



Department of Energy
Office of Civilian Radioactive Waste Management
Office of Repository Development
P.O. Box 364629
North Las Vegas, NV 89036-8629

QA: QA

JUL 28 2003

N. H. Williams
Bechtel SAIC Company, LLC
1180 Town Center Drive, M/S 423
Las Vegas, NV 89144

ISSUANCE OF CONDITION REPORT (CR) BSC(O)-03-D-195 RELATED TO DESIGN DOCUMENT REFERENCES

Enclosed is CR BSC(O)-03-D-195. This CR was initially documented as Quality Observation BSC(O)-03-O-102 that was renumbered due to implementation of Administrative Procedure (AP)-16.1Q, Rev. 6.

Please provide a response that meets the applicable requirements AP-16.1Q, *Management of Conditions Adverse to Quality*. Send the original of your response to Deborah G. Opielowski, Navarro Quality Services, P.O. Box 364629, Mail Stop 455, North Las Vegas, Nevada 89036-8629.

Response to the CR is due thirty calendar days from the date of this letter. Please notify the U.S. Department of Energy when all actions are complete.

If you have any questions, please contact either William J. Boyle at (702) 794-5506 for technical questions or Kerry M. Grooms at (702) 794-1367 for quality related questions.

William J. Boyle, Division Director
Postclosure & License Acquisition Division
Office of License Application & Strategy

OLA&S:WJB -1592

Enclosures:

1. CR BSC(O)-03-D-195
2. Condition Report Response Form
3. Condition Report Response Instructions

Contract Number:
DE-AC28-01RW12101

NMSS 07
WM 11

JUL 28 2003

cc w/encl:

K. M. Grooms, DOE/OQA (RW-3W), Las Vegas, NV
N. K. Stablein, NRC, Rockville, MD
Robert Latta, NRC, Las Vegas, NV (2 cys.)
S. W. Lynch, State of Nevada, Carson City, NV
L. W. Bradshaw, Nye County, Pahrump, NV
G. K. Beall, BSC, Las Vegas, NV
M. J. Mason, BSC, Las Vegas, NV
F. H. Dove, NQS, Las Vegas, NV
W. J. Glasser, NQS, Las Vegas, NV
D. G. Opielowski, NQS, Las Vegas, NV
W. J. Boyle, DOE/ORD (RW-40W), Las Vegas, NV
E. R. Cooper, DOE/ORD (RW-40W), Las Vegas, NV
C. M. Newbury, DOE/ORD (RW-40W), Las Vegas, NV
E. T. Smistad, DOE/ORD (RW-40W), Las Vegas, NV
B. M. Terrell, DOE/ORD (RW-40W), Las Vegas, NV
J. D. Ziegler, DOE/ORD (RW-40W), Las Vegas, NV
Records Processing Center = "7"

OCRWM	ORIGINAL THIS IS A RED STAMP CONDITION REPORT	1. <input checked="" type="checkbox"/> DR <input type="checkbox"/> CAR
		CR NO.: BSC(O)-03-D-195 Page of QA: QA

2. Controlling Document (Document Identifier and Rev. or Effective Date): AP-SI.2Q, Revision 0, Section 5.1.3.1	3. Related Report No.: 10022-DD-1.4V-02
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4. Responsible Organization: Performance Assessment Strategy and Scope	5. Discussed With: Steve Splawn
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6. Requirement: Section 5.1.3.1.1 Developer: 1) Prepare the DD (if applicable).
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7. Description of Condition:	7a. <input type="checkbox"/> Corrected During Activity (Describe all actions taken to close in Block 7.)
<p>Twenty-two (22) references cited in the Design Document (10022-DD-1.4LV-02) text for the code ASHPLUME were not included in Section 9.0, References.</p> <p>This condition is being issued as a DR due to revision of AP-16.1Q. The condition was initially documented as a Quality Observation BSC(O)-03-O-102.</p>	

8. Initiator:	9. Responsible Manager: (Required if 7a checked and <u>not</u> from QA verification activity)
Floyd H. Dove Printed Name <i>F. Harvey Dove</i> 07/21/03 Signature Date	Printed Name Signature Date

10. QA Review:	11. Does a stop work condition exist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Floyd H. Dove QAR Printed Name <i>F. Harvey Dove</i> 07/21/03 Signature Date	13. For a DR, check if Response must have: <input type="checkbox"/> Impact <input checked="" type="checkbox"/> Cause <input checked="" type="checkbox"/> Action to Prevent Recurrence

12. Issuing Organization: (if applicable)	14. Due Date: 30 calendar days after issue (Issue Date: <u>7/20/03</u>)
OATS William J. Boyle John Pelletier <i>William J. Boyle</i> 7/20/03 Issuing Org Printed Name Signature Date 0607/21/03	

15. Issuing Organization Closure Review: (if applicable)	16. QA Corrective Action Verification/Closure:
John Pelletier Issuing Org Printed Name Signature Date 0607/21/03	Printed Name Signature Date

17. Trend Data:
____ / ____ ____ / ____ ____ / ____ ____ / ____

OCRWM	2. Submittal Page of	1. CR NO.:
	<input type="checkbox"/> Amended	Page of
CONDITION REPORT RESPONSE		QA: QA

3. Extent of Condition: Significant: ☐ Yes ☐ No (Complete significance for a DR.)

4. Impact: (Provide an impact statement relative to waste isolation and safety, and impact to other work, if any.)

5. Remedial Actions Required:

6. ☐ Root Cause (For a significant CAQ, attach results of formal root cause determination prepared in accordance with AP-16.4Q.)
☐ Apparent Cause

7. Action to Preclude Recurrence: (Address those actions necessary to prevent the identified cause from recurring.)

8. Due Date for Completion of Corrective Action:	9. Responsible Manager:		
	Printed Name	Signature	Date
10. Issuing Organization: (if applicable) <input type="checkbox"/> Accept <input type="checkbox"/> Reject	11. QA Review: <input type="checkbox"/> Accept <input type="checkbox"/> Reject <input type="checkbox"/> Re-evaluated for significance		
	Printed Name	Signature	Date
	QAR Printed Name	Signature	Date

CR RESPONSE INSTRUCTIONS

The numbered steps represent the numbered blocks on the CR Response. Complete only the applicable information. Mark blocks that are not applicable "N/A." Use the CR Continuation Page or reference attachments if additional space is required.

RM:

If a CAQ does not seem to exist, provide a response on a continuation page and justify the basis for not considering the issue to be a CAQ.

1. Enter the applicable CR number. Do not place page numbers in this block.
2. If deemed necessary to number the submittal pages, enter the submittal page count in the upper section of this block. If the specific submittal is an amended response, check this box.
3. Document the extent of condition investigation activities and include a detailed listing of those items or documents that are found to be part of the extent of condition. If an extent of condition investigation is not warranted, provide justification. For a DR, check the appropriate significance box to represent the RM's assessment.
4. Identify the impact relative to waste isolation, safety, and/or to other work, if any. If there is no impact, then provide justification or rationale as to why there is no impact. Otherwise, mark block N/A if impact statement is not required.
5.
 - a) Provide specific remedial actions that have been or will be taken to address each specific type of condition noted in Block 3.
 - b) Include the immediate corrective action taken if not reported on the description of condition to allow work to continue or to mitigate the consequences of the CAQ.
 - c) List specific actions in a concise bulleted or numbered format. Actions stated must be verifiable.
 - d) Provide names of specific individuals responsible for completing each action and the expected completion date, to facilitate closure verification activities.
 - e) If remedial actions are deemed unnecessary or cannot be taken, then provide a clear justification or rationale as to why no actions were taken.
 - f) Include, as a remedial action, an appropriate requirement to cross-reference this CR to all affected records identified in the extent of condition (required for all CR Responses).
 - g) If the CR documents a significant design deficiency because of an incorrect design, then require a review of the design process, design verification methods, and implementing documents.
6. For a significant CAQ, perform a root cause determination in accordance with AP-16.4Q, and attach it to the response. Provide the apparent cause if the "Cause" box of Block 13 of the CR is checked.
7. Identify those actions to be taken to preclude recurrence of the specific causes identified in Block 6. Actions planned should stem directly from the cause statements. These actions must be verifiable prior to closure of the CR. (This is required if the "Action to Prevent Recurrence" box of Block 13 of the CR is checked, or for a CAR.)
8. Provide the due date for completion of all the corrective actions outlined in the response.
9. Print name, sign, and date.