

05-002

1. Work requester fills out this section.

Standing Work Permit

Requester: <u>DON LYNN</u>	Date: <u>3/24/2005</u>	Ext.: <u>2253</u>	Dept/Div/Group: <u>P6 / PHENIX</u>
Other Contact person (if different from requester): <u>SAL MARINO</u>	Ext.: <u>3704</u>		
Work Control Coordinator: <u>D. LYNN</u>	Start Date: <u>3/24/2005</u>	Est. End Date: <u>3/31/2005</u>	
Brief Description of Work: <u>LIFT ~100 lb HV CRATE to 2nd level WEST CARTRIDGE (WCS22) USING IR CRANE</u>			
Building: <u>1008</u>	Room: <u>IR</u>	Equipment:	Service Provider: <u>PHENIX TECHS</u>

WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS

Radiation Concerns:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges	<input type="checkbox"/> X-ray Equipment	
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer		
Safety Concerns:	<input type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material		
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls	
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems	
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input checked="" type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift	
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*	
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*-	<input type="checkbox"/> Vacuum	
	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other	

* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? Yes No

Environmental Concerns:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed		
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive		
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical		
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping		
Waste disposition by:	<input type="checkbox"/> Other				

Pollution Prevention (P2)/Waste Minimization Opportunity: None Yes

FACILITY CONCERNS:	<input checked="" type="checkbox"/> None			
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations	
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other	
	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions		

WORK CONTROLS

Work Practices:	<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other	
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")		

Protective Equipment:	<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness	
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input checked="" type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other

Permits Required (Permits must be valid when job is scheduled.):	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	

Dosimetry/Monitoring:	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization	
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other	
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump		

Training Requirements (List below specific training requirements):
PHENIX ACCESS PLAT ACCESS / CRANE OPERATOR TRAINING

Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:	If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)			
ES&H Risk Level: <u>3/24/05</u>	<input checked="" type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC: <u>[Signature]</u> Date: <u>3/24/05</u>
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider: <u>[Signature]</u> Date: <u>3/24/05</u>
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start: <u>[Signature]</u> Date: _____
(Departmental Sup/WCC/Designee)				

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):

SKILL OF THE CRAFT
CRANE LIFT
OPERATOR of WATCH PERSONS) MUST HAVE BUL CRANE TRAINING
SEE ATTACHED LIFT PROCEDURE

Special Working Conditions Required:

NONE

Operational Limits Imposed:

NONE

Post Work Testing Required:

NONE

Job Safety Analysis Required: Yes No

Walkdown Required: Yes No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	J. Scott	[Signature]	13179	3/24/05
ES&H Professional	V. CIRNIG, IITRCD	[Signature]	21868	3/24/05
Other	C. PEARSON	[Signature]	15295	3/24/2005
CRANE OPERATOR				
Work Control Coordinator	D. LYNECH	[Signature]	20146	3/24/2005
Service Provider				
Review Done: <input checked="" type="checkbox"/> in series <input type="checkbox"/> team				

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor: [Signature]	Contractor Supervisor:
Workers: [Signature]	Workers:
Life#: 20135	Life#:
15123	

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. Yes No

Post Job Review (Fill in names of reviewers)

Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCMWCC: Is any feedback required? Yes No

b) Workers: Are there better methods or safer ways to perform this job in the future? Yes No

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:
Comments:			

Crane operating procedure: Lifting MPC Electronics crate to “Eyebrow” platform :

1. Manually bring load to be lifted as close as possible to final destination
2. Notify PHENIX shift leader of intention to use crane
3. Get crane lockout key from lockbox
4. Make sure all magnets are off before unlocking crane and magnet keys are locked and tagged.
5. Inspect crane to verify it is proper working condition and its inspection records are up to date. Unlock crane.
6. Retract hooks (if necessary) to their highest position before moving crane.
7. Position crane 1st hook directly over object to be lifted
8. Lift load to “Eyebrow” platform and position load directly above the existing center crate , minimizing any sway or otherwise excessive motion.
9. Lower load onto existing center crate and fasten to top of existing crate with 4 screws, one at each corner.
10. After load has been placed remove hook and rigging and retract to uppermost position
11. Move crane to stow location.
12. Lockout crane and return key to lockbox
13. Inform shift leader that crane use is completed

As flammable gas is normally circulating in the IR during operation, any use of the crane which brings or could bring any part of the crane, rigging, or item being lifted within 5 feet of any component of the DC, PC, TEC, and/or MuID detectors requires extra care to assure that there is no potential for a spark or other ignition source from any part of the crane, rigging, or item being lifted.

Note: MPC rack is to be fitted with lifting hook adequately positioned for positive control of crate attitude during lift.