DONE 55-2012-186

BROOKHAVEN NATIONAL LABORATORY

Work Permit # DRL-2012-015

Work Order # _____

Job # _____ Activity # _____

1. Work requester fills out this section. ☐ Standing Work Permit

Requester: D. LYNCH	Date: 6/7/12	Ext: 2253		Dept/Div/Group: PO/PHENIX	
Other Contact person (if different from requester): CARTER BIGGS				Ext.: 7515	
Work Control Coordinator: D. LYNCH		Start Date: 6/7/12		Est. End Date: 6/7/12	
Brief Description of Work: SERVICE ON AIR DRYER TO FIX RECURRING PROBLEM					
Building: 1008GB PAD	Room: ATR PAD	Equipment: AIR DRYER		Service Provider: AIR GAS TECH	

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

ESS&H ANALYSIS

Radiation Concerns	☒ None	☐ Activation	☐ Airborne	☐ Contamination	☐ Radiation	☐ Other
☐ Special nuclear materials involved, notify Isotope Special Materials Group				☐ Fissionable materials involved, notify Laboratory Criticality Officer	
Radiation Generating Devices:	☐ Radiography	☐ Moisture Density Gauges		☐ Soil Density Gauges	☐ X-ray Equipment

Safety and Security Concerns	☐ None	☐ Explosives	☐ Transport of Haz/Rad Material	
☐ Adding/Removing Walls or Roofs	☐ Critical Lift	☐ Fumes/Mist/Dust*	☐ Magnetic Fields*	☐ Pressurized Systems
☐ Asbestos*	☐ Cryogenic	☐ Heat/Cold Stress	☐ Nanomaterials/particles*	☐ Railroad Work
☐ Beryllium*	☐ Electrical	☐ Hydraulic	☐ Noise*	☐ Rigging
☐ Biohazard*	☐ Elevated Work	☐ Lasers*	☐ Non-ionizing Radiation*	☐ Security Concerns
☐ Chemicals/Corrosives*	☐ Excavation	☐ Lead*	☐ Oxygen Deficiency*	☐ Suspect/Counterfeit Items
☐ Confined Space*	☐ Ergonomics*	☐ Material Handling	☐ Penetrating Fire Walls	☐ Vacuum
* Industrial Hygiene (IH) Review Required				☒ Other Forklift required to service

Environmental Concerns	☒ None	☐ Work Impacts Environmental Permit No.	
☐ Atmospheric Discharges (rad/non-rad)	☐ Land Use Institutional Controls	☐ Soil Activation/contamination	☐ Waste-Mixed
☐ Chemical or Rad Material Storage or Use	☐ Liquid Discharges	☐ Waste-Clean	☐ Waste-Radioactive
☐ Cesspools (UIC)	☐ Oil/PCB Management	☐ Waste-Hazardous	☐ Waste-Regulated Medical
☐ High water/power consumption	☐ Spill potential	☐ Waste-Industrial	☐ Underground Duct/Piping
Waste disposition by:			☐ Other
Pollution Prevention (P2)/Waste Minimization Opportunity:	☐ No ☐ Yes		

FACILITY CONCERNS	☒ None			
☐ Access/Egress ☐ Limitations	☐ Electrical Noise	☐ Potential to Cause a False Alarm		☐ Vibrations
	☐ Impacts Facility Use Agreement		☐ Temperature Change	☐ Other
☐ Configuration Control	☐ Maintenance Work on Ventilation Systems		☐ Utility Interruptions	

WORK CONTROLS

Work Practices

☐ None	☐ Exhaust Ventilation	☐ Lockout/Tagout	☐ Spill Containment	☐ Security (see Instruction Sheet)
☒ Back-up Person/Watch	☐ HP Coverage	☐ Posting/Warning Signs	☐ Time Limitation	☐ Other
☐ Barricades	☐ IH Survey	☐ Scaffolding-requires inspection	☐ Warning Alarm (i.e. "high level")	

Personal 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 (Permits must be valid when job is scheduled.)

☒ None	☐ Cutting/Welding	☐ Impair Fire Protection Systems
☐ Concrete/Masonry Penetration	☐ Digging/Core Drilling	☐ Rad Work Permit-RWP No
☐ Confined Space Entry	☐ Electrical Working Hot	☐ Other

Dosimetry/Monitoring

☒ None	☐ Heat Stress Monitor	☐ Real Time Monitor	☐ TLD
☐ Air Effluent	☐ Noise Survey/Dosimeter	☐ Self-reading Pencil Dosimeter	☐ Waste Characterization
☐ Ground Water	☐ O_2/Combustible Gas	☐ Self-reading Digital Dosimeter	☐ Other
☐ Liquid Effluent	☐ Passive Vapor Monitor	☐ Sorbent Tube/Filter Pump	

Training Requirements (List specific training requirements) ESCORT PER CONTROLLED AREA

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)	
ESS&H Risk Level:	☒ Low	☐ Moderate	☐ High	WCC:	Date:
Complexity Level:	☒ Low	☐ Moderate	☐ High	Service Provider:	Date:
Work Coordination:	☒ Low	☐ Moderate	☐ High	Authorization to start (Departmental Sup/WCC/Designee)	Date:

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): MEET TECHNICIAN AT CONTROLLED MEM BOUNDARY. GIVE ESCORT TRAINING. ESCORT & STAY WITH TECH DURING TROUBLESHOOTING & REPAIRS. ESCORT TECH OUT TO CONTROLLED BOUNDARY
Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring): n/a
Notifications to operations and Operational Limits Requirements:
Post Work Testing, Notification or Documentation Required:
Job Safety Analysis Required: ☐ Yes ☒ No — Walkdown Completed (Required): ☒ Yes

Reviewed by: Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified, a Walkdown was completed and the hazards will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer				
ES&H Professional				
Building Manager				
Service Provider	X DAVID SEEPERSAD			
Work Control Coordinator	D. Lynch		20146	6/7/12
Safety and Health Services (i.e. IH Rep)				
Other C. Biggs			15139	6/7/12
	Review Done: ☐ in series	☐ 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:		Contractor Supervisor:	
Workers:	Life #:	Workers:	Life #:
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. Department/Division Line Manager or 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:

6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)
a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No
Note: See work planning and control subject area section 2.6.

7. Post Job Review/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.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc. are initiated, if necessary.

Name: DON LYNCH	Signature:	Life #: 20146	Date: 6/7/12

Comments: S&Em did not work plan and/or escort service provider. Interrupted by PHENIX support staff who put together work plan & escort training to get work done. Evaluated by D. Lynch & C. Biggs and determined OK to do work. Work not as planned. S&Em to be notified of lapse.