DOQA <i>James Blaylock Jr</i> Date 2/15/02	

TYPE RESPONSE: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Complete <input type="checkbox"/> Amended	OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT U.S. DEPARTMENT OF ENERGY WASHINGTON, D.C.	DR/CAR NO. BSC-02-D-017 PAGE OF QA: <i>LQA</i> <div style="text-align: right;"><i>11/26/01</i></div>
DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)		
13a. Immediate Actions: Added updated reference for LP-OM-049Q-BSC in Work Order #12248.		
Compliance Date: 10/25/01.		
14. Remedial Actions: Investigate to determine if work was performed to incorrect procedure. See Block 15		
15. Extent of Condition: Upon review of this deficiency as written and ensuing discussion the question arose as to whether or not a condition adverse to quality is identified here. Further investigation is required to determine if a potential failure to work to the current procedure when performing work occurred. AP-2.23Q is incorrectly referenced as the "mechanism that ensures that the current version of implementing procedures are used in the field." AP-OM-001, Conduct of Operations, Paragraph 5.6, states that the end user is responsible for working to the current revision. This being the case, an evaluation of the records submitted under the identified procedures will indicate whether the current procedures were used. This evaluation will provide the extent and impact of the deficiency. Additional evaluation of this issue will be made to ensure all related issues are resolved.		
16. Cause: (Attach results of root cause determination prepared in accordance with AP-16.4Q for a significant deficiency.)		
17. Action to Preclude Recurrence:		
18. Due Date: 12/10/2001 <input checked="" type="checkbox"/> For submittal of complete response <input type="checkbox"/> For completion of corrective action	19. Response by: Tony Myatt <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>40</i> <i>11/26/01</i> </div> <div style="text-align: center;"> <i>Tony Myatt</i> <i>11/26/01</i> Date 11/26/01 </div> <div style="text-align: center;"> <i>11/26/01</i> Phone 5-0933 </div> </div>	
20. Evaluation: <input checked="" type="checkbox"/> Accept <input type="checkbox"/> Partially Accept <input type="checkbox"/> Reject <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="text-align: center;"> <i>John Doyle</i> QA Date 12/06/01 </div> <div style="text-align: center;"> DOQA <i>James Blaylock</i> Date 12/11/01 </div> </div>		

Exhibit AP-16.1Q.1

Rev. 12/20/1999

TYPE RESPONSE:

- ☐ Initial
- ☒ Complete
- ☐ Amended

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12-12-01

DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)

14a. Immediate Actions:

Reviewed affected procedure changes to determine if an impact to quality existed due to the use of a superseded revision.

Compliance Date: 12-6-01

14. Remedial Actions:

Issue ECN to correct paragraph 5.6.1 (see block 15) of procedure AP-2.23Q. Also change paragraph 5.4.1 subsection l) to remove the word procedures.

15. Extent of Condition:

As stated in block 6, AP-2.23Q, paragraph 5.6.1 implies that the Work Request/Work Order Process procedure "is the mechanism that insures that the current version of implementing procedures are used in the field." Paragraph 5.6.1 of AP-2.23Q incorrectly states that changes to engineering documents and implementing procedures will be reviewed in accordance with LP-CON-002Q-BSC, Field Engineering Impact Reviews. LP-CON-002Q-BSC establishes the process for impact review of only new or revised engineering documents to determine if existing procedures should be revised or new implementing procedures developed.

See Block 15 continuation page.

16. Cause: (Attach results of root cause determination prepared in accordance with AP-16.4Q for a significant deficiency.)

The cause of this deficiency is failure of personnel to comply with procedures. This deficiency parallels the findings identified in the 2001 Integrated Safety Management System Annual Review Report, deficiency DF-1. The subsequent root cause analysis performed for the deficiency concluded that "Management enforcement of procedure compliance has been less than adequate in developing a culture that values strict adherence to procedural requirements."

17. Action to Preclude Recurrence:

The cause of the deficiency identified in this DR, failure to follow procedural requirements, has been previously identified during project performance assessment activities. The 2001 Integrated Safety Management System (ISMS) Annual Review Report and the follow-up Root Cause Determination both identified a project problem in enforcing procedural compliance. BSC management has initiated Action to Preclude Recurrence of this problem via issuance of a BSC position statement (see attachment 1). In response to the Root Cause Determination findings associated with the 2001 ISMS Annual Review Report, BSC management has developed a corrective action plan and a schedule for implementation (see attachment 2). The actions taken by BSC management in responding to this generic project problem is considered sufficient Action to Preclude Recurrence for the deficiency identified in this DR. Training and enforcement of procedure compliance will be an ongoing effort in BSC's improvement plans.

18. Due Date: Feb. 10, 2002

- ☐ For submittal of complete response
- ☒ For completion of corrective action

19. Response by: Tony Myatt

AM

Tony Myatt BSC QA *11/14/01*
Date 12/12/01 *11/14/01* Phone 5-0933 *13 Dec. 2001*

20. Evaluation: ☒ Accept ☐ Partially Accept ☐ Reject

QAR

John Doyle

Date 12/27/01

21. Concurrence:

DOQA

James B. England Jr

Date 1/3/02

**OFFICE OF CIVILIAN
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WASHINGTON, D.C.**

8. ☒ DR/CAR
☐ Stop Work Order

NO. BSC-02-D-017

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*ARM
12-12-01*

DEFICIENCY/CORRECTIVE ACTION REPORT/STOP WORK ORDER CONTINUATION PAGE

Block 15 continuation.

Also as stated in block 6, "revised implementing procedures are not being included/referenced in work orders that are in progress." However, it is not the intent of AP-2.23Q to administratively control procedural changes through the work order process. Work orders may be written and approved several weeks in advance of the actual performance of the work. Paragraph 5.5.2.1, subsection d) of AP-2.23Q states that it is the responsibility of the craft supervisor to ensure that current referenced documents used to perform the work are available at the work location, which did not happen for this activity. Additionally, there are existing BSC procedures, that if followed, will ensure that the correct version of an implementing procedure is used to perform a task. Procedure AP-OM-001, Revision 1, Conduct of Operations, paragraph 5.6 and Procedure AP-6.1Q, Revision 5, Controlled Documents, paragraph 5.6, state that the user is responsible for ensuring that the correct version of the document/procedure is being used to perform the task. The user can verify that he/she has the correct version of the document/procedure by checking the BSC intranet electronic database for controlled documents, comparing to a controlled copy manual, calling Document Control, or asking their supervisor. However, ultimately it is the responsibility of the user to be accountable for performing work in accordance with the correct version of implementing documents and procedures and the responsibility of the craft supervisor to ensure that the current referenced documents are available at the work location.

As evidenced by this DR, employees were performing work to superseded procedures. A similar deficiency was also identified by the 2001 Integrated Safety Management System Annual Review report which concluded that Area 25 management had failed to fully implement or require full implementation of procedures.

A review of the superseded procedures versus the current procedures revealed that the documentation generated during the work activity contained the same information regardless of the version of the procedures used and therefore there is no impact to quality.



BSC Today

12/04/2001 10:20 AM

Sent by: Susan Watson

To: BSC East, BSC West

cc:

Subject: A message from Ken Hess about compliance with procedures

QA:N/A Exclusionary

The result of the analyses that BSC performed on our quality and safety deficiencies identified inadequate management systems as the root cause. This root cause must be fixed in order for us to be performing up to our expectations. We are currently developing a Performance Improvement Transition Plan, led by Nancy Williams, which will set us on the path to a strong nuclear safety culture. One of the primary purposes of this plan is to gain control of our destiny by developing and implementing the appropriate management systems through the Quality Assurance and Project procedures.

We have had some management failures in the past, which resulted in procedures not being followed to an acceptable level. Those failures will be remedied, and I expect that in the future Project personnel will immediately notify their manager if they do not have the necessary resources in terms of budget, personnel, training, and schedule to both meet a deadline and follow procedures. There will be no retribution to Project personnel who stop a job because a procedure cannot be followed, or because they believe a job cannot be performed safely and in a high quality manner. I expect this strong nuclear safety culture from top to bottom in the organization.

Having this culture means, among other things, that we will follow all procedures, and if compliance cannot be ensured then either the task must not be performed, or, if the timing of the task is critical, an Expedited Change Notice in accordance with AP-5.1Q Section 5.8, will be completed. This practice is in accordance with the current policy.

All Project personnel must have read and understand the applicable procedure prior to starting any assignment. When performing work, it is acceptable to print out copies of procedures in order to have them immediately available to reference job steps, as needed. However, it is also the responsibility of each person using a printed copy of a procedure to verify that it is the correct version in effect before use.

Procedural compliance applies to all staff assignments and tasks and is essential to the job we have been hired to do by our customer.

If you have any questions or concerns regarding this policy, please contact your manager.

BSC-02-D-017 ATTACHMENT 1

Procedure Compliance Deficiency Corrective Action Plan

ID	Task Name	Duration	Start	Finish	Responsibility	December					January				
						25	02	09	16	23	30	06	13	20	27
1	ISM Deficiency Root Cause Analysis - Root Cause Corrective Actions	24 days	Wed 12/05/01	Thu 01/24/02	Peterson										
2	Management Training	24 days	Wed 12/05/01	Thu 01/24/02	Davis										
3	Establish a definition for strict adherence	2 days	Wed 12/05/01	Thu 12/06/01	Frederici/Myatt										
4	Establish a set of expectations for strict adherence	2 days	Wed 12/05/01	Thu 12/06/01	Frederici/Myatt										
5	Develop training on strict adherence	2 days	Mon 12/10/01	Tue 12/11/01	Frederici/Myatt										
6	Train the Strict Adherence Mentoring Committee	6 days	Wed 12/12/01	Thu 12/20/01	Frederici/Myatt										
7	Train Site employees on strict adherence	12 days	Mon 01/07/02	Thu 01/24/02	SAM Committee										
8	Indoctrinate Site Managers and Leads on strict adherence	1 day	Mon 12/10/01	Mon 12/10/01	Sparks										
9	Accountability	2 days	Wed 12/05/01	Thu 12/06/01	Davis										
10	Define roles, responsibilities, authority, and accountability relative to strict adherence	2 days	Wed 12/05/01	Thu 12/06/01	Frederici/Myatt										
11	Develop a system for positive/negative consequences relative to strict adherence	2 days	Wed 12/05/01	Thu 12/06/01	Frederici/Myatt										
12	Problem Detection	24 days	Wed 12/05/01	Thu 01/24/02	O'Conner										
13	Appoint a Strict Adherence Mentoring Committee (cross disciplined)	2 days	Wed 12/05/01	Thu 12/06/01	Davis/Law										
14	Develop a committee charter	8 days	Mon 12/10/01	Thu 12/20/01	SAM Committee										
15	Establish a policy/program for line management oversight of strict adherence	6 days	Mon 12/10/01	Thu 01/03/02	Davis										
16	Communicate the policy/program to Site employees	4 days	Mon 01/07/02	Thu 01/10/02	Sparks										

BSC-02-0-017 ATTACHMENT 2

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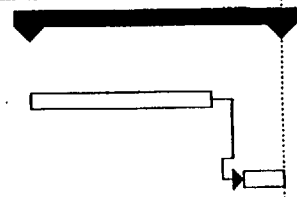
Procedure Compliance Deficiency Corrective Action Plan

ID	Task Name	Duration	Start	Finish	Responsibility	December					January				
						25	02	09	16	23	30	06	13	20	27
33	External Mentoring	17 days	Wed 12/05/01	Mon 01/14/02	Taylor										
34	Contract external mentor's service	10 days	Wed 12/05/01	Thu 12/20/01	Taylor										
35	External mentor on Site	0 days	Mon 01/07/02	Mon 01/07/02	Taylor										
36	Establish external mentoring program	4 days	Mon 01/07/02	Thu 01/10/02	Mentor/Sparks										
37	Communicate external mentoring program to employees	4 days	Mon 01/07/02	Thu 01/10/02	Sparks										
38	Begin external mentoring	1 day	Mon 01/14/02	Mon 01/14/02	Mentor										
39	Internal Mentoring	5 days	Mon 01/07/02	Mon 01/14/02	Taylor										
40	Establish internal mentoring program	4 days	Mon 01/07/02	Thu 01/10/02	Mentor/Committee										
41	Communicate internal mentoring program to employees	4 days	Mon 01/07/02	Thu 01/10/02	Sparks										
42	Begin internal mentoring	1 day	Mon 01/14/02	Mon 01/14/02	SAM Committee										

01/01/02

Procedure Compliance Deficiency Corrective Action Plan

ID	Task Name	Duration	Start	Finish	Responsibility	December					January				
						25	02	09	16	23	30	06	13	20	27
50	Corrective Action Effectiveness Self Assessments	16 days	Mon 01/07/02	Thu 01/31/02	Davis										
51	Develop assessment plan	12 days	Mon 01/07/02	Thu 01/24/02	Davis										
52	Establish an assessment schedule	4 days	Mon 01/28/02	Thu 01/31/02	Davis										



21 Jan 02

TYPE RESPONSE:

- ☐ Initial
- ☐ Complete
- ☒ Amended

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DEFICIENCY/CORRECTIVE ACTION REPORT (RESPONSE)

14a. Immediate Actions:

No change from original response.

Compliance Date:

14. Remedial Actions:

Issue change to correct paragraph 5.6.1 (see block 15) of procedure AP-2.23Q. Also change paragraph 5.4.1 subsection l) to remove the word procedures.

Original response stated "Issue ECN ..." which incorrectly implied that the procedural change was required in an expedited manner to complete the remedial actions. In reality, an expedited change was not required because there was no immediate impact to work activities and as is evident by the original completion of corrective action date of 2/10/02. The correct response should have been as stated above. The remedial actions for this DR were completed by issuance of ICN 1 to AP-2.23Q Revision 0, dated 1/29/02 with an effective date of 2/11/02.

15. Extent of Condition:

No change from original response.

16. Cause: (Attach results of root cause determination prepared in accordance with AP-16.4Q for a significant deficiency.)

No change from original response.

17. Action to Preclude Recurrence:

No change from original response.

18. Due Date: Feb. 10, 2002

- ☐ For submittal of complete response
- ☒ For completion of corrective action

19. Response by: Tony Myatt

giz

Date 2/06/02

Phone 5-0933

21. Concurrence:

DOQA

James Blaylock

Date

2/15/02

20. Evaluation:

- ☒ Accept ☐ Partially Accept ☐ Reject

QAR

John R. Doyle

Date

2/12/02

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8. ☒ DR/CAR
☐ Stop Work Order

BSC--02-D-017
NO.

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QA: *JMD*

2/12/02
BA

DEFICIENCY/CORRECTIVE ACTION REPORT/STOP WORK ORDER CONTINUATION PAGE

Verification of Committed Corrective Actions to Deficiency Report BC-02-D-017

Block 14: Immediate Action:

Verified Work Order # 12248 page 2 that the reference to LP-OM-049Q BSC has been included. In addition see Block 16 for impact of using superceded procedures.

Block 14 Remedial Actions:

Verified by review of AP-2.23Q that Interim Change Notice 1 to said AP has been incorporated.

Block 15 Extent of Condition:

See Complete Response.

Block 16 Cause:

None Required

Block 17 Action to Preclude Recurrence:

See Deficiency Report BSC-02-D-031 where the same corrective actions were also required.

The Above Committed Corrective Actions have been satisfactorily verified.

This Deficiency Report is considered closed.

QAR:

John R. Doyle

Date:

2/12/02.

John R. Doyle