

MS 6/1/99

**WORK PERMIT #**

ILR / Work Order # \_\_\_\_\_ Construction Job # \_\_\_\_\_ Tracking # \_\_\_\_\_ Account # \_\_\_\_\_

1. Work requester fills out this section STANDING WORK PERMIT

Requester: E. DALE Date: 6/1/99 Ext. 7943 Dept/Div/Group: AG5  
 Other Contact person (if different from requester): \_\_\_\_\_ Ext. \_\_\_\_\_  
 Start Date 6/2/99 Estimated End Date 6/7/99  
 Description of Work / Problem:  
Connect Alarm/Interlock contacts in Mech svcs control rack  
 Building 100BC Room MER Equipment CONTROL RACK

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 \_\_\_\_\_

**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) Notify Project Engineer, E. P. O. (ES&H Services)  
 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  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)  
SKILL OF THE CRAFT

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** [Signature] Life # 4775 **Work Provider** \_\_\_\_\_ Life # \_\_\_\_\_

FILE CODE: Joe Collins

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 \_\_\_\_\_ 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 (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)

# AGS/RHIC WORK PLAN

Subject: FNX Alarm/Interlocks

Status: Not Started

Percent Complete: 0%

Total Work: 0 hours

Actual Work: 0 hours

Owner: Me

Categories: RHIC

AGS/Rhic Permit: -1

Approval: E Dale

E.W.P.: 0

Film Badge: 0

Hazardous Release?: 0

Hi Equip Damage?: 0

Job No (MS-Yr-No): MS-6/1/99

Leak Test: 0

LOTO: -1

Other Cooler/Twr: 0

Outdoor Piping: 0

Procedure: 0

R.W.P.: 0

Serious Injury?: 0

Work Planner: E Dale

Hookup alarms / interlocks at Fnx control rack (our rack)

check that no power exists on cables to be connected.

Lot0 as required.

connect to relay contacts 4K6(FNXSYS.WARNG); 4K7(PSSYS.WARNG); 5K4(MAGFLO.OK); 5K5(PSFLO.OK)

Connect to NC side of contact, term B & C