

WORK PERMIT #

ILR / Work Order # 9033036M Construction Job # _____ Tracking # _____ Account # _____

1. Work requester fills out this section

STANDING WORK PERMIT

Requester: P. Callegari Date: 3/1/99 Ext. 4666 Dept/Div/Group: E.P. / Plumbers.
Other Contact person (if different from requester): R. Kuczmariski Ext. 3239

Start Date _____ Estimated End Date _____

Description of Work / Problem: Repair expansion tank.

Building 911 Room Pump Room Equipment domestic water.?

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

- Adding / Removing Walls or Roofs Excavation (ES&H 1.18.0) Noise
- Asbestos Flammable (ES&H 4.10.2) Non-ionizing Radiation
- Biohazard Fumes/Mist/Dust Oxygen Deficiency
- Chemicals Heat/Cold Stress (ES&H 2.5.0) Penetrating Fire Wall
- Confined Space (ES&H 2.2.4) Hydraulic Pressurized Systems (ES&H 1.4.1)
- Corrosive Lasers (ES&H 2.3.1) Rigging/Critical Lift (ES&H 1.6.0)
- Cryogenic (ES&H 5.1.0) Lead Toxic
- Electrical (ES&H 1.5.0) Magnetic Field Vacuum
- Elevated Work Material Handling (ES&H 1.6.0) OTHER

*NOTHING FILED
OUT UPON
SUBMISSION
TO WORK
PROVIDER -
WHAT LOCATION
HAZARDS Drove
THE PERMIT
REQUEST??*

ENVIRONMENTAL CONCERNS NONE OTHER

- Haz/rad 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) New haz/rad materials will be released via the liquid effluent system to the sewage system or an impoundment (ES&H 6.1.2 and 6.1.3). Notify Regulatory Compliance Engineer, E. P. O. (ES&H Services) for permit.
- Acutely hazardous chemical

Waste Generated NONE Clean Waste PCB Hazardous Waste Radioactive Waste Mixed Waste

Waste disposition by:

Work Controls

- WORK PRACTICES** NONE Containment IH Survey Scaffolding - requires inspection
- Back-up Person/Watch Exhaust Ventilation Lockout/Tagout (ES&H 1.5.1) 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 Shoe covers Safety Shoes OTHER

PERMITS REQUIRED

Initial next to box to show who has responsibility to generate the permit

- NONE Digging/Core Drilling (ES&H 1.18.0) Impair Fire Protection Sys. (ES&H 4.2.0)
- Confined Space Entry (ES&H 2.2.4) Electrical Working Hot (ES&H 1.5.0) Rad Work Permit (BNL RadCon Manual)
- Cutting/Welding (ES&H 4.3.0) 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)

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

JOB HAZARD CATEGORY: LOW MODERATE HIGH

Work Coordination Only

Job Safety Analysis (JSA) Required? Yes No

If job is low hazard and skill-of-the-craft, the back side of the permit does not need to be filled out. Sign for concurrence.

Work Control Coordinator

Life #

Work Provider

Life #

FILE CODE:

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

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

Special Working Conditions Required: _____

Operational Limits Imposed: _____
Post Work Testing Required: _____

Configuration Control Review Required Yes No **Walkdown performed** Yes No

Reviewed By: *Note: Primary facility reviewer will dictate the other required signatures. The level of review shall be determined by the details of the work plan, hazards, and work controls necessary to perform the activity. Review done: in series team

Title	Name (print)	Signature	Life #	Date
<input type="checkbox"/> Primary Reviewer	_____	_____	_____	_____
<input type="checkbox"/> ES&H Services	_____	_____	_____	_____
<input type="checkbox"/> Requester/Contact	_____	_____	_____	_____
<input type="checkbox"/> Others *	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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: J. J. [Signature] 21214 Contractor Supervisor: Brian Downs

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 (Fill in names of reviewers)

Post Job Review:

Name: _____ Signature _____ Life #: _____ Date: _____
 Name: _____ Signature _____ Life #: _____ Date: _____
 Name: _____ Signature _____ Life #: _____ Date: _____
 Close-out signature (as necessary): Signature _____ Life #: _____ Date: _____

7. Worker provides feedback

Worker Feedback:

Is worker feedback required on this job? YES NO (attach feedback form)

Worker: Any feedback on safety concerns or on ways to improve the job? YES NO (ask for form if not attached)