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By MS

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00-RU-B-138

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FEB 25 2000

Dear Dr. Gibbs:

Contract No. DE-AC06-96RL13308 – W375 – SECOND RESPONSE TO SAFETY INTEGRATION INSPECTION REPORT

References:
1) CCN 008919, Letter, D. C. Gibbs, DOE/RL, to M. J. Lawrence, BNFL Inc., "Safety Integration Inspection Report, IR-99-008," 00-RU-0110, dated December 3, 1999.
2) CCN 009182, Letter, A. J. Dobson, BNFL Inc., to D.C. Gibbs, DOE/RL, "Response to Safety Integration Inspection Report", dated January 18, 2000.
3) CCN 11253, Letter, D. C. Gibbs, DOE/RL, to M. J. Bullock, BNFL Inc., "Regulatory Unit (RU) Comments on BNFL Response to Safety Integration Report, IR-99-008," 00-RU-0214, dated February 8, 2000.

This letter is BNFL Inc.'s (BNFL) second formal response to the inspection report and supersedes the first response dated January 18, 2000. It answers the Regulatory Unit's (RU) letter of February 8, 2000 by containing additional facts, causes, and corrective actions related to the safety integration inspection finding.

During the week of November 4, 1999, the RU conducted an inspection of the River Protection Project-Waste Treatment Plant's (RPP-WTP) Safety Integration Process (Reference 1). The inspection team identified one Finding that comprised four examples of failure to follow procedures. These examples included: administrative aspects of the Project Safety Committee process; specifications of review criteria prior to reviewing documents; maintenance of document review and comment forms; and control of output from the Hazards Analysis Teams.

BNFL prepared and transmitted a response to the inspection report (Reference 2) that was determined by the RU to not fully address the causes, corrective actions, and recurrence controls related to the finding (Reference 3). In its letter, the RU requested that BNFL provide a supplemental response that addresses the deficiencies discussed in the inspection report.

The deficiencies in the Safety Integration Finding stem from failure to follow procedures. Root cause evaluations on three RU findings related to procedural problems were completed in late January. Project management reviewed this information in conjunction with other information

from internal and external audits of the RPP-WTP, self-assessment findings, Quality Assurance (QA) metrics, and other internal analyses of findings.

On February 9, 2000, BNFL and the RU met in a quarterly Partnering Meeting. The root cause analysis and QA issues were topics for that meeting. At that time, the BNFL Deputy Project Manager reported the results of management's review of the root cause. The BNFL Project Manager then presented a five-point immediate action plan for QA program recovery to the RU. These, along with more detailed and focused corrective actions described in the attached inspection response, are intended to resolve the specific findings noted in the RU's Safety Integration inspection report. The five-point immediate action plan is:

- Brief the whole project team on QA issues and priority…include specific instruction on procedural compliance by March 17, 2000.
- Give specific QA training to the management team by March 30, 2000.
- Strengthen QA resources both in the QA department and in the project. (Actions are currently under way to obtain additional, qualified personnel.)
- Assign a senior manager to head up a dedicated team to produce a detailed recovery plan. This phase will include responsibility, actions, schedules, metrics, and resources to complete. (The dedicated team headed by a senior manager has been formed and is developing the recovery plan.)
- Make the recovery plan available to the RU and the Department of Energy Office of Civilian Radioactive Waste within four weeks (March 8, 2000). Complete the QA Program Recovery Plan by August 1, 2000.

In the attached Response to Finding, BNFL has addressed remedial (near-term) actions for the specific deficiencies noted in the finding, taking into account the concerns noted by the RU in the February 8, 2000 letter. In addition, BNFL has addressed the corrective actions for root causes believed to be at the heart of this finding.

If you have any questions or if we can be of further assistance, please call Dennis Klein at 371-4867 or Don Edwards at 371-4871.

Yours sincerely,

A. J. Dobson
Manager, Operations and Safety
BNFL Inc.

MAP/jca

Attachment: Response to Finding, IR-99-008-02-FIN

cc:

Barr, R. w/a	DOE/RL	A4-70
Barrett, M.K. w/o	DOE/ORP	H6-60
Brown, N. w/a	DOE/ORP	H6-60
Bullock, M.J. w/a	BNFL Inc.	A116
Dobson, A. J. w/a	BNFL Inc.	A117
Edwards, D. W. w/a	BNFL Inc.	B140
Landry, W. w/o	BNFL Inc.	Fairfax
Lawrence, M. J. w/o	BNFL Inc.	A110
Lehman, Karrol	BNFL Inc.	B112
Molnar, E. w/a	BNFL Inc.	A216
Morgan, S. w/o	BNFL Inc.	A116
PDC w/a	BNFL Inc.	K110
Smith, L. w/a	BNFL Inc.	B220
Smyser, L. w/a	PNNL	H6-61
Tooze, R. w/o	BNFL Inc.	Fairfax
Voyles, G w/a	BNFL Inc	B105
Williams, N. w/a	BNFL Inc.	C202

RESPONSE TO FINDING
IR-99-008-02-FIN

Summary of Finding

During performance of an inspection of safety integration conducted November 1-4, 1999, at the Contractor's offices, the Regulatory Unit (RU) identified the following:

a. *Procedure K70P526A_1. "Project Safety Committee," dated 07/99, under the Section titled "Activity," Milestone 1, stated that committee membership list and Appointment Letters were to be records and submitted to Project Document Control.*

   Contrary to the above, as of November 4, 1999, appointment letters for six of the PSC members and a list of committee members were not available in Project Document Control.

b. *The "Code of Practice for the Internal Review and Approval of Documents," K13C023_2, dated 10/99, required, in Section 3.1 "Document Review Requirements", item 1, that "Review criteria shall be established before performing the review."*

   Contrary to the above, as of November 3, 1999, review criteria had not been established before performing the reviews on any of the design output documents reviewed by the inspectors.

c. *The "Code of Practice for the Internal Review and Approval of Documents," K13C023_2, dated 10/99, required, in Section 6.0, "Records", that "The Preparer submits comments and comment resolution to PDC for retention."*

   Contrary to the above, as of November 3, 1999, the comments and comment resolution for drawing numbers DWG-W375PT-PR00014, Rev. 0 (Process Flow Diagram Pre-Treatment Vessel Vent System), and DWG-W375PT-PR00016, Rev. 0 (Process Flow Diagram HLW Feed Receipt and Pre-Treatment) were not in Project Document Control files.

d. *Procedure K70P503A_0, "Hazard Analysis," dated 05/99, in the Section titled "Activity," for Milestones 1-5, the Standards Identification Process Database (SIPD) is considered a "Record" to be submitted to Project Document Control.*

   Contrary to the above, during the inspection, the inspectors were informed that the SIPD was not being controlled by Project Document Control.

The four examples of failure to follow procedures, as described above, are considered a Finding.

BNFL Inc. response:

1. **Agreement or disagreement with the Finding**

   BNFL agrees with the finding.

2. Reason for the Finding

The specific reason for all four evidences of the finding was a failure to follow project procedures. Management views each case as a lack of attention to detail by persons charged with executing the requirements of the noted procedures. This lack of attention to detail was caused by haste (not reading or completing all requirements) and by a failure to recognize the importance of strict procedural compliance. Lastly, there was a failure to properly identify the conditions that led to the finding.

The root causes for the finding are as follows:

- There were BNFL schedule and resource constraints that negatively impacted procedure development, review, and compliance. This resulted in unclear procedural direction in some instances, and also resulted in personnel not sufficiently reviewing and executing procedural requirements.
- There was insufficient training on the content of certain procedures and/or on the procedure compliance process.
- There was insufficient management attention to procedural compliance and unclear management guidance with regard to self-assessment expectations and results and training expectations.
- There have been an insufficient number of internal assessments, insufficient attention to details in internal assessments, and insufficient review of findings, allowing programmatic problems to go undetected and unresolved.

3. Corrective steps that have been taken and the results achieved

The following remedial actions have been taken:

- Project Safety Committee (PSC) appointment letters have been issued and are retained as records in Project Document Control. The PSC secretary has been instructed to re-read K70P526, Project Safety Committee, to ensure full understanding and compliance. A self-assessment directed at PSC activities is also under way.
- Code of Practice K13C023B, Rev. 2 has been revised effective December 21, 1999 to more clearly define the minimum criteria to be applied in reviewing implementing documents and documents that specify technical or quality requirements. The procedure now contains a listing of the established, minimum review criteria for <u>all</u> reviewers. Specifically, Section 3.1 now contains the following requirement: "Each organization or technical discipline affected by the document shall review the document according to the established review criteria. Changes to the document shall be reviewed by those organizations or technical disciplines affected by the change."
- Code of Practice K70P551, Drawings and Sketches: Preparation, Check, and Approval was recently revised to clearly define the required retention for Document Review Request and Document Review Record forms. In the future, completed forms, including attachments, will

be retained by the originating organization in working files until the next revision of the design document.

- Standards Identification Process Database (SIPD) is now being controlled by Project Document Control (PDC) as a project record. As a record, SIPD is being backed up (electronically) on a regular basis and transferred to PDC for storage.

I. The corrective steps that will be taken to avoid further Findings

Beyond the remedial actions discussed in Section 3 to resolve the four specific procedural compliance issues, the necessary corrective actions to address the root causes for procedural compliance problems are as follows.

- BNFL will review the resource requirements versus the requisite workload and ensure that sufficient resources are available. The time scale for this review will be addressed in the QA Program Recovery Plan discussed in the cover letter. All managers will be instructed to discuss procedure compliance and schedule adherence issues with their work teams. Work priorities will be adjusted to help mitigate the circumstances that may be creating procedural compliance problems. Where necessary, management will commit additional resources to ensure timeliness and accuracy of work products.

  A key element of the corrective actions to address all the above root causes will be to reinforce management and employee accountability to perform work correctly. BNFL has already recognized (an assured the RU in the February 9, 2000 Partnering Meeting) the need for improved management performance in this area.

- Where there is insufficient training on the content of certain procedures and/or on the procedure compliance process, BNFL will develop new training requirements for affected employees. In addition, changes will be made to training department procedures, as necessary, to instruct supervisors and managers on the requirements for position-specific training and required reading for work accomplished by their department and staff. A training program self-assessment is currently being conducted.

- Insufficient management attention to procedural compliance and unclear management guidance with regard to procedure preparation and review, self-assessments, training, or other tools of the trade, will be corrected. The importance of accuracy, timeliness, attention to detail, compliance, supervisory accountability and authority, and possible sanctions for noncompliance will be a larger part of management direction to the project.

- A QA Program Recovery Plan is currently being organized. The Plan will significantly enhance the visibility and effectiveness of the project's QA program. As part of the Plan, supervisors and managers, in particular, will be re-educated as to their acceptance of accountability for adherence to commitments made by BNFL in the Authorization Basis, the contract, and all procedures.

5. **The date when full compliance with the applicable commitments in the authorization base will be achieved**

   Finding-specific remedial actions have been completed. Full closure of root cause corrective actions is scheduled to coincide with the completion of the QA Program Recovery Plan on August 1, 2000.