



**Department of Energy**  
**National Nuclear Security Administration**  
Washington, DC 20585

January 7, 2004

The Honorable John T. Conway  
Chairman  
Defense Nuclear Facilities Safety Board  
625 Indiana Avenue, NW.  
Suite 700  
Washington, D.C. 20004

Dear Mr. Chairman:

Enclosed for your information are copies of responses to the Quality Assurance Improvement Plan Action 3.2.2 from our Site Offices. Action 3.2.2 requires a memorandum from each Site Office Manager indicating that implementation of the quality assurance assessment process has been effectively implemented.

We will continue to monitor the Site Offices progress in improving quality assurance assessment process and keep you informed. If you have any questions, please have your staff contact Rabi Singh at (301) 903-5864.

Sincerely,

A handwritten signature in black ink, appearing to read "Everet H. Beckner".

Everet H. Beckner  
Deputy Administrator  
for Defense Programs

Enclosures

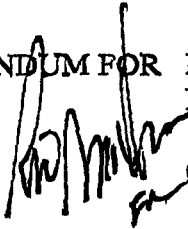
cc w/out enclosures:  
M. Whitaker, DR-1  
B. Cook, EH-1





**Department of Energy**  
National Nuclear Security Administration  
Livermore Site Office  
PO Box 808, L-293  
7000 East Avenue  
Livermore, California 94551-0808



MEMORANDUM FOR DR. EVERET H. BECKNER  
DEPUTY ADMINISTRATOR FOR DEFENSE PROGRAMS  
FROM:  CAMILLE YUAN-SOO HOO, MANAGER  
SUBJECT: QUALITY ASSURANCE IMPROVEMENT PLAN FOR  
DEFENSE NUCLEAR FACILITIES ACTION ITEM 3 2 2

The Quality Assurance Improvement Plan (QAIP) for Defense Nuclear Facilities Safety Board (DNFSB) describes the actions to improve the implementation of Quality Assurance (QA) at the Department's defense nuclear facilities. It was developed in response to issues raised by the Environmental Management (EM) and National Nuclear Security Administration (NNSA) (NA-10) assessments conducted during 2001, reviews of operational performance data, and concerns identified by the DNFSB in technical reports and public meetings. Action 3 2 2 of the QAIP requires that Site Offices verify that they are assessing quality assurance programs consistent with DOE Policy DOE P 450.5 and DOE O 414.1

On October 27, 2003, I sent you an email regarding LSO's Self Assessment of Environmental, Safety & Health (ES&H) and Quality Assurance (QA) that was being conducted at that time. An NNSA QA review of LSO was completed December 9-10, 2003.

Based on the results of these assessments LSO concludes that we have an adequate QA Program in place; however, we need to improve our performance overall to meet and be consistent with DOE P 450.5 and DOE O 414.1. The following are summary findings from the two assessments:

- The LSO Quality Assurance Plan (QAP) needs to be updated (from a combination of an Oakland Operation Office and an LSO Standard Operating Procedure); expanded where necessary to meet requirements (including the DOE Order and Guides); and implemented to establish a program for LSO that will achieve and maintain quality in operations. (Self-Assessment and NNSA Assessment)
- LSO needs to develop a formal Continuous Improvement Program Plan. (NNSA Assessment)

- LSO has no overall strategy or comprehensive plan for oversight of LLNL's QA Program While oversight activities are being performed (improvements are needed in documentation of Directorate Level oversight activities), comprehensive documents (particularly for the review of LLNL QAIP) and strategies are needed to ensure that all QA areas are given appropriate oversight. (Self-Assessment and NNSA Assessment)
- LSO does not have a working system that presents management with information on LLNL's overall performance in QA (Self-Assessment)

Should you have any questions or comments, please contact Steve Lasell at (925) 423-3778 or Adeliza Cordis at (925) 422-9585

cc R. Singh, NNSA, NA-

United States Government

Department of Energy  
National Nuclear Security Administration

# memorandum

DATE **August 4, 2003**

REPLY TO  
ATTN OF Y12-40 Shen

SUBJECT **QUALITY ASSURANCE IMPROVEMENT PLAN FOR DEFENSE NUCLEAR FACILITIES  
ACTION ITEM 3.2.2**

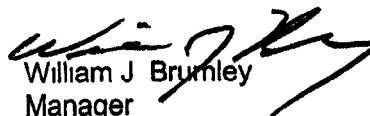
TO Dr Everet H Beckner, Deputy Administrator for Defense Programs, NA-10, FORS

In response to Action Item 3 2 1, the Y-12 Site Office (YSO) submitted a memorandum to you on May 7, 2003, which validated and acknowledged that the YSO program for oversight of its contractor was consistent with the requirements of DOE P 450 5, *Line Environment, Safety, and Health Oversight*, and DOE O 414 1A, *Quality Assurance*

Action Item 3 2 2 of the Quality Assurance Improvement Plan requires NA Field organizations to verify that they are assessing quality assurance (QA) programs consistent with DOE P 450 5 and DOE O 414 1A, and that implementation of the QA program is effective

To verify the effectiveness of YSO QA program implementation, a scheduled self-assessment was conducted in May 2003. Results confirmed the YSO QA program is well-managed and is conducted consistent with requirements contained in DOE P 450 5 and DOE O 414 1A. Results of the self-assessment verified that oversight activities are scheduled and conducted, and trends are identified to ensure effectiveness of contractor programs and performance in all key functional areas. Results of YSO assessments are documented in the YSO Performance Analysis Matrix (PAM) and the YSO Monthly Assessment Report for collective contractor and YSO management attention. In particular, note that implementation of contractor QA program elements is specifically evaluated in three PAM functional areas (QA, Performance Assurance, and Issues Management). The purpose of these evaluations is to ensure the contractor maintains a vigorous and effective QA program, including self-assessments. These evaluations, and independent reviews conducted by BWXT corporate and DOE OA-50, have routinely verified the contractor's implementation in this area as satisfactory.

The YSO therefore verifies that processes to provide oversight of QA programs consistent with DOE P 450 5 and DOE O 414 1A are in place and effectively implemented at YSO and within BWXT, and implementation of the QA program is effective

  
William J Brumley  
Manager  
Y-12 Site Office

United States GovernmentNational Nuclear Security Administration (NNSA)  
Savannah River Site Office (SRSO)

# Memorandum

DATE NOV 04 2003  
REPLY TO SV (Zweifel, 803-208-1023)  
ATTN OF  
SUBJECT Quality Assurance Improvement Plan for Defense Nuclear Facilities, Action Item 3 2 2  
TO Charles S Przybylek, Acting Chief Operating Officer (NA-2), NNSA-HQ

Action Item 3 2 2 of the Quality Assurance Improvement Plan requires verification that the Field Offices are assessing quality assurance programs consistent with Department of Energy (DOE) Policy 450 5, Line Environment, Safety and Health Oversight, and DOE Order 414 1, Quality Assurance, and that the assessment process has been effectively implemented

The SRSO has verified that assessments consistent with the DOE Policy 450 5 and DOE Order 414 1 are being performed in accordance with the Savannah River Site's Technical Assessment Program and Self-Assessment Program procedures. Based on results of the oversight activities and facility performance metrics/indicators, the SRSO feels that the oversight/assessment process is effectively implemented. SRSO believes in the principles of continuous improvement and plans to further improve our oversight and assessment process in fiscal year 2004.

If you have any questions or comments, please contact me or Dan Zweifel of my staff

*Original Signed by*

Edwin L. Wilmot  
Manager

SV DNZ mp

RA-04-0012

cc

E Beckner (NA-1), NNSA-HQ

D Beck (NA-12), NNSA-HQ

X Ascanio (NA-124), NNSA-HQ

R Singh (NA-124), NNSA-HQ



National Nuclear Security Administration

Sandia Site Office  
P O Box 5400  
Albuquerque New Mexico 87185-5400



OCT 31 2003

MEMORANDUM FOR Dr Everet Beckner, Deputy Administrator for Defense Programs,  
NNSA (NA-10)

FROM Karen L Boardman, Manager *Patty Wagner for*

SUBJECT Quality Assurance Improvement Plan for Defense Nuclear  
Facilities Action Item 3 2 2

Action Item 3 2 2 of the Quality Assurance Improvement Plan requires that Field organizations are assessing quality assurance programs consistent with DOE P 450 5, "Line Environment, Safety, and Health Oversight," and DOE O 414 1, "Quality Assurance "

In response to QAIP Action Item 3 2 1, a memorandum was submitted to you on June 10, 2003, which stated that the Sandia Site Office (SSO) oversight program was redefining and strengthening its oversight activities of Sandia National Laboratories (SNL) consistent with DOE Policy 450 5, including the QA functional area as required by DOE 414 1

The new SNL contract contains clause H-4, NNSA Oversight, which states SSO continues to perform line management environmental, safety, and health (ES&H) oversight and assessments by its respective Subject Matter Experts (SMEs) and Facility Representatives (FRs) as it has in the past, until SNL demonstrates effectiveness of its Contractor Assurance System To verify the effectiveness of the ES&H program implementation at SNL, a rigorous SSO assessment schedule was developed to address the various ES&H functional areas, including quality assurance as identified in DOE 414 1A In fact, Quality Assurance (QA) assessments were performed at both SNL/New Mexico (SNL/NM) and SNL/California (SNL/CA) since the preceding memorandum These assessments identified that SNL is making progress in the implementation of QA programs It should be noted that, per the new contract, NNSA Oversight will not be reduced for nuclear or safeguards and security related operations

SSO assessments are both performance and compliance based, have the appropriate depth, breadth and rigor, and are based on observation of sufficient work activities to ensure a representative sample and a confidence level in the conclusions drawn Results from the SSO assessment activities are communicated in formal monthly reports sent to SNL for programmatic assessments by SSO SMEs of ES&H functional areas Results from FR assessment of facility conduct of operations are communicated in formal quarterly reports These reports transmit SSO findings, observations, and strengths and request a corrective action plan within 30 days of receipt SSO provides initial feedback to SNL at the end of each surveillance by FRs and during monthly SME team meetings with SNL counterparts for SMEs SSO is also initiating monthly performance review meetings with SNL through

OCT 31 2003

the Laboratory Implementation Working Group (LIWG) and quarterly reviews with SNL ES&H Management to facilitate sharing SNL and SSO operational data derived from oversight activities. SSO is working with SNL to develop operational performance indicators, both leading and lagging, to better trend performance. An effective oversight program can be realized when a vigorous contractor self-assessment program is in place (reference contract clause H-3, Contractor Assurance System). It is noted from various ES&H assessments performed and from the recently completed QA assessment of SNL/NM that SNL has not established a self-assessment program consisting of independent and management assessments of SNL operations that meets the requirements of the DOE P 450 5 and the key QA elements required by DOE O 414 1A.

SSO continues its oversight of the SNL corrective action plan, in response to the Office of Assessment and Independent Oversight (OA), that addresses the safety issue that found SNL formal assessments of line ES&H performance lack sufficient frequency, focus and rigor to provide assurance that safety programs are being adequately implemented as required. As part of the completion process for these actions, SSO is validating that SNL is meeting their commitments identified in their corrective actions for this OA finding. SSO has recently completed a Corrective Action Tracking System (CATS) change control procedure. This procedure, which requires CATS change control board meetings, will enable close coordination with SNL to ensure successful completion of all OA corrective actions.

In addition, SSO is working to address the OA finding pertaining to weaknesses in the SSO oversight program. SSO has developed an interim issues management system for use until a formal system is implemented. SSO has identified twelve corrective actions that will establish policies and procedures for issues management and to improve the ES&H assessment process. Although not fully mature, the SSO ES&H and QA oversight programs continue to improve in order to better assess quality assurance programs consistent with DOE P 450 5 and DOE O 414 1. Please contact Ken Zamora, Assistant Manager for Oversight and Assessment, at (505) 845-6869 or Gary Schmidtke, S&H Team Leader at (505) 845-6192 if you have any questions.

cc

K Zamora, SSO/AMOA  
B Mullen, SSO/AMNFSB  
D Pellegrino, SSO/DPQA  
G Schmidtke, SSO/OA  
D Dilley, SSO/OA  
N Morley, NNSA SC/ISR  
P Chimah, NNSA SC/ESHD

# memorandum

DATE  
REPLY TO  
ATTN OF  
SUBJECT

OCT 31 2003

PMO-7HLD-0004-0004

Quality Assurance Improvement Plan for Defense Nuclear Facilities Action Item 3 2 2

TO Dr Everet Beckner, NNSA/HQ, Deputy Administrator for Defense Programs,  
NA-10/FORS

Action Item 3 2 2 of the Quality Assurance improvement Plan requires NA Field organizations to verify that they are assessing quality assurance programs consistent with DOE P450 5, *Line Environment, Safety, and Health Oversight*, and DOE Order O414 1A

In response to Action Item 3 2 1, a memorandum was submitted to you on June 6, 2003, which validated and acknowledged that the Los Alamos Site Office (LASO) oversight of its contractor is consistent with the intent of DOE O414 1A, *Quality Assurance* and P450 5, *Line Environment, Safety, and Health Oversight*. This memorandum also referred to improvements in the LASO oversight processes as part of the ongoing development of the LASO quality assurance program.

The effectiveness of program implementation was evaluated through review of current LASO oversight processes. Assessments of the contractors quality assurance program performed by the DOE Albuquerque Operations Office (1<sup>st</sup> Quarter FY01), LASO (4<sup>th</sup> Quarter FY01), and the Office of Oversight (3<sup>rd</sup> Quarter FY02) determined that management and independent assessment processes are partially implemented. In addition, the LANL self reported significant quality assurance program deficiencies under the Price-Anderson Amendments Act [NTS-ALO-LA-LANL-LANL-2000-0014] in October 2000. In response to these identified deficiencies, LANL performed an assessment during the 1<sup>st</sup> Quarter FY02 to establish a baseline for establishing an institutional quality management system at LANL. LANL performed a quality assurance gap analysis in February 2003 and developed an implementation plan for correction of the deficiencies and to establish an Institutional Quality Management Program at LANL in April 2003. Improvements in LANL's assessment programs, both management and independent assessment were identified. LANL is currently implementing a pilot program of an improved management assessment program, which is to be implemented in FY2004. The LASO has been, and will continue to closely monitor correction of the identified weaknesses in LANL's quality assurance program.

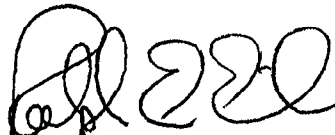


OCT 31 2003

Existing LASO assessment processes are being upgraded as part of the development of LASO's quality assurance program. The existing process of integrating assessments with LANL will place a high emphasis on quality assurance assessments. In addition, in response to the new quality assurance responsibilities of the LASO, a quality engineer has been added to the LASO staff and will be on board in mid December. This will allow LASO to place an increased level of focus on quality assurance oversight.

The LASO verifies that programs and processes are partially in place to provide oversight of quality assurance programs consistent with DOE O414 1A and P450 5. LASO has provided guidance to LANL on at least two occasions offering opportunities for improvement in LANL's quality assurance program. We will be reflecting the performance of LANL in response to this guidance in the University of California "Appendix F" contract appraisal process.

Questions or comments regarding this matter should be addressed to Jose Cedillos at (505) 665-6437.



Ralph Erickson  
Manager

Cc

Rabindra N Singh, NNSA/HQ, NA-12/GTN  
H Le-Doux, LASO OPM  
J Vozella, LASO OFO  
G Schlapper, LASO OOM  
E Rodriguez, LASO OPL  
J Cedillos, LASO OPM

*Action - Rabi*

United States Government

Department of Energy

**memorandum**

National Nuclear Security Administration

Kansas City Site Office

Kansas City, Missouri 64141-0202

DATE **OCT 20 2003**

REPLY TO KCSO/OQA GAB

SUBJECT **Improvement Action 3.2.2 of the Quality Assurance Improvement Plan for Defense Nuclear Facilities, dated October 21, 2002**

TO Everet H Beckner, Deputy Administrator for Defense Programs, NA-10, HQ

Improvement Action 3.2.2 of the Quality Assurance Improvement Plan for Defense Nuclear Facilities, dated October 21, 2002, requires a verification memorandum from each Site Office indicating implementation of a quality assurance assessment process, consistent with DOE Policy P450.5 and DOE Order O414.1A

The Kansas City Site Office (KCSO) processes for assessing the Honeywell Federal Manufacturing and Technologies (FM&T) Quality Assurance and Environmental Safety and Health (ES&H) programs include establishing/communicating contractor expectations, operational awareness, formal assessments, assessments of the contractor assurance systems, evaluations of contractor performance, and self-assessment. Included are formalized contractor performance measures, plant-wide metrics, on-site federal personnel performing surveys of the contractor operations, input and oversight of the FM&T corrective action tracking system, independent third-party certifications, and formal approvals of the M&O Contractor programs. These activities are defined in the recent draft of the KCSO Line Oversight Plan for the Kansas City Plant, dated September 30, 2003.

This integrated process is being improved by formalizing the assessment activities through the use of an annual assessment plan and documented process descriptions. The annual assessment plan will require the KCSO to focus its resources on those activities with the highest risk to the NNSA, the Kansas City Plant and its staff, the public and the environment. As part of a rigorous self-assessment activity, the plan will also provide a baseline to which the KCSO can assess the adequacy of its oversight function.

The NA-53 On-Site Performance Review completed last December noted the KCSO did not have a fully effective ES&H oversight program. A corrective action plan was developed to assure a formal oversight plan is prepared as required by a newly developed process description. As the final step in that corrective action, the KCSO annual assessment plan will include the ES&H oversight as an important component of that plan.

Another aspect of KCSO's oversight program is operational awareness. KCSO's operational awareness includes walk throughs, issues meetings, review of performance measures and corrective action plans, design reviews, facility condition assessment, program review, etc. Based on lower risk at this industrial facility, the KCSO has a smaller oversight staff than other NNSA Site Offices.

The KCSO also leverages Honeywell's internal and third party assessments in lieu of extensive formal contractor assessments. Effective implementation of Honeywell's Contractor Assurance System will continue this effective oversight program within NNSA staffing targets.

The KCSO continues to document its processes as part of the NNSA goal to achieve ISO 9001 certification. A self-assessment process, corrective action and metrics are becoming part of the KCSO business management system.

I believe this fulfills the intent of Action 3.2.2. If you have any questions, please feel free to contact me, Gregory Betzen at 816-997-3352 or Patrick Hoopes at 816-997-7003 to discuss this further.

ORIGINAL SIGNED BY  
STEVE C. TAYLOR

Steve C Taylor  
Acting Manager  
Kansas City Site Office

cc

Greg Betzen, KCSO, OQA  
Pat Hoopes, KCSO, OSS  
Xavier Ascanio, NA-124, GTN  
Rabi Singh, NA-124, GTN

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# memorandum

National Nuclear Security Administration  
Pantex Site Office

DATE DEC 15 2003

REPLY TO  
ATTN OF PXSO SH&Q WMBSUBJECT Quality Assurance Improvement Plan (QAIP) for Defense Nuclear Facilities Action  
Item 3 2 2

TO Everet H Beckner, Deputy Administrator, Defense Programs, NA-10/FORS

REFERENCE *Quality Assurance Improvement Plan (QAIP) for Defense Nuclear Facilities*

Action Item 3 2 2 of the QAIP requires NA Field Organizations to verify that they are assessing Quality Assurance (QA) programs consistent with DOE P 450 5, Line Environment, Safety and Health Oversight, and DOE O 414 1A, Quality Assurance, and that the program is effective

In March 2002, the National Nuclear Security Administration Service Center conducted an assessment of BWXT compliance to 10CFR830 (Subpart A) and follow-ups were done in Fall 2002 and Fall 2003. While some Opportunities for Improvement were identified and appropriate corrective actions taken, no significant deficiencies were identified relative to DOE O 414 1A or DOE P 450 5. Additionally, NA-1 conducted a review of Pantex Site Office (PXSO) on November 3-4, 2003, and in their draft report concluded that except for PXSO QA staffing and updating PXSO procedures, other areas relative to DOE O 414 1A or DOE P 450 5 appeared compliant.

PXSO recognizes a need for improvement in several QA related areas such as staffing to support NA-12 expectations for Weapons Quality Assurance Survey, Self-Assessments of PXSO activities, and the revision of local PXSO procedures to reflect re-engineering and current practices. PXSO is in the process of revising and updating our Self-Assessment program as well as local procedures and will complete both efforts by the end of FY04. The issue of Weapon Quality Assurance staffing will be addressed by separate correspondence to Tyler Przybylek with a copy to you.

Processes to provide oversight of QA programs consistent with DOE P 450 5 and DOE O 414 1A are in place at PXSO and within BWXT Pantex and the QA program is effective with recognition of the weaknesses discussed above.

E Beckner

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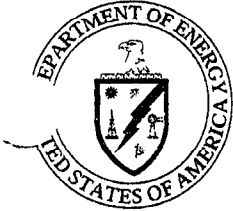
DEC 15 2003

Questions may be addressed to Mark Blackburn of my staff at (806) 477-3123 or email at [mblackbu@pantex.doe.gov](mailto:mblackbu@pantex.doe.gov)

A handwritten signature in black ink, appearing to read "D. Glenn".

Daniel E Glenn  
Manager

cc  
R Singh, NA-124/GTN  
J Woolery, BWXT, 12-6D



**Department of Energy**  
National Nuclear Security Administration  
Nevada Site Office  
P O Box 98518  
Las Vegas, NV 89193-8518

**SEP 23 2003**

Everet H Beckner, Deputy Administrator for Defense Programs, NNSA/HQ (NA-10) FORS

**VERIFICATION THAT THE NATIONAL NUCLEAR SECURITY ADMINISTRATION NEVADA SITE OFFICE (NNSA/NSO) IS ASSESSING QUALITY ASSURANCE PROGRAMS CONSISTENT WITH DOE P 450 5, *LINE ENVIRONMENT, SAFETY AND HEALTH OVERSIGHT*, AND DOE O 414 1, *QUALITY ASSURANCE***

The NNSA/NSO has completed the subject action in accordance with Action 3 2 2 of the Quality Assurance Improvement Plan for Defense Nuclear Facilities dated October 21, 2002. An NNSA/NSO Quality Assurance program review was conducted on NNSA/NSO and Bechtel Nevada (BN), during the time period of July 28 through August 7, 2003. This review verified that the NNSA/NSO and BN are implementing a quality assurance assessment process. The review team identified a number of NNSA/NSO and BN quality assurance issues requiring corrective actions. NNSA/NSO and BN are developing corrective action plans to address these issues.

If you have any questions, please contact me at (702) 295-3211 or my point of contact, John M Sanchez, at (702) 295-1083 or [sanchez@nv.doe.gov](mailto:sanchez@nv.doe.gov)

A handwritten signature in black ink, appearing to read "K. Carlson", is positioned above the typed name.

Kathleen A Carlson  
Manager

PAD JMS-3038  
AOM 04-01

cc

Xavier Ascanio, NNSA/HQ (NA-124) GTN  
D H Crandall, NNSA/HQ (NA-11) FORS  
R J Hardwick, NNSA/HQ (NA-124) FORS  
R N Singh, DOE/HQ (NA-124) GTN  
F A Tarantino, BN, Las Vegas, NV

Everet H Beckner

-2-

SEP 23 2003

bcc

J N Bailey, PAD, NNSA/NSO, Las Vegas, NV

C P Gertz, AMEM, NNSA/NSO, Las Vegas, NV

J O Low, PAD, NNSA/NSO, Las Vegas, NV

D D Monette, AMNS, NNSA/NSO, Las Vegas, NV

J M Sanchez, PAD, NNSA/NSO, Las Vegas, NV

T L Wallace, AMTS, NNSA/NSO, Las Vegas, NV