

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT

Requester: FRANK TOLDO Date: 6-12-00 Ext. 2788 Dept/Div/Group: PHENIX
 Other Contact person (if different from requester): PAUL GIANOTTI Ext. 3815
 Work Control Coordinator F. TOLDO Start Date 6/12/00 Est. End Date _____
 Description of Work / Problem: Cable tray installation Installation of
electrical feeds and related electrical work.

Building 1008 Room N/A Equipment N/A Service Provider F.P.

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

<input type="checkbox"/> Adding / Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Wall
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input checked="" type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress*	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*
<input type="checkbox"/> Chemicals*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation	<input type="checkbox"/> Vacuum
	<input type="checkbox"/> Excavation	<input checked="" type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> OTHER _____

*Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? Yes No

ENVIRONMENTAL CONCERNS NONE

<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Soil activation/contamination	<input type="checkbox"/> Waste - Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Oil / PCB Management	<input type="checkbox"/> Waste - Clean	<input type="checkbox"/> Waste - Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Protected areas / species	<input type="checkbox"/> Waste - Hazardous	<input type="checkbox"/> Waste - Regulated Medical
<input type="checkbox"/> High water / power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste - Industrial	<input type="checkbox"/> OTHER _____

Waste disposition by: A. Per

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

Facility Concerns NONE

<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
<input type="checkbox"/> Electrical Noise	<input checked="" type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	

Work Controls

WORK PRACTICES NONE Back-up Person/Watch Barricades Exhaust Ventilation HP Coverage IH Survey Lockout/Tagout Posting/Warning Signs Scaffolding - requires inspection Spill Containment Time Limitation Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT NONE Ear Plugs Ear Muffs Face Shield Gloves Goggles Hard Hat Lab Coat Respirator Shoe covers Safety Glasses Safety Harness 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 Concrete/Masonry Penetration Confined Space Entry Cutting/Welding Digging/Core Drilling Electrical Working Hot Impair Fire Protection Systems Rad Work Permit - RWP No. _____ OTHER _____

DOSIMETRY/ MONITORING NONE Air Effluent Ground Water Liquid Effluent Heat Stress Monitor Noise Survey/Dosimeter O₂/Combustible Gas Passive Vapor Monitor Real Time Monitor Self-reading Pencil Dosimeter Self-reading Digital Dosimeter Sorbent Tube/Filter Pump TLD Waste Characterization OTHER _____

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	<i>Arthur J. Piper</i>	18661	6/12/00
ES&H Professional	_____	_____	_____	_____
Other	_____	_____	_____	_____
Other	_____	_____	_____	_____
Work Control Coordinator*	F. Toldo	<i>F. Toldo</i>	18297	6/12/00
Service Provider*	J. Magee	<i>J. Magee</i>	20595	6/12/00

*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: _____