

HANFORD BERYLLIUM HAZARD ASSESSMENT FORM

Hanford Job Specific Beryllium Work Permit (BWP) No.: _____ Rev. No.: _____

BE Baseline Inventory ID: _____

Location: Area: _____ Building: _____ Room: _____ Other: _____

Site Condition Walk-down Date: _____ Site Condition Walk-down IH: _____

Beryllium Hazard Assessment

Author(s) (print and sign): _____ Date: _____

1.0 Work Activity Description (This information to be provided by Engineer/Planner) Contact Name(s): _____

Complete Job Description:

Describe dust generating activities	Intrusive Work: Non-Intrusive Work:
Estimated number of potentially exposed employees involved in the activity	
Estimated time and duration of the work	
Is the work recurring	
Other comments or pertinent data	

2.0 Location Description (This information to be provided by Engineer/Planner/IH) Contact Name(s): _____

[IH Dept.] Reference and summarize characterization data (max., min., avg. concentrations)	Total # of Bulk Samples: _____	Minimum Conc. (ppm): _____	Maximum: _____	Average: _____
	Total # of Wipe Samples: _____	Minimum Conc. (µg/100cm ²): _____	Maximum: _____	Average: _____
	Total # of Air Sample: _____	Minimum Conc. (µg/m ³): _____	Maximum: _____	Average: _____
[IH Dept.] Baseline hazard assessment data (e.g., Industrial Hygiene Plan, IH Baseline Hazard Assessment, Health and Safety Plan)				
[IH Dept.] Employee reports of potential exposure sources (past and current)				
[Planner/Engineer/IH] Reference documentation from previous work				
[Planner/Engineer/IH] Location status (BCF, BCA, BRA, BSA, Potential Internal Contamination) Reference Characterization Data if available				
Other comment or pertinent data				

3.0 Hazard Description (This information to be provided by IH/Safety) Contact Name(s): _____

[IH Dept.] Known exposure sources/types	
[IH Dept.] Suspected exposure sources/types	Airborne: Surface: Other:
[IH Dept.] Activities that have the potential to cause exposure	Dermal: Airborne: Other:
[IH/Safety Dept.] Conditions that have the potential to increase the risk of exposure	

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[Safety Dept.]
Special conditions/hazards (e.g.,
confined space, falls,
uncharacterized material, remote
location, etc.

Other comment or pertinent data

4.0 Historical Sampling Data (This information to be provided by IH Dept.) Contact Name(s): _____

Employee exposure monitoring and
area sampling data collected during
similar work

Bulk samples:

Air samples:

Wipe samples:

Employee exposure monitoring and
area sampling data collected during
other work within the facility

Bulk samples

Wipe samples:

Air samples:

Other:

Other comment or pertinent data

5.0 Controls/Basis (This information to be provided by SOMC, Engineer/Planner/IH)) Contact Name(s): _____

Engineering Controls

Access Controls

Training & Medical
Surveillance/Trend

Respiratory Protection

Protective Clothing (include
requirements for support personnel
and undress assistance, if required)

Posting Requirements

Decontamination of Items

Decontamination of Personnel

Waste Labeling/Handling

Equipment Labeling/Handling

Other comment or pertinent data

6.0 IH Sampling/Basis (This information to be provided by IH)) Contact Name(s): _____

Additional surface
characterization sampling

Bulk samples:

Wipe samples:

Other:

Air sampling

Personal breathing zone:

Area/Perimeter:

Identify sampling plan number

Type of IH coverage

Pre-job review

Intermittent

Continuous

Release/Clearance

Other comment or pertinent data

Project IH Review Performed
by (print and sign) _____

Date: _____