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

January 11, 2005

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

Dear Mr. Sattler:

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

Closure Services, LLC has successfully provided the documentation of the corrective actions necessary to closeout out the Battelle Columbus Laboratories Decommissioning Project (BCLDP) Oversight Assessment Report OA-04-13 "Documentation and Records". Enclosed are the completed individual assessment action reports (AAR) associated with this assessment. This assessment is considered closed at this time.

If you have any questions, please contact me at (614) 424-6376.

Sincerely,

Patrick Weaver, Manager
Decontamination & Decommissioning Oversight

Enclosures (9)

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

COL 505.20(A)

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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** [signature] 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:**

See attached

12. **Root Cause Determination:**

See attached

13. **Action to Prevent Recurrence:**

See attached

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

15. **Signed** [signature] 10/13/04
Authorized Representative Signature Date
Print or Type Name P. Shutz

16. **Corrective Actions Completion Date** 10/13/04

17. **Signed** [signature] 10/13/04
Authorized Representative Signature Date
Print or Type Name P. Shutz

18. **Lessons Learned:**

See attached

19. **Signed** [signature] 12-7-04
Authorized Representative Signature Date
Print or Type Name [illegible]

CLOSEOUT

20. **Closed by** [signature] 12/13/04
Assessor or Team Leader Signature Date
Print or Type Name Joe D. Jacobsen

21. **Approved by** [signature] 12/14/04
Quality Manager Signature Date
Print or Type Name P. Weaver

Response to AAR# OA-04-13-01
10/13/2004

Summary:
The finding was that: "Various required instrumentation records required by HP-AP-9.0 were not present in the May 2004 records package.

11. Action to Correct the Identified Condition:
Modify the procedures that still reference the retired/non-applicable forms to remove the references. Also, remove references to these forms on other forms used for records submittals. This condition had been self identified during the CS internal assessment # IPA-003 but the corrective actions had not been completed at the time of this audit. In response to IPA-003-004, HP-AP-9.0 was field changed to indicate that the records transmittal forms contained in this procedure are "Examples" and the actual forms have been updated to reflect the current status of Health Physics (HP) records.

12. Root Cause Determination:
3d Work Process Controls, Work Performance not within Controls, Change Management Process not in Place - Through the decommissioning process, many systems and process are being eliminated. Associated documentation is no longer necessary. Even though the procedures may be eliminated, the records transmittal forms still imply records should be submitted.

13. Actions to Prevent Recurrence:
The RFOM or designee will periodically evaluate procedures and forms to ensure unnecessary documents are eliminated or revised as needed to keep the program current with the status of the project.

18. Lessons Learned:
Program documents must be constantly reviewed to ensure accuracy and applicability of requirements, whenever a project is in such a constant state of change.

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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 [signature] 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:

See attached

12. Root Cause Determination:

See attached

13. Action to Prevent Recurrence:

See attached

14. Scheduled Completion Date 11/1/2004 For All Proposed Actions
Date

15. Signed [signature] 10/13/04
Authorized Representative Signature Date

Print or Type Name P. Shultz

16. Corrective Actions Completion Date 11/2/2004

17. Signed [signature] 11/2/04
Authorized Representative Signature Date

Print or Type Name P Shultz

18. Lessons Learned:

See attached

19. Signed [signature]
Authorized Representative Signature Date

Print or Type Name D. Orval

CLOSEOUT

20. Closed by [signature] 12/3/04
Assessor or Team Leader Signature Date

Print or Type Name Joe D. Jacobsen

21. Approved by [signature] 1/4/05
Quality Manager Signature Date

Print or Type Name P Weaver

Response to AAR# OA-04-13-02
10/13/2004

Summary:
The finding was that contrary to the requirements of QD-AP-4.1, when instruments are sent for calibration on a quality purchase order and the DDO-018 requires completion of a DDO-019 upon receipt, no DDO-019 was completed.

11. Action to Correct the Identified Condition:
The DDO-019 will be completed by the person who received these instruments. It will be made clear that the record is being completed well after the fact and any unknown information will be clearly identified.

12. Root Cause Determination:
5 o Communication Error, Poor Understanding of Responsibilities – The requisition for instrument calibration services was started by one individual who completed the DDO-018 form dictating that an inspection and DDO-019 form be completed on receipt of the instrumentation from the vendor. That individual left the company and his replacement who did not fully understand the process inspected the instruments and the certification paperwork, but did not document it on a DDO-019 form.

13. Actions to prevent Recurrence: The employee with the new responsibilities was provided guidance on the requirements for the receipt of such items. This individual will be in charge of all future instrument shipments and receipts. This should ensure compliance.

18. Lessons Learned:
When personnel are replaced we must ensure that new personnel or personnel with new responsibilities understand the requirements of the program.

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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 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:

See attached

12. Root Cause Determination:

See attached

13. Action to Prevent Recurrence:

See attached

14. Scheduled Completion Date For All Proposed Actions 11/12/04 (Date)

15. Signed [signature] 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name P. Shultz

16. Corrective Actions Completion Date 12/8/4

17. Signed [signature] 12/8/4 (Authorized Representative Signature / Date)
Print or Type Name P. Shultz

18. Lessons Learned:

See attached

19. Signed [signature] 12-7-04 (Authorized Representative Signature / Date)
Print or Type Name D. Garrison

CLOSEOUT

20. Closed by Joe O Jacobsen 12/3/04 (Assessor or Team Leader Signature / Date)
Print or Type Name Joe O. Jacobsen

21. Approved by [signature] 1/4/05 (Quality Manager Signature / Date)
Print or Type Name R Weaver

Response to AAR# OA-04-13-03
10/13/2004

Summary: HP-AP-9.0 requires generation and filing of records in the Respiratory Protection and Laundry Program on a monthly basis when gear is being used. May 2004 monthly records packages did not exist for either laundry or respiratory protection. Several conditions contributed to this condition. 1) These records are procedurally the responsibility of Health Physics (HP). However, the respiratory records are functionally the responsibility of the Health and Safety Manager who is the Respiratory Protection Program Administrator (RPP Administrator). 2) Many of these records no longer exist and need to be removed from the records transmittal sheets. 3) The laundry records were not completed in accordance with procedure and therefore did not exist.

11. Action to Correct the Identified Condition:
To correct the conditions leading to this finding, the following actions are being taken.

1) The HP records custodian will coordinate records collection and transmittal with the H&S group.

2) Records transmittal sheets have been updated and will continue to be updated on a monthly basis. See correction actions for AAR# OA-04-13-01.

3) Laundry procedure will be change to eliminate forms that are not needed.

12. Root Cause Determination:
To address above conditions:

1) 5.o. Communication Error, Poor Understanding of Responsibilities. This is due to changes in management responsibilities.

2) 3.d. Work Process Controls; Work Performance not within Controls; Change Management Process not in Place. - Through the decommissioning process, many systems and process are being eliminated. Associated documentation is no longer necessary. Even though the procedures may be eliminated, the records transmittal forms still imply records should be submitted.

3) 3.g. Work Process Controls; Procedures Not Used or Followed Correctly

13. Actions to prevent Recurrence:

1) Personnel were required to review procedures to ensure they understand program requirements. This may require future reviews to stay current.

2) Procedures and forms are being changed and updated as appropriate to remove out of date and unneeded requirements, forms, etc.

3) Personnel were informed of their responsibilities and reminded to use procedures, plans, and WIs as references when performing work to ensure that required steps are performed.

18. Lessons Learned:
When working with a new program that personnel are not familiar with, the personnel must review and identify requirements of the program to ensure they understand their responsibilities.

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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 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:

See attached page

12. Root Cause Determination:

See attached page

13. Action to Prevent Recurrence:

See attached page

14. Scheduled Completion Date For All Proposed Actions 10/29/04
Date

15. Signed David Garber 10/13/04
Authorized Representative Signature Date
Print or Type Name D. Garber

16. Corrective Actions Completion Date 12-3-04

17. Signed David Garber 12-3-04
Authorized Representative Signature Date
Print or Type Name D. Garber

18. Lessons Learned:

See attached page

19. Signed David Garber 12-3-04
Authorized Representative Signature Date
Print or Type Name David Garber

CLOSEOUT

20. Closed by Joe D. Jacobsen 12/13/04
Assessor or Team Leader Signature Date
Print or Type Name Joe D. Jacobsen

21. Approved by R. Weaver 1/4/05
Quality Manager Signature Date
Print or Type Name R. Weaver

Background

ECC & E2 Closure Services, LLC (CS) is located solely on the WJ North site of Battelle. Offices are located in building JN-10. Additional buildings are JN-1, JN-2, JN-3, JN-11 and JNT-4. None of these other buildings are suitable for records storage. JN-1, JN-2, & JN-3 are all in the process of being demolished. JN-11 is connected to JN-10 by a wooden deck, so it cannot be considered a separate building since a fire event in one building would involve the other. JNT-4 is a small trailer that is used as the HP Control Point. Half of the trailer is a controlled area and the other half does not have enough adequate space to hold project records. Since CS assumed responsibility for the project, we have been maintaining project records in a 1-hour rated fire cabinet as required by procedure. The procedure allows for storage in this manner until duplicated. CS scans all of the project records, which are on both the server and the backup hard drive. The backup hard drive backs up the records daily and is removed from sight nightly or in the event of a fire, tornado, etc. is removed from JN-10. Additionally, these records are periodically copied to CDs that are also maintained in a fire safe. CS is maintaining duplicate records however the additional copies are electronic not hard copy.

11. There is no action to correct the identified condition. CS does maintain dual records. CS does not maintain a second hard copy because of insufficient facilities in which to store the records.

12. **6H** - As Found System – CS inherited a procedure from Battelle that could not be implemented as described due to lack of facilities. PR-AP-17.1 was rewritten in draft back in April 2004 due to the fact that CS recognized that it was going to manage records differently than Battelle. However the approval process has been extraordinarily long because the comment and review cycle has gone back and forth between the author and reviewers several times over various issues including legal questions.

    As a secondary cause **1G** – Methods to Reach Goals Not Determined – Inadequate Progress. This applies to the fact that CS has known that this procedure needs to be rewritten, but has not yet gotten this done even though it started in April.

13. PR-AP-17.1 will be rewritten into CS-PR-AP17.1 which will reflect the manner in which CS is maintaining dual records. The new procedure will have the same net effect for the preservation of project records, but will be written such that it can be implemented with the resources available to CS.

18. Even though other priorities may exist, when it is known that you intend to conduct business differently than your written program prescribes, you must change your program to reflect that fact. This change must be done in a timely manner.

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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. 0 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:

See attached

12. Root Cause Determination:

See attached

13. Action to Prevent Recurrence:

See attached

14. Scheduled Completion Date For All Proposed Actions Done (Date)

15. Signed [signature] 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name P. Shea

16. Corrective Actions Completion Date 10/13/04

17. Signed [signature] 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name P. Shea

18. Lessons Learned:

See attached

19. Signed [signature] 12-7-04 (Authorized Representative Signature / Date)
Print or Type Name D. Cramer

CLOSEOUT

20. Closed by Joe O Jacobsen 12/13/04 (Assessor or Team Leader Signature / Date)
Print or Type Name Joe O. Jacobsen

21. Approved by [signature] 1/4/05 (Quality Manager Signature / Date)
Print or Type Name R Weaver

Response to AAR# OA-04-13-09
10/13/2004

Summary:
HP-AP-9.0 requires that each completed record be one over one reviewed, including forms which do not have signature blocks. This was not consistently performed in the May 2004 records package.

11. Action to Correct the Identified Condition: This problem primarily occurs on laboratory results which are included in HP records packages. There are two reviewers of HP records. Each has been instructed on the requirement to perform this review for each record regardless of the presence of a signature block.

12. Root Cause Determination:
3.g. Work Process Controls; Procedures Not Used or Followed Correctly

13. Actions to Prevent Recurrence:
See 11 above.

18. Lessons Learned:
All quality affecting records are sent to Project Records, and as quality affecting should be reviewed and documented as being reviewed. All responsible managers should ensure their records receive this review prior to submittal.

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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.

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

9. Discussed with Kathy Hall/ Pete Greenwalt- DOE 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:

See attached

12. Root Cause Determination:

See attached --

13. Action to Prevent Recurrence:

See attached

14. Scheduled Completion Date For All Proposed Actions: Done (Date)

15. Signed [signature] 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name P. Shultz

16. Corrective Actions Completion Date 10/13/04
None Required

17. Signed [signature] 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name P. Shultz

18. Lessons Learned:

See attached

19. Signed [signature] 12.2.04 (Authorized Representative Signature / Date)
Print or Type Name D. Girardi

CLOSEOUT

20. Closed by Joe Jacobsen 12/13/04 (Assessor or Team Leader Signature / Date)
Print or Type Name Joe D. Jacobsen

21. Approved by [signature] 12/16/04 (Quality Manager Signature / Date)
Print or Type Name P. Weaver

Response to AAR# OA-04-13-08
10/13/2004

Summary:
The finding was that contrary to PR-AP-17.1, validation of records was not documented on form DDO-441.

11. Action to Correct the Identified Condition:
Procedure PR-AP-17.1 states that "Form DDO-441 ... may be use for validating records." The only records required to be validated by form DDO-441 are TRU records. HP records are validated by using the records transmittal forms identified in HP-AP-9.0. Therefore, form DDO-441 was not required for the HP records submitted in accordance with HP-AP-9.0.

12. Root Cause Determination:
N/A

13. Actions to Prevent Recurrence:
N/A

18. Lessons Learned:
N/A

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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:

See attached page

12. Root Cause Determination:

See attached page

13. Action to Prevent Recurrence:

See attached page

14. Scheduled Completion Date For All Proposed Actions 10/29/04 (Date)

15. Signed David Garber 10/13/04 (Authorized Representative Signature / Date)
Print or Type Name D Garber

16. Corrective Actions Completion Date 12-3-04

17. Signed David Garber 12.3.04 (Authorized Representative Signature / Date)
Print or Type Name D Garber

18. Lessons Learned:

See attached page

19. Signed David Garber 12-3-04 (Authorized Representative Signature / Date)
Print or Type Name D Garber

CLOSEOUT

20. Closed by Joe D Jacobsen 12/13/04 (Assessor or Team Leader Signature / Date)
Print or Type Name Joe D. Jacobsen

21. Approved by R 14/05 (Quality Manager Signature / Date)
Print or Type Name P. Weaver

Background

CS-QD-AP-6.1 Rev. 0 states:

> **3.1** Documentation of review and comment resolution is required for documents that are contract deliverables using Form CS-192. These completed forms will be filed with the approved documents in the Document Control files. All other document review and comment resolution should use Form CS-192, which may be used by the QA Manager to verify comment resolution prior to approval signature on the document itself. The CS-192 form is not required to be maintained in Document Control files for non-deliverable documents.

PR-AP-17.1 Rev. 5 states:

> 5.2.1.3 The historical file of review and comments on procedures and plans shall be maintained with the original signed copy of each document.

The requirements of PR-AP-17.1 only apply to Project Records. Since the only document comment and review forms required to be managed as Project Records by CS-QD-AP-6.1 are for documents that are deliverables, PR-AP-17.1 did not apply to the documents identified.

11. There is no corrective action because CS rewrote their Document Control procedure (CS-QD-AP-6.1) to reflect their contractual obligations for document control. CS is required to maintain review and comment forms only for deliverable documents, and these are treated as project records. Since CS-QD-AP-6.1 does not require all review and comment forms to be maintained, not all of these forms are handled as project records. Therefore since those documents that did not have the forms did not require the forms, CS does not agree that this is a finding.

12. N/A

13. N/A

18. While maintaining the comment and review sheets may be a good practice, it is not a requirement for all documents. Closure Services may choose to maintain these forms for non-deliverable documents but this is not a requirement. Closure Services, when changing requirements in a plan or procedure will consider the effects on other plans or procedures involved in the process. This is because changes to one procedure may need to be addressed within other procedures in order to avoid confusing or conflicting guidance.

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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.

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

9. Discussed with Kathy Hall/ Pete Greenwalt- DOE
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:

See attached page

12. Root Cause Determination:

See attached page

13. Action to Prevent Recurrence:

See attached page

14. Scheduled Completion Date For All Proposed Actions 10/29/04
Date

15. Signed [signature] 10/13/04
Authorized Representative Signature Date
Print or Type Name D. Garber

16. Corrective Actions Completion Date 11/2/2004

17. Signed [signature] 11/2/2004
Authorized Representative Signature Date
Print or Type Name P. Sluiter

18. Lessons Learned:

See attached page

19. Signed [signature] 11-2-04
Authorized Representative Signature Date
Print or Type Name D. Garber

CLOSEOUT

20. Closed by [signature] 12/13/04
Assessor or Team Leader Signature Date
Print or Type Name Joe D. Jacobsen

21. Approved by [signature] 1/4/05
Quality Manager Signature Date
Print or Type Name: P. Weaver

OA-04-13-6

Background

The records in question were field records that had not yet been turned into Project Records. The requirement is that field records are protected either by duplication and separate storage or storage in a fire proof cabinet with a one hour fire rating. The records in question were HP records.

11. A fire proof cabinet was provided to the operations field crews for the same purpose. A portion of that cabinet has been made available to the HP department for their records.

12. 3G – Procedures Not Used or Followed Correctly – Noncompliant Conditions – Initially CS did not have the storage cabinets needed to meet this requirement. A small cabinet was identified for use that met the floor loading restrictions for the temporary Control Point trailer.

13. Pertinent personnel will be briefed on CS-PR-AP-17.1 to cover the procedural requirements for records storage. Personnel will be reminded of the importance of procedural compliance. HP will be required to move their non-duplicated records to the fire proof cabinet from now on. HP management will perform future management walkdowns in this area to verify compliance.

18. Processes need to constantly and consistently assessed, in order to ensure personnel are following written guidance and are completing tasks correctly and as required.

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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 [signature] 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:

See attached page

12. Root Cause Determination:

See attached page

13. Action to Prevent Recurrence:

See attached page

14. Scheduled Completion Date 10/29/04
For All Proposed Actions Date

15. Signed [signature] 10/13/04
Authorized Representative Signature Date
Print or Type Name D. Garber

16. Corrective Actions Completion Date 12-3-04

17. Signed [signature] 12-3-04
Authorized Representative Signature Date
Print or Type Name D. Garber

18. Lessons Learned:

See attached page

19. Signed [signature] 12-3-04
Authorized Representative Signature Date
Print or Type Name D. Garber

CLOSEOUT

20. Closed by [signature] 12/3/04
Assessor or Team Leader Signature Date
Print or Type Name Joe D. Jacobsen

21. Approved by [signature] 1/4/05
Quality Manager Signature Date
Print or Type Name R. Weaver

OA-04-13-5

Background

PR-AP-17.1 states:

> 5.2.1 Project records shall be microfilmed every two years (two copies). Document Control and Training Records may be microfilmed at the end of the project. Records shall be filmed using archival silver microfilm and/or equivalent to comply with 36 CFR Part 1230. See Section 5.3 for microfilming dosimetry and bioassay records.
>
> 5.2.1 One microfilm copy shall be stored permanently off site in a controlled environment. The Project Records Manager shall store a second copy of the microfilm in a locked, steel cabinet in the Project Records Office.
>
> 5.2.1 Upon microfilming, a microfilm copy of the original records will be submitted to the DOE Ohio Field Office.

Since CS has not been on the project for 2 years and has not reached the end of the project, these requirements do not yet apply. We do not agree that this is a finding due to the fact that we have not violated any requirement. Just because we intend to archive records in a different manner in the future does not make this a violation. The procedure will be rewritten to address the manner in which we will archive records.

It is true that we have already scanned and made pdf files out of documents, and that these have been put onto CDs. However, this would not preclude us from putting records on microfilm at the required time should that requirement still exist in the future.

11. There is no action to correct the identified condition as it is not a violation.

12. N/A

13. PR-AP-17.1 will be rewritten into CS-PR-AP17.1 which will reflect the manner in which CS will archive records. This will be completed prior to the requirement being in effect, so there will be no potential for violation.

18. PR-AP-17.1 was rewritten in draft back in April 2004 due to the fact that CS recognized that it was going to manage records differently than Battelle. The procedure has been finalized as CS-PR-AP-17.1 Rev. 0 and the microfilm requirement has been removed. When procedure rewrites like this are required they should be done in a timely manner.