

Clarification & Guidance
DOE-0342 Chronic Beryllium Disease Prevention Procedure

Proposed
 Reviewed
 Rejected
 Accepted
 Approved for Use
 Procedure Updated Complete N/A

ID Number: **Title/Subject: DOE-0342-001, Section 2.0 and 4.0 of the BHA Instructions – 8 Foot Language**

Initiated by: Larry Sherman **Company:** HAMTC BeCAP **Date:** 04/05/12 **Ph #:** 572-6133

Issue/Concern/Affected Step(s):
 Inconsistencies in the BWP process

Discussion:
 Comments received at the initial IH/IHT training course for the new BWP process indicated inconsistencies in the BWP procedure. Namely, the identification of data collected from areas above 8 feet.

Recommended Resolution:
 Update the wording in sections 4.2.1 (section 2.0 and 4.0 of the BHA instructions) to clarify required information.

Existing Language:

2.0	Location Description	Coordinate with Engineer/Planner/IH to obtain necessary information to complete section 3.0. Include specific information pertaining to the status of the location the beryllium activity is to occur. Reference past documentation/monitoring data that was used to determine the location status (e.g. JHA, work package #, IH survey #). Describe the specific area and/or equipment within a location.
4.0	Historical Sampling Data	Enter any historical data from personal sampling/monitoring done in the area and/or during similar work in the area.

Proposed Language:

2.0	Location Description	Coordinate with Engineer/Planner/IH to obtain necessary information to complete section 3.0. Include specific information pertaining to the status of the location the beryllium activity is to occur. Reference past documentation/monitoring data that was used to determine the location status (e.g. JHA, work package #, IH survey #,). Describe the specific area and/or equipment within a location. Identify if the area is above 8'.
4.0	Historical Sampling Data	Enter any historical data from personal sampling/monitoring done in the area and/or during similar work in the area. Identify if data was collected from a location above 8'

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Clarification **Guidance:**

Resolution Completion Plan/Summary:

Remarks: N/A

Status:

Reviewed	Committee Chair	<u>Scott Seydel</u>	Date	<u>4/5/12</u>
Rejected	Committee Chair	<u>NA</u>	Date	_____
Accepted	Committee Chair	<u>Scott Seydel</u>	Date	<u>4/5/12</u>
<i>Approval /</i> <u>Concurrence</u>	DOE-RL	<u>Peter J. Garcia Jr.</u>	Date	<u>4/12/2012</u>
<i>Approval /</i> <u>Concurrence</u>	DOE-ORP	<u>_____</u>	Date	<u>11 APR 12</u>
Approved For Use	Committee Chair	_____	Date	_____
DOE-0342 Updated	Committee Chair	_____	Date	_____