**NYE COUNTY NUCLEAR WASTE REPOSITORY PROJECT OFFICE**

# QUALITY ADMINISTRATIVE PROCEDURE

| TITLE: **Corrective Action** | REVISION: **1**<br>DATE: **3-31-04**<br>PAGE: **1 of 5** |
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| PROCEDURE NUMBER: **QAP-16.1** | SUPERSEDES: **Revision 0, 9-30-95** |
| APPROVAL<br>Project Manager Date: 4-5-04 | CONCURRENCE<br>On-Site Geotechnical Representative Date: 3/31/04<br>Quality Assurance Officer Date: 3/28/04 |

## 1.0 PURPOSE

This quality administrative procedure (QAP) describes Nye County Nuclear Waste Repository Project Office (NWRPO) requirements and responsibilities for the correction of nonconformances within NWRPO technical programs.

## 2.0 APPLICABILITY

This QAP applies to all actions taken to correct items or activities that do not conform to the specified requirements of NWRPO technical programs.

## 3.0 DEFINITIONS

**3.1** ***Condition adverse to quality (CAQ)***—a nonconforming condition that, if left uncorrected, will have a significant negative effect on the quality of the NWRPO technical program.

**3.2** ***Corrective action***—action taken to correct and prevent the recurrence of a nonconformance.

**3.3** ***Nonconformance***—a deficiency in characteristic, documentation, or procedure that renders the quality of an item or activity unacceptable or indeterminate.

**3.4** ***Quality administrative procedure***—a procedure developed to implement the quality assurance (QA) requirements described in the QA Program Plan (QAPP).

**3.5** ***Quality Assurance Program Plan***—the controlled plan that outlines NWRPO QA requirements, which are based principally on the applicable portions of the requirements set forth by the U.S. Nuclear Regulatory Commission and the American National Standards Institute for nuclear power plants, as adapted for a nuclear waste repository.

## 4.0 RESPONSIBILITIES

### 4.1 Project Manager

The Project Manager (PM) or designee is responsible for approving this QAP.

### 4.2 On-Site Geotechnical Representative

The On-Site Geotechnical Representative (OSGR) is responsible for ensuring that the Principal Investigator (PI) implements corrective action(s) as described in this QAP.

### 4.3 Quality Assurance Officer

The QA Officer (QAO) is responsible for completing and filing a corrective action report (CAR), verifying that the corrective action has been completed with a follow-up surveillance, completing the required entries in the nonconformance/corrective action logbook, assembling and submitting the NCR/CAR data package to the QA records center (QARC).

### 4.4 Principal Investigator

The Principal Investigator (PI) or designee is responsible for proposing the corrective action(s) and schedule entered on the nonconformance report (NCR); assisting the QAO in evaluating the effects of the nonconformance on past work, data, or tests for the CAR; and implementing the corrective action(s) as planned and scheduled (Attachment 1).

## 5.0 PROCESS

The identification of nonconformances and preparation of NCRs shall be completed according to QAP-15.1, *Control of Nonconforming Items or Activities*.

## 5.1 Corrective Action Report

The QAO shall complete a CAR for all nonconformances within two weeks of the nonconformance conference, submit it to the QARC, and provide copies to the responsible PI, OSGR and PM or designee. The CAR shall be assigned the same identification number as the NCR and attached to the front.

The CAR shall contain an analysis of the underlying cause of the nonconformance; the corrective action to be taken in order to correct the nonconformance and prevent its recurrence; the corrective action completion schedule; and an analysis of the impact of the nonconformance on activities, data, analyses, and/or experiments. If the corrective action is the same as that proposed in the NCR, referencing the NCR shall be sufficient.

## 5.2 Corrective Action Follow-Up Surveillance

The QAO shall perform a follow-up surveillance within two weeks of the proposed date for corrective action completion. The surveillance shall determine whether the corrective action has corrected the nonconformance and prevented its recurrence.

## 5.3 Nonconformance/Correction Action Logbook

In addition to the entries in the nonconformance/corrective action logbook described in QAP-15.1, the following entries shall be made by the QAO:

- Corrective action and schedule as recorded in the CAR.
- Completion dates of the corrective action follow-up surveillance.

## 5.4 Corrective Action Implementation

If the follow-up surveillance determines that the corrective action has been successfully implemented and that recurrence of the nonconformance has been prevented, the QAO shall complete the CAR, remove the nonconformance tag and attach it to the CAR (if applicable), and submit the NCR/CAR package to the QARC. These actions shall complete all required activities and close out the nonconformance.

If the follow-up surveillance indicates either that the corrective action has not been implemented or that it does not effectively correct the nonconformance, a conference similar to the nonconformance described in QAP-15.1 shall be arranged by the QAO and the procedure for an initial nonconformance shall be followed.

## 5.5 Review of Corrective Actions

The QAO shall review the logbook semi-annually and sign it to verify that it has been reviewed. In addition, the QAO shall track and all nonconformances and corrective actions and prepare an annual report for the PM or designee indicating possible trends and provide suggestions for reversing negative trends and implementing subsequent required actions.

## 6.0 RECORDS

Documents generated by this QAP are QA records and shall be submitted to the QARC by the responsible individual. Prior to submittal, the sender shall ensure that each document is complete, legible, and adequately identifiable. Control of these records shall be in accordance with QAP-17.1, *Records Management*.

The QA records generated by this QAP include the following:

- NCR, CAR, and nonconformance tag, if applicable.
- A copy of relevant pages of the nonconformance /corrective action logbook.
- Completed documentation of the corrective action follow-up surveillance.

## 7.0 REFERENCES

QAP-15.1, *Control of Nonconforming Items or Activities.*

QAP-17.1, *Records Management.*

QAPP, *Nye County Nuclear Waste Repository Project Office Quality Assurance Program Plan*.

## 8.0 ATTACHMENTS

Attachment 1 Corrective Action Report Form

# Attachment 1
# Corrective Action Report Form

Form QAP-16.1-1 Rev 0
03-31-04

**Nye County Nuclear Waste Repository Project Office**
**CORRECTIVE ACTION REPORT**

| | |
|---|---|
| NCR No.: | |
| Evaluation of effects on past work/data/tests/experiments resulting from the nonconformance. Use a continuation sheet, if necessary. | |
| Underlying cause of nonconformance: | |
| Recommended corrective action. Use a continuation sheet, if necessary. | |
| Date corrective action to be completed | _____/_____/_____ |
| Principal Investigator | Signature / Date |
| On-Site Geotechnical Representative | Signature / Date |
| Quality Assurance Officer | Signature / Date |
| Follow-up surveillance results | ☐ CLOSED<br>☐ OPEN |
| Quality Assurance Officer | Signature / Date |