

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

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

**1. Work requester fills out this section**

Requester: J. Collins Date: 10-1-98 Dept/Div/Group: PHENIX

Other Contact person (if different from requester): \_\_\_\_\_ Phone No. 7777

Start Date 10-5-98 Estimated End Date < 10-16-98

Description of Work / Problem:  
UPGRADE FIRE DETECTION SYSTEM - INSTALL  
HIGH SENSITIVITY SMOKE DETECTION

Building 1008 Room Collision Hall 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 DROPPING (TOOLS)

**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)

MAN LIFT

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

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

- A) SKILL OF CRAFT - P.E. CONTRACT LABOR.
- B) INSTALL BY REF DWGS 1317198 A FP2, 1317198 A FP-3
- C) BARRIERS (YELLOW TAPE) TO BE INSTALLED TO DEFINE LIMITS FOR MOTION OF MANLIFT

Special Working Conditions Required: OVER HEAD CRANE TO BE LOCKED OUT WHEN MAN LIFT IS IN USE. - CM TO BE COVERED (DUST) WHEN WORKING ABOVE IT & EXPOSED 'SOFT' MATERIALS NOT PROTECTED

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	STEVE MULHALL	<i>[Signature]</i>	19237	10-1-98
ES&H Services	STEVE KANE	<i>[Signature]</i>	14894	10/1/98
Other *	KEN KENTOFFIO	<i>[Signature]</i>	19566	10/1/98

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	<u>DAN AHERN</u>
Workers:	Life #	Workers:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 STEVE MULHALL Signature *[Signature]* Life # 19237 Date 10/2/98

6. Work Requester determines if Post Job Review is required

YES  NO

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

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

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

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)