Battelle
The Business of Innovation
505 King Avenue
Columbus, Ohio 43201-2693
(614) 424-6424 Fax (614) 424-5263

September 1, 2004

Mr. Peter Greenwalt
U.S. Department of Energy
DOE Ohio Field Office
175 Tri-County Parkway
Springdale, OH 45246

Dear Mr. Greenwalt:

BCLDP OVERSIGHT ASSESSMENT REPORT OA-04-13
(REFERENCE: W-7405-ENG-92-M)

Enclosed is the Battelle Columbus Laboratories Decommissioning Project (BCLDP) Oversight Assessment Report OA-04-13 "Documentation and Records." This assessment identified eight (8) findings and one (1) observation which require written responses. Additionally, three(3) opportunities for improvement were identified which do not require a written response. Please provide a written response on the enclosed nine (9) Assessment Action Reports (AARs) by September 17, 2004.
If you have any questions, please contact me at (614) 424-4098.

Sincerely,

Joe Jacobsen
BCLDP Radiation Safety Officer

Enclosures

cc: Jim Griffin – BTAS
Jim Staehr – Closure Services, LLC

Col 505.20(A)

BATTELLE COLUMBUS LABORATORY DECOMMISSIONING PROJECT (BCLDP)

OVERSIGHT ASSESSMENT (OA) REPORT

ON

DOCUMENTATION AND RECORDS

ASSESSMENT NUMBER: OA-04-13

JULY 19-JULY 30, 2004

BATTELLE COLUMBUS LABORATORY
DECOMMISSIONING PROJECT (BCLDP)

OVERSIGHT ASSESSMENT (OA)

ON

DOCUMENTATION AND RECORDS

Assessment Number: OA-04-13

Date of Assessment: July 19-30, 2004

Assessment Team Members: George Kirsch and Joe Jacobsen

Purpose and Scope of Assessment:

The BCLDP Oversight Plan requires comprehensive routine assessment of areas identified in the BCLDP Oversight Plan. The FY 2004 Oversight Plan requires one assessment of the documentation and records program as operated by Closure Services. This assessment focused on the management and implementation of existing documentation and record processes by Closure Services personnel. An assessment plan, which details the scope of the assessment has been prepared by memorandum from Joe Jacobsen to Pat Weaver dated July 16, 2004 and is included as Attachment 1.

References:

As detailed in Attachment 1.

Personnel Contacted:

Personnel contacted during this OA were Closure Services, LLC managers and staff responsible for documentation and records programs.

Closure Services Staff contacted included:
Phil Shultz, RFOM
Darrin Ridgely, RTSM
David Garber, Quality Assurance Manager
Linda Hill, Project Records Administrative Assistant
Brian Spears, Health and Safety Officer
David Warren, Dosimetry Manager
James Sarge, Health Physics Instrumentation Administrator/Technician

Positive Notes:

The following positive items and noteworthy practices were observed during the assessment:

- The May 2004 HP Operations Records Package is complete and contains representative survey documentation for work being performed.
- The different records system processes all had verifiable owners
- The records system process had an established physical process to collect and store project records.

Assessment Action Reports

As a result of this OA, nine adverse, or potentially adverse conditions were identified. Assessment Action Reports (AAR) are being issued as the means of recording these deficient assessment items, tracking corrective actions, and documenting lessons learned and report closure. Eight of the AARs are being issued as Findings and one of the AARs is being issued as an Observation. A Finding is defined as " A lack of compliance with any element of a quality assurance program." An observation is defined as " A weakness or practice that is not necessarily a deviation from a requirement, but could lead to a more detrimental condition if not corrected." These nine AARs will require written responses and evidence of satisfactory completion before the reports can be closed.

The following are brief descriptions of the eight Findings and one Observation identified during the assessment. The originals of the nine AARs are included as Attachment 2 with each AAR number proceeded with "OA" to distinguish them from other assessment AAR numbers.

OA-04-13-01 (Finding): Instrumentation records required by HP-AP-9.0 were not part of the May 2004 records package.

OA-04-13-2 (Finding): Instrumentation records generated to support a quality effecting purchase of instrumentation calibration services were not compliant with existing Quality Department Procedures for verification of receipt of quality of services specified.

OA-04-13-3 (Finding): Required Respiratory Protection Program and Laundry Records were not generated for May 2004 as required by HP-AP-9.0.

OA-04-13-4 (Finding): Project records are not being consistently duplicated and stored in two separate locations as required by PR-AP-17.1.

OA-04-13-5 (Finding): Project records are being placed unto CDs rather than microfilming of records as required by PR-AP-17.1.

OA-04-13-6 (Finding): Project records including originals and copies are not being stored consistently in fireproof cabinets as per PR-AP-17.1. Fireproof cabinets should meet NFPA 232.

OA-04-13-7 (Finding): Review and comment sheets on procedures and plans not consistently being maintained with original signed copy of each respective document as per PR-AP-17.1.

OA-04-13-8 (Finding): Records validation by originator on DDO-441 not being performed as per PR-AP-17.1

OA-04-13-9 (Observation): Initial and date of one over one reviewer of each record generated without a signature block not being performed as per HP-AP-9.0 on generated records covered by that procedure.

Opportunities for Improvement:

Three opportunities for improvement were noted during this assessment. These recommendations are to the Closure Services RSO, Closure Services Quality Assurance Manager, and the Closure Services Project Manager and do not require written responses, and will not be tracked as part of the assessment.

1) Recommend that order records per form number listed on the respective inventory sheet for HP-AP-9.0 records. This helps one easily find records one is looking for and helps the organizer of the records package verify that have all records are looking for.
2) During the review of HP-AP-9.0 records there were several cases where other types of records were found in the package not checked off on the respective inventory form. Take credit for what you have done and be more diligent when organizing packages.
3) Recommend that Closure Services evaluate the advantages and disadvantages of keeping indexes of project records on electronic spreadsheets versus hard copy forms.

Effectiveness:

The documentation and records program as currently being used by Closure Services has ownership of the process and has a physical process to collect and store records. Additionally, the HP Operations records were complete and appropriate for the work being done in the facilities. However, overall the Closure Services documentation and records process is not effective in being compliant with the existing guiding procedures. Closure Services needs to develop and implement changes as necessary and possible to get in compliance as well as reflect their desired end state process for documentation and records. It is critical to Battelle that Closure Services respond to this assessment in a timely manner, as Battelle is relying on Closure Services to be able to provide a high quality documentation and records process of which Battelle can rely on to receive copies of complete and compliant documentation for Battelle's NRC license and Battelle corporate requirements.

Prepared By: Joe Jacobsen Date: 8/30/04

Concurrence By: George C. Kirsch Date: 8/30/04

George Kirsch

Battelle
. . . Putting Technology To Work

Project Number BCLDP

Internal Distribution

P. Weaver
G. Kirsch
Project Records (2)

Date July 16, 2004

To P. Weaver

From J. Jacobsen

Subject BCLDP Oversight Plan Assessment FY 2004 for Documentation and Records

Introduction

The BCLDP Oversight Plan requires comprehensive routine assessment of areas identified in the BCLDP Oversight Plan. The FY 2004 BCLDP Oversight Plan requires one of the documentation and records program as operated by Closure Services.

Scope of the Assessment

The assessment will satisfy the July of 2004 requirement of the BCLDP Oversight Plan to assess the documentation and records program as operated by Closure Services. The focus of this assessment will be evaluation of PR-AP-17.1 and HP-AP-9.0 implementation.

Planned Dates for the Assessment

July 19- July 30, 2004

Location of Areas to be Assessed

West Jefferson North Site Project Record Locations

Individuals Performing the Assessment

Joe Jacobsen George Kirsch

Procedures/Plans to be Referenced and/or Examined for Compliance in Association with the Assessment

PR-AP- 17.1 " Operation of The Project Records Management System" Rev 5
HP-AP-9.0 "Health Physics Document Control" Rev 5
BCLDP Radiation Protection Program Rev 4
BCLDP Decommissioning Plan Rev 5

Partial List of Areas to be Evaluated During the Assessment

- Verification of an established physical process to collect and store project records
- Verification of ownership of the process and by whom
- Review of a sample of collected records for May-June 2004 to verify meet established procedure requirements for content and presentation
- Review of a sample of collected records for May-June 2004 work to verify that are appropriate and adequate for types of work being performed

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-01

6. **Requirement/Reference Criteria:** Various required instrumentation records required by HP-AP-9.0 were not present in the May 2004 records package.

Description of Adverse Condition: HP-AP-9.0 is a quality affecting procedure which drives the requirements for various records in the Health Physics Program.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** _____ 9/1/04
Signature Date

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

Print or Type Name Joe Jacobsen

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____
11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-2

Requirement/Reference Criteria: **Health Physics instrumentation sent off site is a quality affecting procedure and as such must comply with QD-AP-4.1 "Documentation and Control of Purchased Items and Services."**
Description of Adverse Condition: Contrary to the requirements of QD-AP-4.1 DDO-019 was not completed to verify acceptance of receipt of instruments back from vendor calibration.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04
Signature Date
Print or Type Name Joe Jacobsen

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____

11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-3

Requirement/Reference Criteria: **HP-AP-9.0 requires generation and filing of various records in the Respiratory Protection and Laundry Programs on a monthly basis when gear is being used.**
Description of Adverse Condition: Contrary to the requirements of HP-AP-9.0 the May 2004 monthly records packages did not exist for either Laundry or Respiratory Protection.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** _____ 9/1/04
Signature Date

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

Print or Type Name Joe Jacobsen

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____

11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-4

Requirement/Reference Criteria: **PR-AP-17.1 requires that project records be consistently duplicated and stored in two separate locations.**
Description of Adverse Condition: Contrary to the requirements of PR-AP-17.1 project records reviewed were not consistently being stored in two separate locations.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** _____ 9/1/04
Signature Date

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

Print or Type Name Joe Jacobsen

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____
11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date** _____ **For All Proposed Actions** Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-5

Requirement/Reference Criteria: **PR-AP-17.1 requires that project records be microfilmed as part of the records retention program.**
Description of Adverse Condition: Contrary to the requirements of PR-AP-17.1 project records will not be microfilmed but rather stored on CDs for long term retention.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04
Signature Date
Print or Type Name Joe Jacobsen

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____

11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-6

Requirement/Reference Criteria: **PR-AP-17.1 requires that project records including originals and duplicates be stored in fire proof cabinets with a one hour fire rating (NFPA 232).**
Description of Adverse Condition: Contrary to the requirements of PR-AP-17.1 project records were not consistently being stored in fire proof cabinets.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04
Signature Date
Print or Type Name Joe Jacobsen

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____
11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-7

Requirement/Reference Criteria: **PR-AP-17.1 requires that review and comments sheets be stored with original copy of each respective document.**
Description of Adverse Condition: Contrary to the requirements of PR-AP-17.1 the review and comment sheets were not consistently being stored with the original copy of each document.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04
Signature Date
Print or Type Name Joe Jacobsen

9. **Discussed with** Jim Staehr 8/3104
Name(s) Date

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____

11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____
Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____
Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____
Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **(X) Finding** **( ) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-8

Requirement/Reference Criteria: **PR-AP-17.1 requires that records validation be performed by the originator on DDO-441.**
Description of Adverse Condition: Contrary to the requirements of PR-AP-17.1 records validation is not occurring by the originator on the DDO-441.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04 (Signature / Date)
9. **Discussed with** Jim Staehr 8/3104 (Name(s) / Date)

Print or Type Name Joe Jacobsen

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____
11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date
15. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____
17. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**
19. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____ Assessor or Team Leader Signature Date
Print or Type Name _____
21. **Approved by** _____ Quality Manager Signature Date
Print or Type Name _____

Battelle
. . . Putting Technology To Work

ASSESSMENT ACTION REPORT (AAR)

(See Instructions on Reverse Side)
(Use Continuation Sheet, DDO-182A, if necessary)

1. **To: Pete Greenwalt**
2. **Organization: DOE - CCP**
3. **Project Activity: Documentation and Records**
4. **From:** Joe Jacobsen
5. **() Finding** **(X) Observation**

Issue Date: 9/1/2004
Assessment No.: OA-04-13
AAR No.: OA-04-13-9

Requirement/Reference Criteria: **HP-AP-9.0 requires that each completed record be one over one by the reviewer including initial and date of forms that do not have signature blocks for the reviewer.**
Description of Adverse Condition: Contrary to the requirements of HP-AP-9.0 initial and date review of completed forms did not consistently happen in the May 2004 records packages.

Kathy Hall/ Pete Greenwalt- DOE

8. **Reported by** Joe Jacobsen 9/1/04 (Signature / Date)
Print or Type Name Joe Jacobsen

9. **Discussed with** Jim Staehr 8/3104 (Name(s) / Date)

10. *Items 11-15 to be completed by the responsible organization and returned to the Quality Manager by(Date):* _____

11. **Action to Correct the Identified Condition:**

12. **Root Cause Determination:**

13. **Action to Prevent Recurrence:**

14. **Scheduled Completion Date For All Proposed Actions** _____ Date

15. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

16. **Corrective Actions Completion Date** _____

17. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

18. **Lessons Learned:**

19. **Signed** _____ Authorized Representative Signature Date
Print or Type Name _____

CLOSEOUT

20. **Closed by** _____ Assessor or Team Leader Signature Date
Print or Type Name _____

21. **Approved by** _____ Quality Manager Signature Date
Print or Type Name _____