

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT

Requester: PAUL GIANNOTTI Date: 5-16-00 Ext. 3815 Dept/Div/Group: PHYSICS/PHENIX EXP
 Other Contact person (if different from requester): ACHIM FRANZ Ext. 4750
 Work Control Coordinator PAUL GIANNOTTI Start Date 5-17-00 Est. End Date 5-18-00
 Description of Work / Problem: INSTALL OFFICE PARTITIONS IN TRAILER COMPLEX
AT BUILDING 1008.

* Escort Required.

Building 1008 Room N/A Equipment N/A Service Provider DESKO-CONTRACTORS

2. Work requester, service provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H Analysis

RADIATION CONCERNS NONE Activation Airborne Contamination Radiation OTHER _____
 Special nuclear materials involved, notify Isotope Special Materials Group Fissionable materials involved, notify Laboratory Criticality Officer

SAFETY CONCERNS

NONE
 Adding / Removing Walls or Roofs Confined Space* Explosives Lead* Penetrating Fire Wall
 Asbestos* Corrosive Flammable Magnetic Field Pressurized Systems
 Beryllium* Cryogenic Fumes/Mist/Dust* Material Handling Rigging/Critical Lift
 Biohazard* Electrical Heat/Cold Stress* Noise* Toxic Materials*
 Chemicals* Elevated Work* Hydraulic Non-ionizing Radiation Vacuum
 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) Liquid Discharges Soil activation/contamination Waste - Mixed
 Chemical or Rad Material Storage or Use Oil / PCB Management Waste - Clean Waste - Radioactive
 Cesspools (UIC) Protected areas / species Waste - Hazardous Waste - Regulated Medical
 High water / power consumption Spill potential Waste - Industrial OTHER _____

Waste disposition by: A/L

POLLUTION PREVENTION (P2) / WASTE MINIMIZATION OPPORTUNITY: None Yes

Facility Concerns

NONE Access/Egress Limitations Impacts Facility Use Agreement Temperature Change OTHER _____
 Configuration Control Maintenance Work on Ventilation Systems Utility Interruptions
 Electrical Noise Potential to Cause a False Alarm Vibrations

Work Controls

WORK PRACTICES NONE Exhaust Ventilation Lockout/Tagout Spill Containment
 Back-up Person/Watch HP Coverage Posting/Warning Signs Time Limitation
 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 *Initial next to box to show who has responsibility to generate the permit. 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 O₂/Combustible Gas Self-reading Digital Dosimeter OTHER _____
 Liquid Effluent Passive Vapor Monitor Sorbent Tube/Filter Pump

Training Requirements (List below any location specific training requirements)

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below.

ES&H Risk Level: LOW MODERATE HIGH
 Complexity Level: LOW MODERATE HIGH
 Work Coordination: LOW MODERATE HIGH

Note: If all the ratings are LOW, the Work Control Coordinator and Service Provider must sign for concurrence on the back side. Further review of the work permit is not required. If any ratings are MODERATE or HIGH, the entire permit must be completed.

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

Work Plan: (procedures, timing, equipment, and personnel availability need to be addressed) _____

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	Arthur J. Piper		18661	5/16/00
ES&H Professional	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Work Control Coordinator*	Paul Giannotti	PAUL GIANNOTTI	19759	5-16-00
Service Provider*	_____	_____	_____	_____

*Only signatures required for concurrence on LOW rated jobs. Review done: in series team

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including attached permits).

Job Site 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. Work Requester or designee fills out this section

Conditions are Appropriate to Start Work: (Work permit has been reviewed, work controls are in place, and site is ready for job.)

Name _____ Signature _____ Life # _____ Date _____

6. Work Requester determines if Post Job Review is required No Yes (Fill in names of reviewers)

Post Job Review:

Name: _____ Signature _____ Life #: _____ Date: _____

Name: _____ Signature _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback: _____

8. Work Control Coordinator (requesting dept.) checks quality of completed permit and closes out

Closeout: Name _____ Signature _____ Life #: _____ Date: _____

Comments: _____

Subject: Installers

Date: Mon, 15 May 2000 16:48:00 -0400

From: Craig Woody <woody@bnl.gov>

To: Paul Giannotti <gia@bnl.gov>

Paul,

The name of the people coming to install the office partitions are Scott Kerekes and Niko Dvnelis. According to the message Jeff Sumner left me today, they will be here at 8:00 am on Wednesday. You may want to give him a call and arrange where to meet them if you haven't already done so. Also, as I said, Artie Piper should be able to issue you both the work permit and the escort forms.

Let me know if you have any problems with any of this. This whole thing seems to have gotten needlessly complicated, but I guess that's the way things go around here now.

Good luck,
Craig

Craig Woody <woody@bnl.gov>
Brookhaven National Lab
Physics Department