TEMPORARY CHANGE REQUEST

TCR NO. TCR-QA-017,R6-001
(e.g., TCR-ENG-021,R0-001)

The Temporary Change Request (TCR) Form is to be used to process urgent or minor changes for PPPL Policies, Organization/Mission Statements and Procedures. The TCR should be used when changes are:
1) urgent, and can not wait the 2-4 week period for Department Head review/comment, or
2) minor, and do not warrant Department Head review.

Person Requesting Change: John DeLooper **Phone Ext:** 3047

Department Name: Quality Assurance

Document Number: Procedure QA-017 **Revision No.:** 6

Document Title: PPPL Issues Tracking System

Reason for change:
Expand the Applicability of this procedure in order to cancel procedure GEN-030, revision 0, *PPPL Commitment Tracking and Reporting Protocol*.

Change description:
Change the Applicability to read:

This procedure applies to the tracking by Quality Assurance (QA) and Environment, Safety, Health & Security (ESH&S) of information related to issues identified by Laboratory processes or programs or by external audits or assessments performed upon PPPL as well as high-level commitments and actions to the Department of Energy, external customers, and regulators.

Indicate in the approval header that this TCR cancels GEN-030,R0.

1. Does this TCR significantly alter the intent or scope of the document? **YES:** ____ **NO:** X

2. Does this TCR significantly impact **ES&H**? **YES:** ____ **NO:** X

If 1 or 2 is **YES**, Explain why the changes should not be routed for Department Head review:

Judy Malsbury 1/26/15
Department/Division Head Approval **Date**

John DeLooper 1/27/15
Head, Best Practices and Outreach/designee **Date**

Release/Effective date of this TCR: **1/27/15**

Incorporate this TCR into next revision of this document? **YES:** X **NO:** ____

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PPPL	PRINCETON PLASMA PHYSICS LABORATORY	PROCEDURE	No. QA-017, Rev. 6 page 1 of 6
Subject: PPPL Issues Tracking System		**Effective Date:** July 23, 2014	**Initiated by:** Head, Quality Assurance
		Supersedes: QA-017, Rev. 5 TCR-QA-017,R6-001 Cancels GEN-030,R0	**Approved:** Director

Management System (Primary): 12.00 Assurance and Improvement
Management System Owner: Head, Best Practices and Outreach
Management Process: 12.13
Management Process Owner: Head, Best Practices and Outreach
Sub Process: 12.13.01 Issues Tracking
Management Process Owner: Head, Quality Assurance
Subject Matter Expert (SME): Head, Quality Assurance

Applicability

This procedure applies to the tracking by Quality Assurance (QA) and Environment, Safety, Health & Security (ESH&S) of information related to issues identified by Laboratory processes or programs or by external audits or assessments performed upon PPPL as well as high-level commitments and actions to the Department of Energy, external customers, and regulators.
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Introduction

Quality Assurance (QA) is responsible to track items from the following systems:

- Audits performed by QA - schedule of, performance of, associated findings, and tracking to closure (reference QA-002)
- Audits or assessments performed upon PPPL by outside organizations –associated findings and tracking to closure (reference P-044)
- Action items taken in response to a DOE Occurrence Report (ORPS) or DOE Nonconformance Tracking System (NTS) – tracking to closure (reference P-044 and GEN-006)
- Causal Analyses performed - corrective actions and tracking to closure (reference QA-019)
- Nonconformance Reports – generation, corrective actions, and tracking to closure (NCRs) (reference QA-005)
- Corrective Action Requests (CARs) – generation, corrective actions, and tracking to closure (reference QA-012)
- Actions identified by the PPPL Lessons Learned Program – tracking to closure (reference P-083)

- Action Items identified by the ES&H Executive Board – tracking to closure (reference O-021)

Environment, Safety, Health & Security (ESH&S)) is responsible to track items from the following system:

- Actions identified by Management Safety Walkthroughs – tracking to closure (reference O-027)

Reference Documents (latest versions)

O-021	ES&H Executive Board Charter
O-027	Line Management Safety Organization
GEN-006	Investigation and Follow-up of Adverse Events and Conditions including Occurrence Reporting and Price Anderson Amendment Act Review
P-044	External Audits and Appraisals and PPPL Submissions to ORPS and NTS
P-083	Lessons Learned and Their Promulgation
QA-002	PPPL Audit Program
QA-005	Control of Nonconformances (NCRs)
QA-012	Corrective Action Requests (CARs)
QA-019	Root Cause Analysis/Extent of Condition Analysis

A. Adding New Items to the Tracking System

Responsibility	Action
Appropriate PPPL Staff	1. Transmits the records/reports associated with the items to be tracked per this procedure to QA or ESH&S, as appropriate
QA or ESH&S	2. Enters relevant information into the appropriate tracking system. Stores supporting documentation, e.g., audit report, causal analysis report, ORPS report, etc., in the appropriate records storage system.
	3. Informs the individual providing the information that it has been added to the tracking system.

B. Tracking Open Items to Completion

The steps below apply to all items tracked by QA. Items from the Management Safety Walkthroughs are closed when the assigned individual indicates, typically via email, that the action has been completed. No independent verification is required.

Responsibility	**Action**
QA	1. On a monthly basis, notifies each Department Head of all open items in the QA Tracking System assigned to his/her department.
Department Heads	2. Reviews status of open items with their staff.
Individual assigned responsibility for a corrective action	3. Informs Quality Assurance and Department Head when corrective action is completed for an open item or when extensions, change of assignments, or change of corrective actions is requested. Supplies supporting document or evidence of completion with the request. The information may be provided in memorandum format or via email. For QA Audits, the QA engineer responsible for tracking the audit, aka Tracker, must be involved.

i. The QA Tracker must verify the closure within three weeks of the request for closure unless additional time is required to allow for implementation or the verification process requires significant review.

ii. Requests for extensions in due date may require additional review. If the change results in the due date being greater than six months of the issuance date of the report, concurrence of the responsible Department Head is required. If the change results in the due date being greater than one year of the issuance date of the report, concurrence of the PPPL Deputy Director for Operations is required. Such approval may be via email.

iii. Requests for change of assignments or change of corrective actions must include justification.

a. Changes of corrective actions require the same review as the original corrective action required by the specific program.

b. Change of assignment requires assurance that the newly assigned individual accepts the assignment. Information about this change is transmitted to the assigned individual and his/her line Division Head.

c. Extensions to due date may require additional review per step ii.

QA

4. If closure is approved, assures documentation to support the closure of the corrective action is maintained in the QA files and closes the associated open item.

   Notes:

   a. Closure of all open items for audits performed upon PPPL requires the concurrence of 1) the Head, Best Practices and Outreach or, in his absence, the Deputy Director for Operations and 2) the organization performing the audit if required by their processes.
   b. Closure of all open items for ORPS and NTS require the concurrence of the Head, Best Practices and Outreach or, in his absence, the Deputy Director for Operations
   c. Closure of all open items tracked by US/ITER as a result of their audits upon PPPL requires supporting documentation and a request to the Deputy Project Manager, US ITER Project Office, for closure. These items may not be closed in the PPPL system until they are closed in the US ITER tracking system.
   d. Closure of all open items from the ES&H Executive Board requires the concurrence of the Head, ESH&S and the Head, Best Practices and Outreach or, in his absence, the Deputy Director for Operations.

   If closure is not approved, informs assigned individual of the status.

5. If the actions of steps 3 or 4 change an action documented in an ORPS or NTS reports, generates, after updating the ORPS or NTS database, the current version of the associated ORPS/ NTS reports for distribution to ORPSFacilityManagers@pppl.gov/

6. Assures that ORPS/NTS records that are not final are updated every 45 days as required by DOE.

7. When all findings for a PPPL lead audit are closed, distributes an Audit Closure Notice per QA-002.

C. Assessments and Action Items Meetings

Responsibility	Action
QA	1. No later than three days before the regularly scheduled PPPL Assessments and Action Items Meeting, distributes an agenda for the meeting. The agenda includes the following items relative to this procedure: a) Status of PPPL Dashboard b) Integrated Assessment Schedule c) Review of QA Audit Schedule d) Open Items Counts e) Special selected topics f) Open Items tracked per this procedure with an emphasis on those open more than one year 2. Distributes minutes within one week of the meeting.

D. Training Requirements

Target Audience: QA/ESH&S staff responsible for aspects of the work performed under this procedure.

Instructor: Head, Quality Assurance (predominately) or Head, ESH&S (MSW items)

Training Method:

√ Read QA-017

√Acknowledgment required - Informal (email required)

Frequency:

√ Once only

√ Other – when changes occur

E. Records Requirements Specific To This Procedure (in addition to the associated database)

Records Custodians must assure records are maintained as follows:

Record Title	Record Custodian	Location	Retention Time
QA Tracking System Records	Quality Assurance	Electronic System	See Procedure defining specific record
ORPS System Records	DOE	Electronic System	See Procedure defining specific record
Informational Copies QA Owned	Quality Assurance	Quality Assurance	Delete when no longer needed
Informational Copies not QA Owned (Example: Management Safety Walkthrough Records)	Initiating Department	Initiating Department	Delete when no longer needed