

WORK PERMIT # \_\_\_\_\_

ILR / Work Order # \_\_\_\_\_ Dept. EC Construction Job # \_\_\_\_\_ Tracking # 292 Account # 89195 086

1. Work requester fills out this section

Requester: J. Collins Date: 8-12-98 Dept/Div/Group: PHENIX  
 Other Contact person (if different from requester): KEN JONES Phone No. 6056  
 Start Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_  
 Description of Work / Problem: Drill & INSTALL FLOOR BOLTS.  
 Building 837 Room Hub 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  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 \_\_\_\_\_

**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 - TONE MARKED AREAS OF FLOOR IN TEST AREA FOR STANDS (4)*

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	<i>J. COLLINS</i>		<i>14795</i>	<i>8-12-98</i>
ES&H Services				
Other *	<i>P. STELMASCHUK</i>			

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 \_\_\_\_\_ Signature \_\_\_\_\_ Life # \_\_\_\_\_ Date \_\_\_\_\_

6. Work Requester determines if Post Job Review is required

YES  NO

Post Job Review by ES&H Coordinator: \_\_\_\_\_ Life #: \_\_\_\_\_ Date: \_\_\_\_\_

Name	Initial	Life #	Date
Other Closeout Signatures (as necessary): _____	_____	_____	_____
Other Closeout Signatures (as necessary): _____	_____	_____	_____

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)

**PLANT ENGINEERING DIVISION**

**CONCRETE AND MASONRY AGGRESSIVE PENETRATION PERMIT**

*To be completed by person planning job (Project Engineer/ Planner Estimator/ Supervisor)*

Requestor Name: J. COLLINS Date: 8/24/98  
 Phone #: 7777 Job Title: WORK IN TENT AREA  
 Building #: 820 Job /WO /ILR#: 8209/8HP

Penetration Location (Bldg/Area): 820 TENT AREA  
 Description of Penetration: FOR EQUIP INSTALL.  
 Number of Penetrations: SEVERAL  
 Depth of Penetration: 12'  
 Sketch Attached: Yes  No   
 Date Marked in Field: 8/24/98  
 Method Used to Mark:

*To be completed by Locator Personnel and Utility Representatives*

UTILITY-PHONE/PAGER	DATE	MARKING METHOD/COMMENTS	SIGNATURE	LIFE #
Electric: (2808 / 2720)	<u>8/24/98</u>	<u>Toned Floor</u>	<u>[Signature]</u>	<u>21448</u>
Fire Alarm: (7592 / 2721)	<u>8/24/98</u>	<u>CONDUIT CLOSE TAG LOCK AND WHEN DRILLING</u>	<u>[Signature]</u>	<u>21448</u>
Telecommunication: (4031 / 0197)	<u>8-25-98</u>	<u>NONE</u>	<u>[Signature]</u>	<u>NO 274</u>
Facility Specific: (Contact Knowledgeable Facility Representative or Building Manager)				
Other:				

*To be completed by person planning job (Project Engineer/ Planner Estimator/ Supervisor)*

**AUTHORIZATION FOR JOB TO PROCEED:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward Copy to Shop with Work Package to Perform Job. Original to Project File.