

1. Work requester fills out this section.

Standing Work Permit

Requester: Carter Biggs	Date: 6/20/2005	Ext.: 7515	Dept/Div/Group: PO
Other Contact person (if different from requester): Don Lynch			Ext.: 2253
Work Control Coordinator: C. Biggs	Start Date: 6/22/2005	Est. End Date: 7/20/2005	
Brief Description of Work: run 1/2" 1" s.s. tubing from gas pad to mixing house, then to the Phenix IR in Bldg. 1008			
Building: 1008	Room: IR	Equipment: manlift	Service Provider: phenix techs.

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

ES&H ANALYSIS				
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination
			<input type="checkbox"/> Radiation	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
Safety Concerns				
	<input type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material	
<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 Walls
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Environmental Concerns				
	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.		
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed	
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive	
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<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"/> Underground Duct/Piping	
Waste disposition by: <input type="checkbox"/> Other				
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> None <input type="checkbox"/> Yes		
FACILITY CONCERNS				
	<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm		<input type="checkbox"/> Vibrations
	<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	
WORK CONTROLS				
Work Practices				
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")	
Protective Equipment				
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input checked="" type="checkbox"/> Safety Harness
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes <input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems		
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No		
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other		
Dosimetry/Monitoring				
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD	
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization	
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other	
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump		
Training Requirements (List below specific training requirements)C-A access, Phenix Awareness, fall protection, manlift				
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:				
ES&H Risk Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	
		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)		
		WCC: <i>Carter Biggs</i>	Date: 6/20/05	
		Service Provider: <i>Carter Biggs</i>	Date: 6/20/05	
		Authorization to start: <i>Don Lynch</i>	Date: 6/20/05	
(Departmental Sup/WCC/Designee)				

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