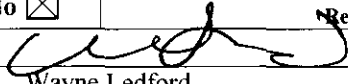
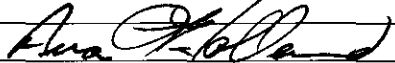
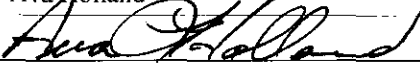


CORRECTIVE ACTION REPORT

1. CAR No.: 07-002	2. Activity Report No.: NA	3. Page 1 of 1
4. Controlling document: WIPP Hazardous Waste Facility Permit	5. CBFO Assessment Team Leader: Ava Holland	
6. Responsible organization: INL/CCP	7. CAQ was discussed with: Larry Porter, Rick Chavez, Dave Streng	
8. Requirement that was violated: Nonconforming waste was identified during Permittee confirmation in accordance with Permit Attachment B7.		
9. Condition Adverse to Quality (CAQ): On Saturday, November 25, 2006, the Idaho Falls confirmation team identified a prohibited item (prohibited liquid in an internal container) in container number 10099119 generated at the Idaho National Laboratory. The information regarding the shipment is indicated below: Waste Stream: ID-RF-S5300-A Shipment Number: IN060758 Container Number: 10099119 Media Number: INRTR5060224A Note: Shipment of ID-RF-S5300 has been suspended by oral direction from the CBFO Manager. The work suspension recommended in Block 11b relates to shipments of waste stream ID-RF-S5300 only.		
10. Suggested actions (Optional): At a minimum, perform the investigative actions as specified in Permit Attachment B7, Section B7-2.		
11a. Significant CAQ? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	12. Type of actions required:	
11b. Work Suspension recommended? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Remedial? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11c. RCRA related? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Investigative? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11d. Accelerated corrective action required? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Root Cause Analysis? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
11e. Does this CAQ affect waste streams BNINW216 or BNIN218? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Actions to Preclude Recurrence? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
13a. Trend Code: RT-05	13b. CAR Initiator:  (printed name) Wayne Ledford	Date: 11-27-06
14a. Response due date: December 11, 2006		
14b. Required corrective action completion date: December 27, 2006		
15. Concurrence:		
a. Assessment Team Leader:  (printed name) Ava Holland	Date: 11/27/06	
b. CBFO Quality Assurance Manager (if applicable):  (printed name) Ava Holland	Date: 11/27/06	
16. Acceptance of Proposed Corrective Actions: _____ (printed name) _____ Date: _____		
17. Acceptance of Corrective Action Completion: _____ (printed name) _____ Date: _____		
18. Closure: _____ (printed name) _____ Date: _____		

WASTE ISOLATION PILOT PLANT
U.S. DEPARTMENT OF ENERGY
Carlsbad Field Office

**INSTRUCTIONS FOR COMPLETING A CORRECTIVE ACTION PLAN IN
RESPONSE TO A CAR ADDRESSING A CONDITION ADVERSE TO QUALITY**

You are requested to provide a corrective action plan in response to this corrective action report (CAR) by the due date identified in block 14a of the CAR. If this date cannot be met, provide a written request for extension to the assessment team leader (CAR block 5). This request must include justification for the delay and must be provided prior to the response due date (CAR block 14a).

The corrective action plan shall address the corrective actions indicated in CAR block 12. As appropriate, develop the plan in accordance with the following sequence and format:

In order to develop the corrective action plan, perform an investigative action to determine the extent and impact of the deficiency and to identify the root cause. Next, determine the actions required to correct the adverse condition. The plan shall include the following information, as appropriate to CAR block 12.

1. Corrective action response for CAR # _____
 - A. **Remedial Actions**-Describe actions required or taken to correct the specific conditions noted and any similar conditions identified during the investigations.
 - B. **Investigative Actions**-Describe the investigative actions performed to determine the extent and impact of the deficiency and the results of the investigation. This will include a determination of the acceptability of any data generated prior to resolution of the deficiency.
 - C. **Root Cause Determination**-Identify the root cause of the condition as determined through investigative actions.
 - D. **Actions to Preclude Recurrence**-Identify the corrective actions required to address the root cause of the condition in order to preclude recurrence.
2. For each action above, identify the individual assigned responsibility for completion of the action and the anticipated (or actual, if complete) completion date.
3. The response must identify the individual having the overall responsibility for completion of the corrective actions.

NOTE: The documentation to support corrective action completion is not to be submitted with the corrective action plan and shall not be submitted until the corrective action plan is approved.

CAR CONTINUATION SHEET

1. CAR No:	2. Activity No:	3. Page ___ of ___.