NYE COUNTY NUCLEAR WASTE REPOSITORY PROJECT OFFICE

QUALITY ADMINISTRATIVE PROCEDURE

TITLE: **Corrective Action**	REVISION: **2** DATE: 9-17-08 PAGE: **1 of 5**
PROCEDURE NUMBER: **QAP-16.1**	SUPERSEDES: **Revision 1, 3-31-04**
APPROVAL Director 9/13/08 Date	CONCURRENCE Geoscience Manager 9/17/08 Date Quality Assurance Officer 9/17/08 Date

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 or safety of personnel.

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 Director

The Director or designee is responsible for approving this QAP.

4.2 Geoscience Manager

The Geoscience Manager (GSM) 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 verifying that the corrective action has been completed with a follow-up surveillance and documenting the required entries in the nonconformance/corrective action (NC/CA) logbook maintained in 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 in the NC/CA logbook; assisting the QAO in evaluating the effects of the nonconformance on past work, data, or tests; and implementing the corrective action(s) as planned and scheduled.

5.0 PROCESS

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

5.1 Corrective Action Documentation

The QAO shall log all nonconformances within two weeks of the nonconformance discussions.

The information logged by the QAO in the NC/CA logbook 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.

In addition to the entries in the NC/CA logbook described in QAP-15.1 and those mentioned above, the following entries shall be made by the QAO:

- Corrective action and schedule
- Completion dates of the corrective action follow-up surveillance

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 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 document the implementation and correction in the NC/CA log book and remove the nonconformance tag and include in NC/CA log book (if applicable). 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 discussion shall be arranged by the QAO and the procedure for an initial nonconformance shall be followed.

5.4 Review of Corrective Actions

The QAO shall review the logbook semiannually and sign it to verify that it has been reviewed. In addition, the QAO shall track all nonconformances and corrective actions and prepare an annual report for the Director or designee indicating possible trends and providing 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:

- 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*. Quality Administrative Procedure. Nye County Nuclear Waste Repository Project Office (NWRPO). Pahrump, Nevada.

_QAP-17.1, *Records Management.*

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

8.0 ATTACHMENTS

Not applicable.