

WORK PERMIT # _____

ILR / Work Order # _____ Dept. _____ Construction Job # _____ Tracking # _____ Account # 89195

Work requester fills out this section

requester: J. Collins Date: 8-11-98 Dept/Div/Group: PERMIT
 Other Contact person (if different from requester): KEN JONES Phone No. _____
 Start Date 8-13-98 Estimated End Date 8-13-98
 Description of Work / Problem:
PUT LIFTING FRAME UNDER DETECTOR.

Building 832 Room NUC BAY 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: _____

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

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

Work Controls

WORK PRACTICES 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 _____

PERMITS REQUIRED *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 _____

DOSIMETRY/ MONITORING NONE O₂/Combustible Gas Self-reading Dosimeter
 Heat Stress Monitor Passive Vapor Monitor Sorbent Tube/Filter Pump
 Noise Survey/Dosimeter Real Time Monitor TLD OTHER _____

Training Requirements (List below any location specific training requirements)

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

Work Plan (procedures, timing, personnel, etc.): _____

- SKILL OF CRAFT -

AGS RIGGERS (ALEX) REPETITIVE PROCESS -
WORK WILL ONLY BE PERFORMED BY RIGGING PERSONNEL

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	J. Collins	<i>[Signature]</i>	14795	8-11-98
ES&H Services	STEVE KANE	<i>[Signature]</i>	19394	8/12/98
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 8-12-98

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): _____			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 on ways to improve the job? NO YES (ask for form if not attached)