

**WORK PERMIT # PH9806001**

ILR / Work Order # 382400 Dept. RC Construction Job # \_\_\_\_\_ Tracking # \_\_\_\_\_ Account # 77571

**1. Work requester fills out this section**

Requester: J. Collins Date: 6-16-98 Dept/Div/Group: PHENIX  
 Other Contact person (if different from requester): PAUL GIANNOTTI Phone No. 3815  
 Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_  
 Description of Work / Problem: OUTSIDE CONTRACT TO INSTALL CARPET.

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Building 1008A Room Control RM Equipment \_\_\_\_\_

**2. Work requester, work provider, and ES&H (as necessary) jointly fill out this section or attach applicable hazard analysis**

**Hazard Analysis**

**RADIATION CONCERNS**  NONE [ ] Activation [ ] Airborne [ ] Contamination [ ] Radiation [ ] OTHER \_\_\_\_\_  
 [ ] Special nuclear materials involved (ES&H 3.7.0), notify Group Leader, Isotope Special Materials Group (SSD)  
 [ ] Fissionable materials involved (ES&H 3.7.0), notify Laboratory Criticality Officer (DAT)

**SAFETY CONCERNS**  NONE [ ] Corrosive [ ] Flammable [ ] Material Handling [ ] Rigging/Critical Lift  
 [ ] Asbestos [ ] Cryogenic [ ] Fumes/Mist/Dust [ ] Noise [ ] Toxic  
 [ ] Biohazard [ ] Electrical [ ] Heat/Cold Stress [ ] Non-ionizing Radiation [ ] Vacuum  
 [ ] Chemicals [ ] Elevated Work [ ] Hydraulic [ ] Oxygen Deficiency [ ] OTHER \_\_\_\_\_  
 [ ] Confined Space [ ] Excavation [ ] Lasers [ ] Penetrating Fire Wall  
 [ ] Adding / Removing Walls or Roofs [ ] Lead [ ] Pneumatic

**ENVIRONMENTAL CONCERNS**

NONE [ ] OTHER \_\_\_\_\_  
 [ ] Hazardous materials will be released to the air via a new/modified ventilation system, hood, or stack (ES&H 6.1.4 and 6.1.5) Notify Project Engineer, Environmental Protection Office (ES&H Services)  
 [ ] New hazardous materials will be released via the liquid effluent system to the sewage treatment system or an impoundment (ES&H 6.1.2) Notify Regulatory Compliance Engineer, Environmental Protection Office (ES&H Services) for permit.

**Waste Generated** [ ] NONE  Clean Waste [ ] Hazardous Waste [ ] Radioactive Waste [ ] Mixed Waste  
 Waste disposition by: CONTRACTOR

Based on analysis above, the Review Team determines the job hazard category:

**JOB HAZARD CATEGORY:** X MODERATE \_\_\_\_\_ HIGH  
 Job Safety Analysis (JSA) Required? X No \_\_\_\_\_ Yes (Please attach)

**Work Controls**

**WORK CONTROLS**  NONE [ ] Containment [ ] IH Survey [ ] Scaffolding - requires inspection  
 [ ] Back-up Person/Watch [ ] Exhaust Ventilation [ ] Lockout/Tagout [ ] Time Limitation  
 [ ] Barricades [ ] HP Coverage [ ] Posting/Warning Signs [ ] OTHER \_\_\_\_\_

**PROTECTIVE EQUIPMENT**  NONE [ ] Ear Plugs [ ] Gloves [ ] Lab Coat [ ] Safety Glasses  
 [ ] Coveralls [ ] Ear Muffs [ ] Goggles [ ] Respirator [ ] Safety Harness  
 [ ] Disposable Clothing [ ] Face Shield [ ] Hard Hat [ ] Rubbers [ ] Safety Shoes [ ] OTHER \_\_\_\_\_

Initial next to box to show who has responsibility to generate the permit  
 [ ] Confined Space Entry (ES&H 2.2.4) [ ] Digging/Core Drilling (ES&H 1.18.0) [ ] Impair Fire Protection Sys. (ES&H 4.2.0)  
 [ ] Cutting/Welding (ES&H 4.3.0) [ ] Electrical Working Hot (ES&H 1.5.0) [ ] Rad Work Permit (BNL RadCon Manual)  
 [ ] Dept/Div Specific Permit \_\_\_\_\_ [ ] Dept/Div Specific Permit \_\_\_\_\_

**MONITORING**  NONE [ ] O<sub>2</sub>/Combustible Gas [ ] Self-reading Dosimeter  
 [ ] Heat Stress Monitor [ ] Passive Vapor Monitor [ ] Sorbent Tube/Filter Pump  
 [ ] Noise Survey/Dosimeter [ ] Real Time Monitor [ ] TLD [ ] OTHER \_\_\_\_\_

**Requirements** (List below any location specific training requirements)

CONTRACTOR - NEW EMPLOYEES.

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

Work Plan (procedures, timing, personnel, etc.): \_\_\_\_\_  
SKILL OF THE CRAFT  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Special Working Conditions Required: \_\_\_\_\_  
 \_\_\_\_\_  
 Operational Limits Imposed: \_\_\_\_\_  
 Post Work Testing Required: \_\_\_\_\_

**Reviewed By:** \*Note: Primary facility reviewer will dictate the other required signatures

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	<u>JOSEPH COLLINS</u>	<u>[Signature]</u>	<u>14795</u>	<u>6-16-98</u>
ES&H Services	_____	_____	_____	_____
Other *	_____	_____	_____	_____

4. Job site personnel fills out this section

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements

Job Site Supervisor \_\_\_\_\_ Contractor Supervisor \_\_\_\_\_  
 Workers: \_\_\_\_\_ Life # \_\_\_\_\_ Workers: \_\_\_\_\_ Life # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 J. COLLINS Signature [Signature] Life # 14795 Date 6-16-98

6. Work Requester determines if Post Job Review is required

YES  NO  
 Post Job Review by ES&H Coordinator: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Closeout Signatures (as necessary): \_\_\_\_\_ Name \_\_\_\_\_ Initial \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_  
 Other Closeout Signatures (as necessary): \_\_\_\_\_ Name \_\_\_\_\_ Initial \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

7. Worker provides feedback

**Worker Feedback:**  
 Supervisor: Is worker feedback required on this job?  NO  YES (attach feedback form)  
 Worker: Any feedback on safety concerns or ways to improve the job?  NO  YES (ask for form if not attached)