BROOKHAVEN NATIONAL LABORATORY

Work Permit # DRL-2009-12
Work Order # _____
Job# _____ Activity# _____

1. Work requester fills out this section. ☐ **Standing Work Permit**

Requester: Don Lynch	Date: 9/18/09	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Mike Leitch			Ext.: 7821 (PHENIX Counting House)
Work Control Coordinator: Don Lynch		Start Date: 9/10/07	Est. End Date: 10/1/09
Brief Description of Work: Erect low work platform to aid in reaching low MuTr capacitors for removal			
Building: 1008	Room: IR	Equipment: Mutr Station 3 North	Service Provider: MuTr Experts PHENIX Techs

. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS				
Radiation Concerns	☒ None	☐ Activation	☐ Airborne	☐ Contamination	☐ Radiation
Radiation Generating Devices:	☐ Radiography	☐ Moisture Density Gauges	☐ Soil Density Gauges	☐ X-ray Equipment
☐ Special nuclear materials involved, notify Isotope Special Materials Group			☐ Fissionable materials involved, notify Laboratory Criticality Officer	
Safety Concerns	☐ None	☐ Ergonomics	☐ Transport of Haz/Rad Material	
☐ Adding/Removing Walls or Roofs	☒ Confined Space*	☐ Explosives	☐ Lead*	☐ Penetrating Fire Walls
	☐ Corrosive	☐ Flammable	☐ Magnetic Field*	☐ Pressurized Systems
☐ Asbestos*	☐ Cryogenic	☐ Fumes/Mist/Dust*	☐ Material Handling	☐ Rigging/Critical Lift
☐ Beryllium*	☐ Electrical	☐ Heat/Cold Stress	☐ Noise*	☐ Toxic Materials*
☐ Biohazard*	☐ Elevated Work*	☐ Hydraulic	☐ Non-ionizing Radiation*	☐ Vacuum
☐ Chemicals*	☐ Excavation	☐ Lasers*	☐ Oxygen Deficiency*	☐ Other
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No				
Environmental Concerns		☒ None	☐ Work impacts Environmental Permit No.	
☐ Atmospheric Discharges (rad/non-rad)		☐ Land Use	☐ Soil Activation/contamination	☐ Waste-Mixed
☐ Chemical or Rad Material Storage or Use		☐ Liquid Discharges	☐ Waste-Clean	☐ Waste-Radioactive
☐ Cesspools (UIC)		☐ Oil/PCB Management	☐ Waste-Hazardous	☐ Waste-Regulated Medical
☐ High water/power consumption		☐ Spill potential	☐ Waste-Industrial	☐ Underground Duct/Piping
Waste disposition by:				☐ Other
Pollution Prevention (P2)/Waste Minimization Opportunity:		☒ None ☐ Yes		
FACILITY CONCERNS	☒ None			
☐ Access/Egress Limitations	☐ Electrical Noise	☐ Potential to Cause a False Alarm		☐ Vibrations
	☐ Impacts Facility Use Agreement		☐ Temperature Change	☐ Other
☐ Configuration Control	☐ Maintenance Work on Ventilation Systems		☐ Utility Interruptions	
WORK CONTROLS				
Work Practices				
☐ None	☐ Exhaust Ventilation	☐ Lockout/Tagout	☐ Spill Containment	☐ Security (see Instruction Sheet)
☒ Back-up Person/Watch	☐ HP Coverage	☐ Posting/Warning Signs	☐ Time Limitation	☐ Other
☐ Barricades	☐ IH Survey	☐ Scaffolding-requires inspection	☐ Warning Alarm (i.e. "high level")	
Protective Equipment				
☐ None	☐ Ear Plugs	☐ Gloves	☐ Lab Coat	☒ Safety Glasses
☐ Coveralls	☐ Ear Muffs	☐ Goggles	☐ Respirator	☐ Safety Harness
☐ Disposable Clothing	☐ Face Shield	☐ Hard Hat	☐ Shoe Covers	☒ Safety Shoes ☐ Other
Permits Required (Permits must be valid when job is scheduled.)				
☐ None	☐ Cutting/Welding	☐ Impair Fire Protection Systems		
☐ Concrete/Masonry Penetration	☐ Digging/Core Drilling	☐ Rad Work Permit-RWP No		
☒ Confined Space Entry	☐ Electrical Working Hot	☐ Other		
Dosimetry/Monitoring				
☒ None	☐ Heat Stress Monitor	☐ Real Time Monitor	☐ TLD	
☐ Air Effluent	☐ Noise Survey/Dosimeter	☐ Self-reading Pencil Dosimeter	☐ Waste Characterization	
☐ Ground Water	☐ O_2/Combustible Gas	☐ Self-reading Digital Dosimeter	☐ Other	
☐ Liquid Effluent	☐ Passive Vapor Monitor	☐ Sorbent Tube/Filter Pump		
Training Requirements (List below specific training requirements)				
PHENIX Awareness, CA User Training, Confined space training				
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			**If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)**	
ES&H Risk Level:	☒ Low ☐ Moderate ☐ High		WCC:	Date:
Complexity Level:	☒ Low ☐ Moderate ☐ High		Service Provider:	Date:
Work Coordination:	☒ Low ☐ Moderate ☐ High		Authorization to start	Date:
			(Departmental Sup/WCC/Designee)	

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed): This work plan is supplemental and subsidiary to work permit number DRL-2009-7 Also see attached additional documentation.
Special Working Conditions Required:
Operational Limits Imposed:
Post Work Testing Required:

Job Safety Analysis Required: ☐ Yes ☐ No	Walkdown Required: ☐ Yes ☐ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Other				
Other				
Work Control Coordinator				
Service Provider				
	Review Done: ☐ in series	☐ team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name:	Signature:	Life#:	Date:

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☐ No

Post Job Review (Fill in names of reviewers)			
Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)
a) WCM/WCC: Is any feedback required? ☐ Yes ☐ No

b) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☐ No

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:
Comments:			

Work plan Attachment **WP# DRL-2009-12**

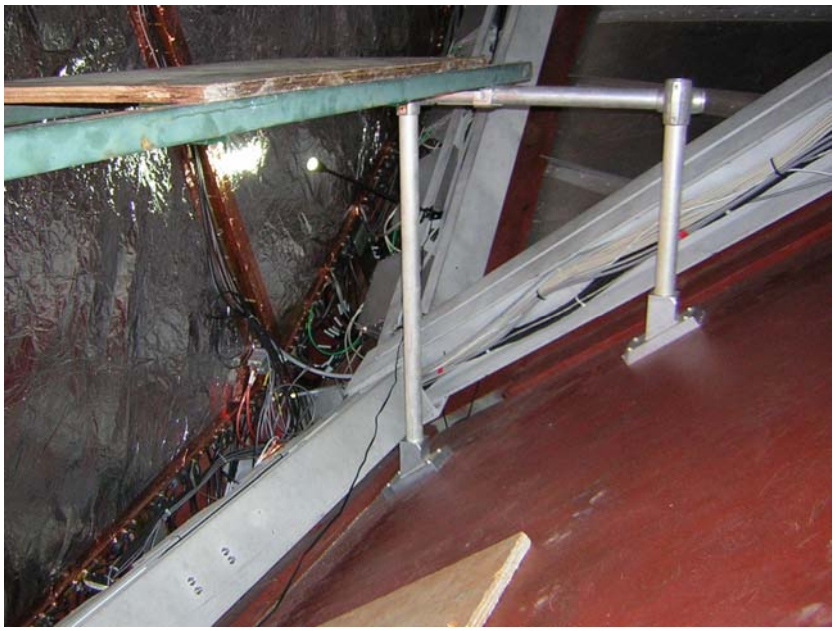
MuTr Troubleshooting, Station 3 North access platform

INTRODUCTION

The PHENIX MuTr experts have a need to troubleshoot electronics component in the low area of the Muon North Magnet. Although low enough that the work does not require scaffolding, the work requires a stable and level service to work on. Such a surface has been fabricated by MuTr experts for previous similar work and this permit allows the use of the low stable work platform described below. PHENIX engineering shall review the installation and approve its use prior to work being performed on this platform.

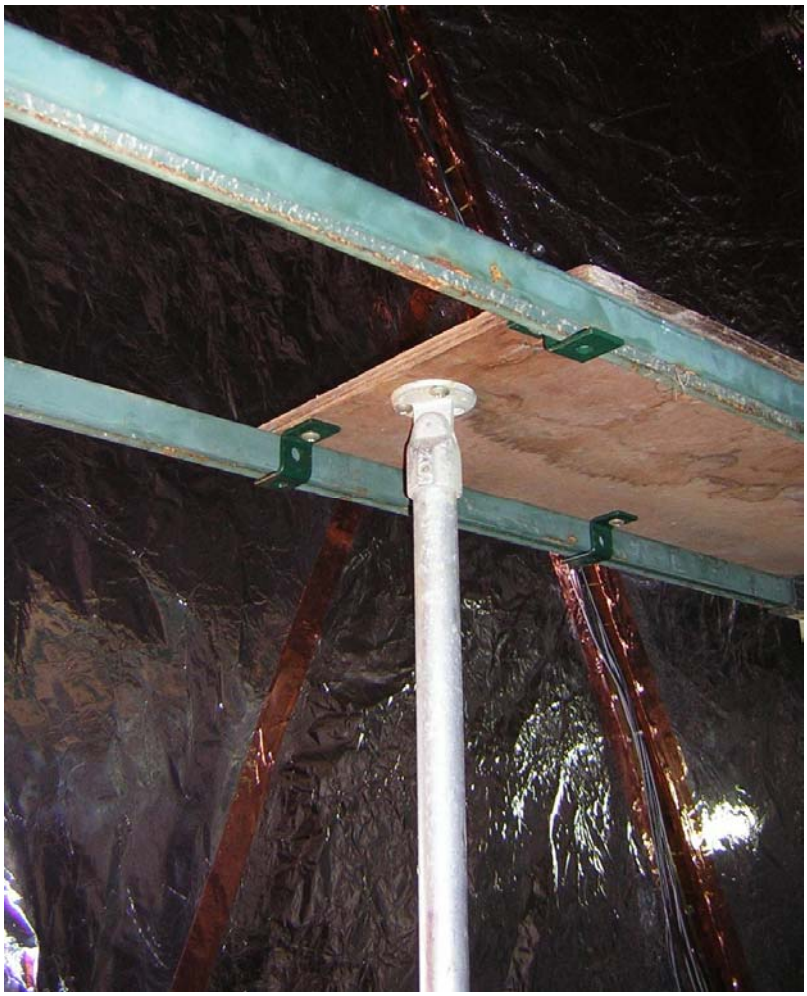
MMN MuTr Capacitor Removal Procedure Platform Installation and Inspection

1. The platform is to be made of standard 1.75" heavy wall aluminum tubing and utilizes base brackets permanently installed on the lower octant of the north magnet . The East and West bracket pairs are about 9' apart. On top will be (2) 10' steel unistrut beams which will support a section of 3/4" plywood This temporary platform allows you to work on the top of the North Mutr station 3 octant 7.



2. The average height of the platform above the slanted section of the Magnet structure is 29.25". Therefore a handrail is not required.

3. the plywood is only 3' or so long, so it only covers a small portion of the 10' span. You can loosen the screws and slide the board over to the other side.



A support under the end of the plywood, using a swivel mount screwed into the wood, is provided for added stability/rigidity. A swivel mount on the bottom screws into a piece of plywood that rests against a 1" steel ledge underneath the cable tray

MMN MuTr Capacitor Removal Procedure

The actual troubleshooting to be performed is consistent with worker-planned-work as described in the PHENIX Awareness training. No additional work permits are required.