

Work Order # _____ Job # _____ Activity # _____

1. Work requester fills out this section

STANDING WORK PERMIT

requester: P. Kroon Date: 1/24/02 Ext. 5114 Dept/Div/Group: Physics
 Other Contact person (if different from requester): C. Pearson Ext. 4671
 Work Control Coordinator A. D. Frawley Start Date 1/25/02 Est. End Date 1/30/02
 Description of Work / Problem: Remove MUFD shielding from inside of South MUFD square hole in PHENIX

Building 1008 Room _____ Equipment _____ Service Provider _____

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

ES&H Analysis Area to be surveyed before de-posting.

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 type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field <u>8 Gauss</u>	<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 type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation	<input checked="" type="checkbox"/> Vacuum
	<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? Yes No

ENVIRONMENTAL CONCERNS NONE Work impacts Environmental Permit No. _____

<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: _____

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 type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	

Work Controls

WORK PRACTICES NONE Exhaust Ventilation Lockout/Tagout Spill Containment

<input 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"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding - requires inspection	<input type="checkbox"/> Warning alarm (i.e. "high level")

PROTECTIVE EQUIPMENT NONE Ear Plugs Gloves Lab Coat Safety Glasses

<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe covers	<input checked="" type="checkbox"/> Safety Shoes <input type="checkbox"/> OTHER _____

PERMITS REQUIRED *Initial next to box to show who has responsibility to generate the permit. Permits must be valid when job is scheduled.*

(Please attach) NONE Cutting/Welding 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 NONE Heat Stress Monitor Real Time Monitor 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 any location specific training requirements)

C-A access, escort policy

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) _____
Remove steel bricks from MUFD square hole
Stack steel bricks evenly on 6 pallets (7 tons total)
 * MINIMUM 2 PEOPLE REQUIRED AT ALL TIMES
 * USE CAUTION & PACE WORK SO AS TO AVOID
VACUUM EQUIPMENT & CABLES

Special Working Conditions Required: None

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	<u>Yousaf Mubashir</u>	<u>[Signature]</u>	<u>15533</u>	<u>1/21/02</u>
Other	<u>C. Carson</u>	<u>[Signature]</u>	<u>15246</u>	<u>1/21/02</u>
Work Control Coordinator*	<u>A. D. Frawley</u>	<u>[Signature]</u>	<u>F5711</u>	<u>1/24/02</u>
Service Provider*	<u>Itzsch. Tulce</u>	<u>[Signature]</u>	<u>T6101</u>	<u>1/24/02</u>

*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 Absushi Takekani Contractor Supervisor _____
 Workers: Andy Glenn Life # _____ Workers: _____ Life # _____
Hiroki Sato _____
Laurence Villaitte _____
Jason Newby _____

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 P. Kroon Signature [Signature] Life # 17500 Date 1/25/02

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: _____