



Department of Energy
Richland Operations Office
P.O. Box 550
Richland, Washington 99352

May 28, 2019

CERTIFIED MAIL

Mr. Steven Phillips
Applied Geotechnical Engineering
and Construction, Inc.
P.O. Box 1280
Richland, Washington 99354

Dear Mr. Phillips:

FREEDOM OF INFORMATION ACT REQUEST (FOI 2019-00751)

This letter is in response to the Freedom of Information Act (FOIA) request you submitted to this office requesting the status of the following: 1) "Mack/Schwing concrete pump truck, last known location Hanford 200 East Area – B Plant, and 2) Waste encasement slip-form, last known location Hanford 200 West Solid Waste Landfill trenches." On April 24, 2019, you modified your request for "concise summary record(s), i.e, radiological condition, current location, custodian, etc." for the following:

(1) "Mack/Schwing concrete pump truck (1200 32 meter), last known location Hanford 200 East Area – B Plant (WESF), Administrator Rick Wiseman (CH) at 509-373-9470, Administrator Rex Flaucher (CH) at 509-373-0897, Facility Representative Mark Heeter (DOE) at 509-373-1970. (Note – previous meetings with Mr. J. Schroder, DOE-RL, in 2018.)"

(2) "Waste encasement slip-form (very large metal modular concrete form for encapsulation of class C low level waste), last known location Hanford 200 West Solid Waste Landfill trenches (proximal to trench number 34) Administrator (Vice President) Kalli Shupe (CH) at 509-373-2725. (Note – previous meetings with Mr. J. Schroder, DOE-RL, in 2018.)"

Your request was assigned to CH2M HILL Plateau Remediation Company (CHPRC) to conduct a search of its files for responsive information. CHPRC has completed its search and enclosed are documents responsive to Items 1 and 2 of your request.

You may contact the U.S. Department of Energy, Richland Operations Office (RL) FOIA Public Liaison, Richard Buel, at (509) 376-3375, or by mail at P.O. Box 550, Richland, Washington, 99352 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

Should you have any questions regarding your request, please contact me at (509) 376-6288.

Sincerely,

-Original signed by-

Dorothy Riehle
Freedom of Information Act Officer
Office of Communications
and External Affairs

OCE:DCR

Enclosures

WESF

Radiological Controlled Vehicle History Log


The Schwing 1200/32 Grout Pumper Truck plate # A38112I was brought to WESF from an outside contractor and used during the W-130 project to pump grout into the WESF hot cells. During backflush, a pipe pig was pushed through the lines with air pressure to a catch pan near the rear of the truck. When the pig and air entered the catch pan, it splashed water and grout out of the catch pan contaminating the ground and the driver's side rear outrigger. Surveys of the outrigger showed 4,500 DPM/100cm² b/g removable before it was deconned to <D b/g.


NOTE: WESF is an Alpha exempt facility, therefore Alpha surveys are not required. The Schwing 1200/32 Grout Pumper Truck plate # A38112I is an RCV because it has not been radiologically cleared after exposure to unconfined radioactive material above background as a consequence of past operations or activities. The pumper truck does not have any areas of fixed contamination on exposed surfaces and there has been no contamination detected during maintenance. The RCV is surveyed monthly as part of the RMA Monthly surveillance CS-M07.

ON 11-14-18 the pumper truck was transferred to EROF.

<u>Vehicle Number</u>	<u>Vehicle Description</u>	<u>Custodian</u>	<u>Contractor</u>	<u>Location</u>
Plate # A38112I	Schwing Grout Pumper Truck	R. Wilbanks	CHPRC	WESF-RMA-026

CHPRC RCV INVENTORY LOG

Facility Code: CS		Date: 11/5/2018							
RCV HO/ Serial Number	Task Number	Representative Picture	Type: (Crane, Truck, Trailer)	Fixed Contamination B/G dpm/100cm ²	Fixed Contamination Alpha dpm/100cm ²	Location of Known Fixed Contamination/Comments	Assigned Custodian	Normal Storage Location	RCV Eliminated or New Custodian/Date
ADD ROW									
SCHWIN G 1200/ 32	CS-M07		Grout Pumper Truck Plate # A38112I	No Known Fixed Contamination	N/A WESF is Alpha exempt	No Known Fixed Contamination	Rick Wilbanks	WESF- RMA-026	11-14-18 <input checked="" type="checkbox"/> Transferred to ERDF. New Custodian.
									<input checked="" type="checkbox"/>

Reviewer: T. TERRY Print 11/5/2018 Date
 Sign

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Enclosure II

Work Document 2X-04-07086

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Page 1 of 5

Document Number 2X-04-07086 W GENERIC WORK ITEM
Work Item Title Move AGECE slip form from 218-W-3AE T8 To Trench 31

Record Status ACT
Record Copy Printed Yes I

Documents

Component Number Component Name

Temporary Component Number Temporary Component Name
N/A

Symptom, Problem, or Condition

Install end section on AGECE slip form and move from 218-W-3AE trench 8 to 218-W5 trench 31

Location

Facility 2X System 94
Building / Room
Other N/A

Charge Code

CACN COA
118072 118200 86 5430 5400
86 9/23/04 4/19/05 86 9/23/04 4/15/05

Origination

Name Godwin, Bob Date 09/01/2004
Need Date Phone 373-9712

Validation

Name Mitchell, Jim Date 09/07/2004
Request Number 190953

Phase Designator 09 SEPTEMBER
Priority 2 Priority Two

Mode A ANYTIME

Personnel Safety Rel. No

Correct. Maint, Assessment No

Plant Forces Work Review Required No

Plant Forces Work Review Number

Resources Required

Code	Description	No	Est Hr	Act Hr
04A	OPERATIONS PERSONNEL	1	4.0	24
13	CRANE OPERATOR	1	4.0	12
14B	TRUCK DRIVER - HEAVY	1	4.0	24
23	MILLWRIGHT	2	8.0	
35	IRONWORKER/RIGGER	2	8.0	36
PIC	PERSON IN CHARGE	1	4.0	12

Cognizant Engineer
Pratt, Dean A

Phone
373-2464

Cognizant Manager
Bottenus, R. Jay

Phone
373-3511

Reference Documents

Type	Document
AJHA	✓ 2X-357
RWP	✓ SWSD-001
RWF	✓ SWSF-04-078
USQ	✓ SW-USQ-04-204
PJB	Prejob briefing checklist mcr 5/17
	Elec. wks. site visit form mcr 5/17
	photos mcr 5/17

Tech. Spec. / OSR Requirements Reference

Essential Systems

Code Description

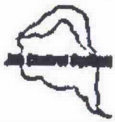
Facility Group SWSD

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**Work Document 2X-04-07086**

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Page 2 of 5

Document Number 2X-04-07086 W GENERIC WORK ITEM
Work Item Title Move AGECE slip form from 218-W-3AE T8 To Trench 31

Record Status ACT
Record Copy Printed Yes 1

Resolution / Retest**1.0 SCOPE AND PURPOSE**

- 1.1 This work package will provide work instructions to assemble the AGECE slip form and move it to trench 31
- 1.2 Hanford hoisting and rigging will lift the slip form end piece using a crane. AGECE will work from their bucket truck to install fasteners to attach end piece to slip form while the end piece is being held in place by the crane.
- 1.3 After the slip form is assembled it will be placed on a truck with crane and moved to trench 31 and unloaded.

2.0 REFERENCES

- 2.1 See references on page 1 of work package

3.0 PRECAUTIONS, LIMITATIONS & NOTES

- 3.1 No personnel at any time shall be permitted to position themselves under the load.
- 3.2 AGECE will provide fasteners and direction for attaching the end piece to the slip form
- 3.3 Secure area as directed by PIC to prevent the entry of unauthorized personnel.
- 3.4 The assembled slip form weighs approximately 40,000 lbs.
- 3.5 The end piece of the slip form weighs approximately 8,000 lbs
- 3.6 Electrical Utilities measured the height of the electrical conductors over the access road to trench 31 at 30 feet.

4.0 SPECIAL TOOLS, EQUIPMENT, AND MATERIALS

- 4.1 Tractor and trailer capable of handling > 50,000 lbs
- 4.2 Crane capable of handling > 50,000 lbs
- 4.3 Rigging equipment as required.

5.0 PREREQUISITES

Facility Group SWSD



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Document Number 2X-04-07086 W GENERIC WORK ITEM
 Work Item Title Move AGECE slip form from 218-W-3AE T8 To Trench 31

Record Status ACT
 Record Copy Printed Ycs 1

- 5.1 Designated Leader (D/L) for lift shall print name below.

D. T. CARR / D.T. Carr 4-19-05
 D/L (Print/Sign) Date

- 5.2 Conduct a pre-job briefing with all personnel directly involved with this lift. This procedure shall be discussed in detail before starting work. The D/L shall document the pre-lift meeting with date and attendees on the Pre-Job Briefing Sheet. The D/L shall appoint a Designated Signaler to direct all movements of the lift.

D. T. CARR / D.T. Carr 4-19-05
 Designated Signaler (Print/Sign) Date

- 5.3 Perform pre radiation survey of slip form.

- 5.4 Contact Electric Utilities to escort shipment of slip form.

- 5.5 Obtain over size load permit for shipping slip form.

6.0 SPECIFIC WORK INSTRUCTIONS

Note:

The following instructions are general intent they are intended to be followed in sequence. However, at the PIC's discretion certain steps may be performed out of sequence, in parallel, or repeated. In these cases, the PIC is expected to document the reason on the work record. At no time shall any safety steps or hold point be bypassed.

- 6.1. Secure area as directed by PIC to prevent the entry of unauthorized personnel.
- 6.2 Pull slip form into position as required for installing end piece.
- 6.3 Using crane pick up slip form end piece and move it to the location of the slip form.
- 6.4 Using crane position end piece into position for attaching to slip form
- 6.5 Attach end piece to slip form per direction of AGECE.
- 6.6 Using crane load slip form on to truck.
- 6.7 Tie down slip form to truck to prevent movement during shipping.
- 6.8 Transport slip form to LLBG 218-W5 and unload at Trench 31 Southeast corner, exact location determined by PIC.



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Document Number 2X-04-07086 W GENERIC WORK ITEM
 Work Item Title Move AGECE slip form from 218-W-3AE T8 To Trench 31

Record Status ACT
 Record Copy Printed Yes 1

7.0 RESTORATION ACTIONS AND TESTING

7.1 RESTORATION ACTIONS

7.1.1 Perform housekeeping/clean-up of the work areas.

7.1.2 PIC review work package to ensure all work is complete and work area has been cleaned-up.

Stuart Arnold 4/21/05
 PIC (Print Sign) DATE

7.2 POST-MAINTENANCE TESTING

7.2.1 None required

Planning Codes

Planning Required Yes

Resolution By

Approval	Date
Godwin, Bob [Approved]	09/27/2004

Screener / Operations Review

Approval	Date
Arnold, Stuart G [Approved]	09/15/2004

Approvals

Code	Description	Approval	Date
CE	Cognizant Engineer	Pratt, Dean A [Approved]	09/14/2004
CM	Cognizant Manager	Hamada, Frank K [Approved]	09/22/2004
I	Occupational Safety & Health	Mickle, Gary D [Approved]	09/09/2004
OP	Operations	Arnold, Stuart G [Approved]	09/15/2004
PIC	Person In Charge	Pawlak, Mike [Approved]	09/14/2004
R	Radiation Protection	Taylor, Rob [Approved]	09/13/2004

Pre-Work Review

Lock and Tag

Approval	Date
Harder, Daryl D [Approved]	09/27/2004

Number	Location
N/A	

Facility Group SWSD



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Document Number 2X-04-07086 W GENERIC WORK ITEM
 Work Item Title Move AGECE slip form from 218-W-3AE T8 To Trench 31

Record Status ACT
 Record Copy Printed Yes 1

Person in Charge

Name Pawlak, Mike
 Organization OPS OPERATIONS

Calibration Standards

Standard	Exp Date	Tolerance
N/A		

Work Release

Release Type F

Approval *[Signature]* Date 4-19-05

Work Suspension (See Work Suspension Sheet)

PIC N/A Date

Field Work Complete

Approval *[Signature]* Date 4/21/05

Reactor Containment Integrity

Operations Acceptance

Approval *[Signature]* Date 4/26/05

Post Work Review

Approval *[Signature]* Date 4/27/05
 + Review 4-28-05

Failure Information

Component Number	Failure Class	Failure Code	Ident. Method	As Found	Action Taken
N/A					

Failure Comments

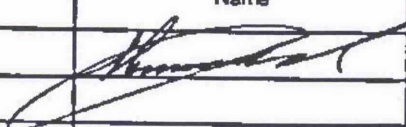
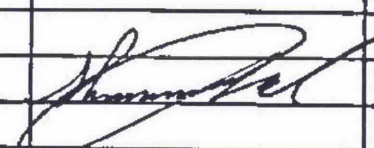
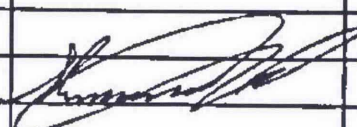
None

W. RECORD

Document Number:

2X-04-7086

2. Work Item Title: Move AGECE slip form from 218-W-3AE T8 to 218-W-5 Trench 31

Date	Turnover, Problem Description, Action Taken	Name	Craft/ Resource Type	Hours
4/19/03	Completed pre-Job.			
	2-30' 1" x 30' belly straps			
	4-16' x 7/8" ball hooks			
	1-14' 40-TON spreader			
	2-24' x 1 1/4" slings for above spreader			
	1-Kevlar to lengthen door end rigging			
	C&R positioned end piece in place.			
	AGEC needed to have form sides moved			
	in approx. 15in to match up to			
	end piece. AGECE did not have			
	a come-along hand winch or other			
	appropriate tool to close the gap.			
	SWSD provided additional support			
	and equipment to get the end			
	piece to make up with the slip			
	form. Rigged, picked & loaded			
	slip form onto trailer. EU lineman			
	measured height of slip form on			
	the trailer to be 18'6". EU			
	lineman escorted transport trailer			
	to trench 31.			
4/24/03	Rigged, picked & placed slip form			
	in South East corner of trench 31.			
	AGECE was on site (Jerry Alexander)			
	and concurred with the placement.			

Summary by Craft/Resource Type

Craft/Resource Type	Total Hours	Craft/Resource Type	Total Hours
Crane operator	12	Ret	12
Riggers	36	FWS	12
Teamsters	24	C&R Supervisor	4
NCO	24		

AJHA ID: 2X-357 Rev - 0		AJHA REPORT		Status: AJHA completed / Work not complete		Date: 9/17/2004	
Prepared By: GODWIN, BOB		Work Package No: 2X-04-7086		Work Location: 218-W5 T8 and Trench 31			
Work: Move AGECE slip form 218-W5 T8 To Trench 31 Scope/Description: Move AGECE slip form 218-W5 T8 To Trench 31							
Pre-Job Walkthrough Conducted:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Walkthrough Date:		9/9/2004	
Specific Work Location(s):							
Emergency Contact Person(s):		Primary		Secondary			
Emergency Radio/Phone No: 911 / 373-3800		<i>McIntyre</i>		<i>Arnold</i>			
KNOWN OR POTENTIAL HAZARDS							
(Yes No)		(Yes No)		(Yes No)		(Yes No)	
Scaffolding <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Powered Hand Held Tools Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Structure Modification, Construction, Addition <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Excavation Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Confined Space Entry <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Demolition work will be performed. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Elevating Work Platform Involved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Painting, Finishing, Preparing Painted Surfaces <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NEPA Screening Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Portable Ladder Used <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Lead/Lead Containing Material Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Radiological material, area, or hazard involved. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Hoisting, Rigging, and/or Crane Activity <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Tanks, Lines, Vessels Opened or Breached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Radioactive or Toxic Air Emissions Potentially Generated <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Forklift Trucks Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Chemicals/chemical products. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Effluent Control or Monitoring Devices Involved in Activity <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Fall Hazards Exist <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Noise Sources are Present <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Liquid or Solid Discharged to Ground or Liquid Effluent Stream <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Slip/Trip Hazards Exist <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Asbestos Containing Materials Involved <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Activity Will Result in a Change to an Existing Effluent <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Falling Objects are Potential Hazard <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Airborne Dusts/Particulates Generated in Work Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Waste Generated. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Blind Penetration of Walls, Floors, Ceilings, Roofs, Other Surfaces <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Beryllium Contamination Potentially Present in Work Area <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Involves Safety Class/Significant, Def-in-Depth, or Worker Safety SSCs. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Hazardous Energy Sources (Lockout/Tagout) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Thermal stress (heat or cold stress/hypothermia) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Involves and Affects controls in facility DSA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Electrical Shock or Arc Flash Hazards? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Waste Activity (Does Not Include Hazardous Waste Generation) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Activity is outside the facility DSA. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
New electrical installation, modifications, or temporary wiring. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hot Work: Welding, Cutting, Grinding, Brazing <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Work Involves >15g Fissionable Material <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Gas Cylinders (Bottles) Used or Affected by Work <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Roads/Intersections will be Closed or Detours Established <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Work Affects Environment Where >15g Fissionable Material are Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Roof Work/Access Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Fire Hydrants Used <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		PPE is Specified for the General Activity (see Controls Section) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Exposed or Rotating/Moving Machinery (e.g., Pinch, Nip Points) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Portable Heating Equipment (Potential Fire, Burn, Exposure) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other Hazards Exist (See Controls Section of Report or Other Info) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Medical Emergency Provisions are Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Special Fire Suppression System (e.g., Halon, Dry Chem, CO2) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

AJHA ID: 2X-357 Rev - 0	AJHA REPORT	Status: AJHA completed / Work not complete	Date: 9/17/2004
Prepared By: GODWIN, BOB	Work Package No: 2X-04-7086	Work Location: 218-W5 T8 and Trench 31	

Description: Move AGECE slip form 218-W5 T8 To Trench 31

Comments:

INVOLVEMENT:

SME	Name	Title/Text
Industrial Hygiene	GLOVER, SUSAN S - 9/16/2004	
Radcon Screener	Taylor, Rob by GODWIN, BOB 9/17/2004	per telecon

REQUIRED FORMS AND PERMITS

Form/Permit	Revision	Permit ID	Complete
RWP ID Existing	0	SWSD-001 Latest	Yes

SPECIFIC HAZARD ANALYSIS AND SAFE WORK REQUIREMENTS:

A detailed discussion of the unique hazards specific to the work activity/location, including those noted above, will be provided on subsequent pages of this AJHA. The discussion must include identification of the work activity, the specific hazards present, and the safe work requirements/controls (including PPE) to be used to alleviate/control the hazard(s).

MAIN TASK: Assemble and move slip form		
IDENTIFIED HAZARD	CONTROLS	ADDITIONAL TEXT
Elevating Work Platform Involved Vehicle Mounted Elevating Platform Involved A "boom-supported" lift is used?	<p>Verify the correct work platform type and related controls have been specified.</p> <p>Perform visual inspection and test operation of platform daily</p> <p>Survey work area to identify and control any worksite hazards immediately prior to starting work.</p> <p>Select platform that is current with periodic maintenance, inspection, and testing.</p> <p>Wear personal fall protection with lanyard attached to an approved anchorage point.</p> <p>Engage vehicle parking brake for elevation of boom</p> <p>Assign trained equipment operator(s) for platform</p> <p>Provide approved means of access to ascend/descend platform</p> <p>Know maximum load capacity and weight distribution restrictions of platform</p> <p>Use properly connected full body harness at all times</p>	
Portable Ladder Used	<p>Assign users who have completed training in recognizing ladder hazards, safe practice rules, and inspection criteria</p> <p>Visually inspect the portable ladder before use to ensure its safe condition</p> <p>Select proper type and size of ladder</p> <p>Protect against exposure to moving vehicles/equipment, and access doorways</p> <p>Good Housekeeping around top and base of ladderway</p> <p>Proper placement, lashing, or holding ladder required if used on slippery surfaces. Note: Slip-resistant feet not a substitute for requirement.</p>	
Hoisting, Rigging, and/or Crane Activity Mobile Crane	<p>Assign a Designated Leader</p> <p>Use a qualified crane operator</p>	

AJHA ID: 2X-357 Rev - 0		AJHA REPORT		Status: AJHA completed / Work not complete		Date: 9/17/2004	
Prepared By: GODWIN, BOB			Work Package No: 2X-04-7086		Work Location: 21B-W5 T8 and Trench 31		
			Assign a qualified rigger for load handling Assign a qualified person to operate any "below-the-hook" lifting device Use a qualified signal person for communications Complete required inspections and maintenance of crane Ensure up to date inspection and maintenance of rigging/hoisting equipment Foot protection Eye protection Head protection				
Slip/Trip Hazards Exist			Worker awareness briefing Secure hoses, cords, lines, portable equipment Material control before/during activity Slip-resistant footwear				
Falling Objects are Potential Hazard			Identify specific hazard in "Controls by Task", and select/identify additional controls. Foot protection Eye protection Head protection				
Powered Hand Held Tools Used			Inspect tools for proper guards, electrical cords, plugs, grounds, and function Hearing protection Eye protection				
Noise Sources are Present Exposure Potential to Noise = or > 85dBA			Hearing conservation program enrollment, including training and medical monitoring Ensure workers' EJTA/PEH reflects noise exposure Identify the noise source(s) Hearing protection				
Thermal stress (heat or cold stress/hypothermia)			Industrial Hygiene Review Required Train workers/supervisors in heat stress, cold stress/hypothermia recognition, prevention, and control Obtain general (weather station) WBGT readings Provide water/fluids Buddy system				
Radiological material, area, or hazard involved. RWP(s) required. Low risk Rad activity.			Radiological work permit (Verify the RWP is still current prior to commencing work)				
Other Hazards Exist (See Controls Section of Report or Other Info) Potential animal, snake, or insect bites. Severe weather conditions potentially exist.			Be alert to possible animals/snakes/insects Communicate "Other" hazards and control measures prior to commencing work Monitor weather forecast and conditions for warnings of severe weather				

2X-04-07086(W)

AJAH 2X-357 meetings

Bob Godwin

Bob Godwin

Keith Best

Keith Best

Dean Pratt

Dean Pratt

Gary Mickle

Gary Mickle

STEVE PHILLIPS

STEVE PHILLIPS

R.G. Alexander

R.G. Alexander

Judy

Judy

Rob Taylor

Rob Taylor

Mike Pawlak

Mike Pawlak

HANFORD RADIOLOGICAL WORK PERMIT				Contractor: Fluor Hanford	
General Job Specific <input checked="" type="checkbox"/> [X] []		Tech. Document No. N/A		Location Code 01, 02, 03, 09 (if escorted)	
RWP Number SWSD-001, Rev. 005 ✓					
Start Date 07-26-2004		End Date 07-26-2005		Responsible Organization Solid Waste Storage and Disposal (SWSD)	
Job Location All SWSD Facilities (CWC, Burial Grounds, Sodium Storage, Alkali Metal Storage, etc)					RWP Screening No. SWSF-03-030
Job Description and Type of Area: Perform regular or routine radioactive material handling activities such as: Receipts, Shipments, Storage, Movements, Overpacking, and Radiological Surveys within SWSD Facilities. Also perform general activities such as: routine inspections, surveillances, housekeeping, sampling, etc. (RA, RMA, RBA)					
Primary Isotope(s): <input checked="" type="checkbox"/> MFP <input checked="" type="checkbox"/> MAP <input checked="" type="checkbox"/> Cs <input type="checkbox"/> Sr <input checked="" type="checkbox"/> H-3 <input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> Pu <input type="checkbox"/> Other:					
Radiation Emitted <input checked="" type="checkbox"/> Alpha <input checked="" type="checkbox"/> Beta <input checked="" type="checkbox"/> Photons <input checked="" type="checkbox"/> Neutrons		Estimated Dose Rates General Area: 2 mrem/hr Maximum Contact: 200 mrem/hr		Contamination Levels Beta-gamma: <1,000 dpm/100 cm ² Alpha: <20 dpm/100 cm ²	
				Radiological Worker Training Req. I <input type="checkbox"/> II <input checked="" type="checkbox"/>	
Internal Dosimetry Requirements (for routine work under this RWP, except those entering for observation only) <input checked="" type="checkbox"/> Annual Whole Body Count <input type="checkbox"/> Lung Count <input type="checkbox"/> Urinalysis Isotopes to Test for (if any):					
MINIMUM RADIOLOGICAL PROTECTION REQUIREMENTS			SPECIAL INSTRUCTIONS (SI)		
HPT Coverage		Dosimetry		1. Limiting Radiological Conditions: a) Contamination limits (for all areas) 1) 1000 dpm/100 cm ² removable β contamination 2) 20 dpm/100 cm ² removable α contamination 3) 10,000 dpm/100 cm ² removable tritium contamination b) Radiation Limits 1) 100 mrem/hr at 30cm from any source (for RA only) 2) 5 mrem/hr at 30cm from any source (for all other areas) c) Air Monitoring Limits (for H ₃ when applicable) 1) 20 uCi/m ³ using Scintrex Tritium Air Monitor 2) See SI 3 for requirements If the above levels are exceeded, discontinue work, place work in a safe condition and contact RC Management for direction and recovery actions. 2. The cognizant RCT and the Shift Duty Officer (SDO) shall be notified of all waste container movement activities; personnel shall contact the RCT at the start of each job for specific coverage. The RCT will acknowledge that proper RadCon coverage is in place prior to the start of work. Minor activities such as inspections, audits, surveillances, etc. do not require RCT coverage. 3. Air sampling for tritium during receipt shall be required for any load that meets both of the following conditions: Total tritium level \geq 100 curies, and the waste containers were transported inside of an enclosed truck or trailer. Other sampling may be required on a periodic basis to be determined by RC Management. This monitoring will be performed using the Scintrex Tritium Monitor. 4. At a minimum, personnel must survey their hands and feet when exiting a RBA (for contamination control). All equipment leaving a RBA (for contamination control) requires RCT verification survey. 5. At a minimum, personnel must survey their hands and feet upon completion of manual movement of waste containers. 6. PD-3i or Pencil may be issued as determined by RadCon Management, based upon an individual's potential to exceed an Administrative Control Level.	
	Continuous	X	HSD - TLD		
SI2	Intermittent		HCND - TLD		
SI2	Start of Job	SI6	Pocket Dosimeter		
SI2	End of Job	SI6	Electronic Dosimeter		
SI4,5	Self Survey (if qualified)		Finger Rings		
SI4,5	HPT Survey Required		Time Keeping		
	Auto. Survey Device (if available)	X	Entry Control System		
	See SI#	X	Aces Brick		
MINIMUM PROTECTIVE EQUIPMENT					
	Coveralls		Shoe Covers		
	Lab Coat		Canvas Boots		
	Waterproof Suit		Rubber Overshoes		
	Gortex Suit		Rubber Boots		
	Cap		Full Face Respirator		
	Hood		PAPR		
	Surgeon's Gloves		Supplied Air Respirator		
	Leather Gloves		SCBA		
	Canvas & Surgeon's Gloves		Undressing Assistance		
	Waterproof Gloves	SI3	Air Sampling Required		
	No Personal Outer		ARM Required		
	Modesty Clothing				
	See SI#				
ALARA Review: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			Pre-Job Briefing: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Post Job ALARA Review: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
RWP Prepared By: Rick Miller			Phone: 373-4010		HPT Phone: 373-4096
Line Mgt. Print: Tom Brown			Phone: 372-0049		Date: 7/22/04
Sign: <i>[Signature]</i>			Phone: 376-5696		Date: 7/22/04
RC Mgt Print: Mark Higbee					
Sign: <i>[Signature]</i>					
Acknowledged By:					Date:
RWP Change Approvals:					Date:

COPY

FLUOR HANFORD RADIOLOGICAL RISK SCREENING FORM

Work Document No.: 2X-04-7086

AJHA No.: 2X-357

Title:

Transfer AGECE Slip Form

Job Description:

Transfer AGECE Slip Form From 218-W-3AE Tr. 8 to 218-W-5 Tr. 31.
Radiological Risk Screening Form #: SWSF-04-078

FILE COPY

Job Location:

200 West Low Level Burial Grounds 218-W-3AE Tr.8 and 218-W-5 Tr.31

Part A - High Risk Radiological Work Screening

Yes No

- Will the estimated collective dose exceed 2,500 person-mrem? ☐ Yes ☒ No
- Will predicted airborne radioactivity concentrations exceed 10 DAC or result in an integrated exposure of over 200 DAC-hours? ☐ Yes ☒ No
- Will work area¹ removable contamination be greater than 1,000 times HNF-5173 Table 2-2 values? ☐ Yes ☒ No
- Will there be entry into areas where whole body dose rates are >1 rem/hr? ☐ Yes ☒ No

If any of the above questions were answered "YES," then the work is designated as HIGH RISK radiological work. Do not continue with Part B. An ALARA review is required based on the final determination of radiological risk.

If all the answers to the above questions are "NO," then the work is not HIGH RISK radiological work. Continue with Part B.

Part B - Medium Risk Radiological Work Screening

Yes No

- Will the estimated collective dose exceed 500 person-mrem but be less than or equal to 2,500 person-mrem? ☐ Yes ☒ No
- Will a respirator be worn for radiological purposes? ☐ Yes ☒ No
- Will work area¹ removable contamination be greater than 100 times Table 2-2 values but less than or equal to 1,000 times Table 2-2 values? ☐ Yes ☒ No
- Will there be entry into areas where whole body dose rates are >100 mrem/hr but be less than or equal to 1,000 mrem/hr? ☐ Yes ☒ No
- Is there a potential for an unplanned release of radioactive material to the environment that meet or exceed HNF-PRO-060 reporting requirements? ☐ Yes ☒ No

If any of the answers to the above Part B questions are "YES," then the work is designated as MEDIUM RISK radiological work. An AJHA may be required based on the final determination of radiological risk.

If all of the above Part B questions were answered "NO," then the work is designated as LOW RISK radiological work. Conduct an informal ALARA review of the work activity before preparing or assigning the RWP.

PART C - RADIOLOGICAL RISK DESIGNATION

☒ LOW RISK Radiological Work ☐ MEDIUM RISK Radiological Work ☐ HIGH RISK Radiological Work

Justification / Comments:

This task is deemed to be low risk work. Governing RWP #: SWSF-001 current rev.

PART D - ADMINISTRATION

Preparer (Signature)

[Signature]

Printed

Rob Taylor

Date

9-13-04

¹ The work area is described in the job hazard analysis, and is typically the area transited and occupied to perform the work activity.

NOTE: This form is a radiological record when complete.

Reference: HNF-5173, Article 311.

A-6003-838 (04/04)

UNREVIEWED SAFETY QUESTION (USQ)USQ Number
SW-USQ-04-204**USQ SCREENING**

Page 1 of 2

Title: 2X-04-07086 Move AGECE Slip Form from 218W3AE Trench 8 to Trench 31

Applicable Facilities: Low Level Burial Ground

Scope: Category 3 waste requires stabilization before being disposed in order to meet Performance Assessment requirements. Stabilization of this waste has been done in the past in Trench 8 by placing the waste in a slip form and encasing the waste in concrete. Direction has been given to move all waste disposal to the lined trenches. This encasement activity is being moved to Trench 31. This requires the slip form to be moved to Trench 31.

Description: The slip form is a rectangular steel form that is 27 feet long by 13 feet wide by 14 feet tall. It weighs approximately 40,000 pounds. The west end of the slip form is currently removed. This end will be lifted in place with a crane and attached to the slip form. The slip form will then be lifted onto a trailer and moved to Trench 31. At Trench 31 the form will be removed from the trailer with a crane and placed in the south east corner of the trench.

Safety Basis Documentation Reviewed: HNF-14741, Rev 1B; HNF-15280, Rev. 1B; Letter 03-ABD-0101; Letter 04-ABD-0024; HNF-11724, Rev. 1; Letter 04-SED-012; Letter 03-ABD-0057; Letter 01-ABD-0038; Letter 03-ABD-0118; Letter 03-ABD-0136; FH-0304917; 04-ABD-0032; Letter 04-SED-054; Letter 04-SED-070; FH-0401466; Letter 04-SED-0063.

Other References: 2X-04-07086, Move AGECE Slip Form from 218W3AE Trench 8 to Trench 31

1. Does the proposed activity or occurrence represent a change to the facility or procedures as described in the Safety Basis?

☒ No ☐ Yes/Maybe

Basis: The slip form is being lifted with a crane. Waste encasement activities are described in section 2.5.2.25 of HNF-14741. Moving the slip form is a necessary part of the encasement activity as described. The slip form is being lifted with a crane. This activity does not represent a change to the facility as described in the Safety Basis.

2. Does the proposed activity or occurrence represent conditions (e.g., new or changed hazards) that have not been analyzed in the Safety Basis?

☒ No ☐ Yes/Maybe

Basis: Possible accidents associated with this work include vehicle accidents and dropping loads on the waste containers in Trench 31. Small, medium and large outside fires due to vehicle collisions with waste containers are analyzed in Section 3.4.2.2 of HNF-14741. Spills due to vehicle collisions with waste containers are analyzed in Section 3.4.2.7 and box drop accidents are analyzed in Section 3.4.2.8. These accidents bound the proposed scope of work.

This activity does not represent conditions that have not been analyzed in the Safety Basis.

3. Does the proposed activity represent a test or experiment not described in the Safety Basis?

☒ No ☐ Yes/Maybe

Basis: Waste encasement activities using slip forms are described in Section 2.5.2.25 of HNF-14741. This activity does not represent a test or experiment not described in the Safety Basis.

Conclusion:

UNREVIEWED SAFETY QUESTION (USQ)

USQ Number
SW-USQ-04-204

USQ SCREENING

Page 2 of 2

☒ The proposed activity screens negative and no USQ Evaluation is required.

☐ The proposed activity screens positive and a USQ Evaluation is required.

USQ Screener #1

USQ Screener #2

DA Pratt

JR Rosser

(Print Name)

(Print Name)

Dea Pratt

Signature

Date: 09/14/04

JR Rosser

Signature

Date: 09/14/04

FH PRE-JOB BRIEFING CHECKLIST

Work Document No.: 2X-04-07086/W

FWS/PIC:

Date: 4/19/05

Task Description: MOVE AGECE SLIP FORM FROM 218-W-3AE T8 TO TRENCH 31

NOTE: A graded approach may be used during the conduct of pre-job briefings. Level of detail discussed is at the discretion of the pre-job facilitator and attendees. Briefings should be held prior to the conduct of work anticipated to exceed the trigger levels of HNF-5173, Article 312.3. Retain completed form in the Work Package. For guidance on conducting pre-job briefs, refer to HNF-GD-14047, Pre Job Briefings and Post Job Reviews.

TOPICS FOR DISCUSSION

Verify personnel involvement:

- Verify appropriate personnel are present: Craft, Radcon, Engineering, QC, Safety, Operations, Environmental, other SMEs
- First Aid Provider identified and available for support Al McIntyre
- Two person rule: assigned personnel, escort responsibilities, training verification, turnover, etc. (PFP Specific)

Discuss work to be performed:

- Discuss scope of work to be performed for shift
 - Use sketches, floor plans, etc.
- Procedure type and compliance expectations
- Coordination with other groups and plant activities that might affect persons during job (alarm/horn testing, drills, etc.)
- Discuss job assignments and confirm worker readiness
 - Training requirements, WIPP complete, etc.
- Material requirements and availability for job
 - PPE, special containments, engineered controls, HEPA vacuums, respiratory protection, dosimetry, etc. Ensure all are staged and ready for use.

Key parts of Work Instructions/procedure:

- Precautions/Limitations
- Lock and Tag requirements
- Applicable Technical Safety Requirements (TSR)/Limited Condition of Operations (LOC) including time clocks, impacts to equipment operability and restoration requirements
- Work document radiological requirements
- Post system/component testing requirements
- Critical lifts
- Hold points and recovery actions in the event of a missed hold point (per HNF-PRO-5432)

Radiological Safety:

- Radiological Work Permit (RWP)
 - Special radiological requirements, engineered controls (ventilation, containments, drapes, etc.)
 - ALARA - AMW controls, temporary shielding use, radiological postings and low dose standby areas (as applicable)
 - PPE: extra layers of surgical gloves, changing the outer pair or frisking after handling contaminated equipment
 - Contamination checks/glove changes for work in HCAs
 - For HCAs with high background, remove the outer layer of anti-Cs at the first step-off pad and go to a low background for surveys
 - Surveys in areas "not routinely surveyed"
 - Planned or special monitoring or sampling requirements
 - Action levels and void limits
 - Temporary suspension of work and requiring decontamination prior to resuming work
 - Pressure wash, bag/cover, or misting of items being removed from Basin to minimize airborne materials
 - Use of drapes/catches for breaches of potentially contaminated systems
 - Layered, removable flooring for high contamination levels
 - Area bull-pens/walls used to mitigate contamination spread
 - Air space boundaries (PFP: ZSP-006)
- Emergency Response
 - Alarm response actions
 - Emergency communications systems
 - Identify personnel decontamination facility to be used, if needed, and verify availability

Discuss Job Hazards and Controls (AJHA):

- Permits (EEWP, Fall Protection Plan, Hot Work, etc.)
- Flow path of work with regard to identified hazards
- MSDS for chemicals being used
- Environmental permits and conditions
- Industrial Hygiene requirements
- Waste minimization and disposal requirements
 - If employed, must document on work record

General Discussion:

- Work start time, breaks, and stopping points
- Work area/equipment conditions (weather, lighting, temperature, radiological conditions, accessibility, protection from outside interference, suspect/counterfeit item awareness, etc.)
- Response to abnormal conditions, contingency plans, emergency actions, abort criteria
- Casualty response actions (e.g., secure area and notify management before proceeding)
- STOP WORK AUTHORITY
- STAR Philosophy (Stop, Think, Act, Review)
- PFP Specific: Possible error precursors and flawed defenses. Determine if additional defenses are warranted (i.e., self or peer verification).
- Applicable Criticality Posting Specification (CPS) and postings
 - CPS No. _____
- Housekeeping / Post-job cleanup

Lessons Learned:

- Lessons learned from previous tasks

QUESTIONS OR CONCERNS: - Ask one final question: "Is everyone comfortable with the job and his/her part in it?"

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FH PRE-JOB BRIEFING CHECKLIST (continued)

Comments or other areas discussed:

Pre-Job Briefing **ATTENDEES** fill in below (including all repeat briefings).

Date	Name (Print)	Signature	Date	Name (Print)	Signature
4/19	ARMSTRONG	[Signature]	4-21	SSHOOK	[Signature]
4/19	D. T. CARR	[Signature]			
4/19	R.D. FRANKLIN	[Signature]			
4/19	MARK RAY	[Signature]			
4-19	SHOOT J.L.	[Signature]			
4-19	ASHLEY	[Signature]			
4-19	FIDURS	[Signature]			
4-19	ALEXANDER RG	[Signature]			
4-19	S. Phillips	[Signature]			
4-19-05	Yvan Fillion	[Signature]			
4-19-05	F. HAMMIT	[Signature]			
4-19-05	AJ METZER	[Signature]			
4/21/05	BRUCE KASOT	[Signature]			
4/21/05	Michael Fitch	[Signature]			
4/21/05	Steven Kain	[Signature]			
4/21/05	SCOTT HAMAKER	[Signature]			
4/21/05	HAMMIT, F.	[Signature]			
4/21/05	Alexander, RG	[Signature]			
4/21	ELLINGSWORTH K	[Signature]			
4/21	ASHLEY	[Signature]			
4/21	D.T. Carr	[Signature]			
4-21	R. Wheatley	[Signature]			
4-21	K. Larouette	[Signature]			
4-21	DA SMITH	[Signature]			

Pre-Job Briefing **PRESENTER** fill in below (including all repeat briefings).

Date	Name (Print)	Signature	Date	Name (Print)	Signature
4/19/05	Stuart Arnold	[Signature]			
4/21/05	Stuart Arnold	[Signature]			

16

ELECTRICAL UTILITIES SITE VISIT FORM

Customer Contact: Mike Pawlak Phone Number: 430-5593

Scheduled Date: 4-19-05 CACN: 118812

Location: Trench 31

Line(s) Number: C8415 Pole Number(s): _____

Voltage Level: ☐ Communication ☐ 120/240/480 v ☒ 2400 v
☒ 13.8 KV ☐ 115 KV ☐ 230 KV

Purpose of "Site Visit":

- ☒ Transportation of over height load Height (approx.) _____
- ☐ Equipment working near overhead lines 10 ft. / 20 ft. Other _____
- ☐ Excavation near aerial / underground 10 ft. / 20 ft. Other _____
- ☐ Other: Describe _____

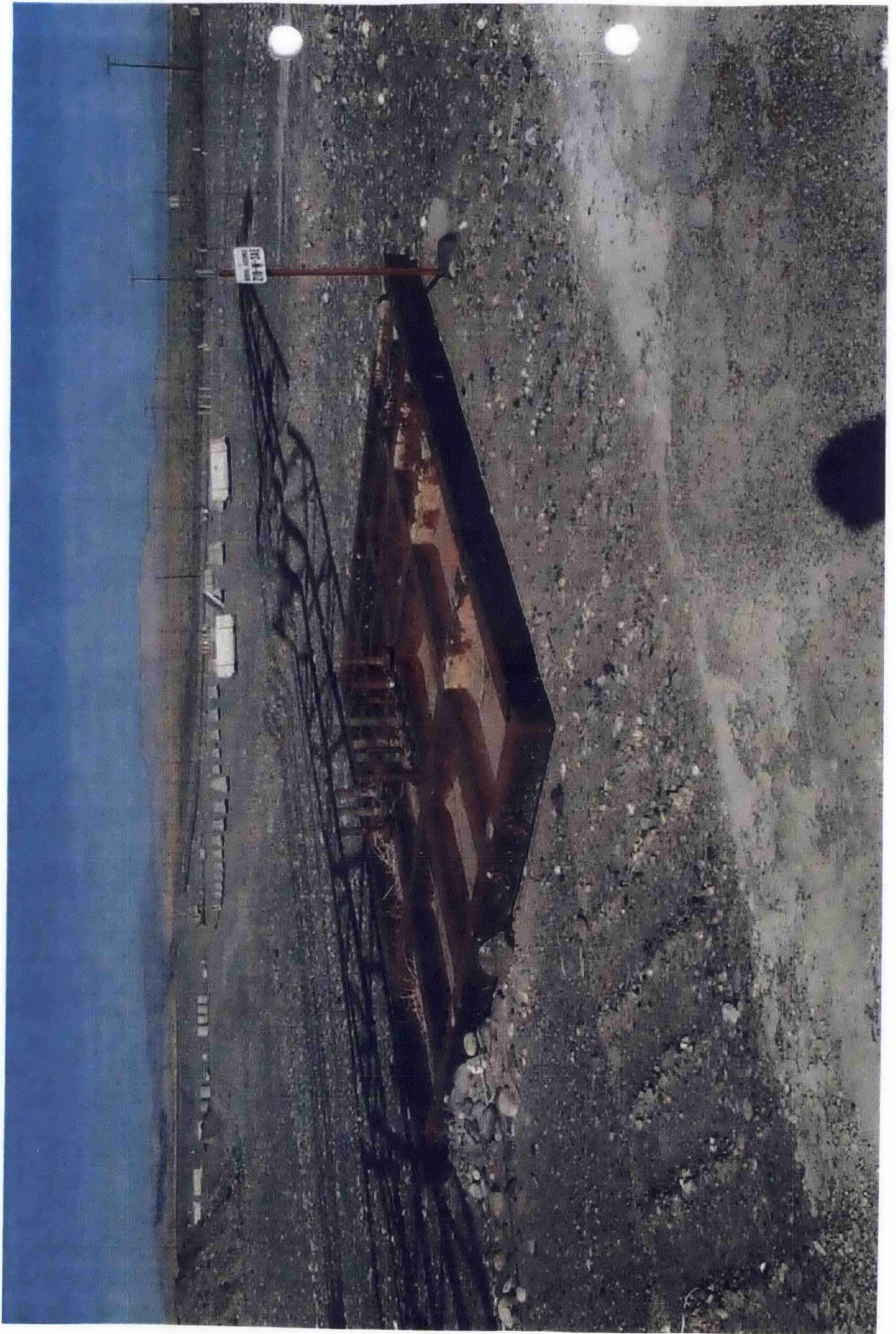
Recommendations:

- ☐ Immediately Before commencement of operating near power lines, notify the Electrical Utilities Dispatcher at 373-2321 or 373-7753
- ☒ No Support Needed ☐ Lineman Standby: Duration: _____
- ☐ Insulated Barriers ☐ Raise Line ☐ Reclosures Off
- ☐ Lines / Equipment Deenergized/Grounded Isolation Points _____
- ☐ Other: Describe _____

EU Representative John Johnson John Johnson Date: 4-13-05
Print/Signature

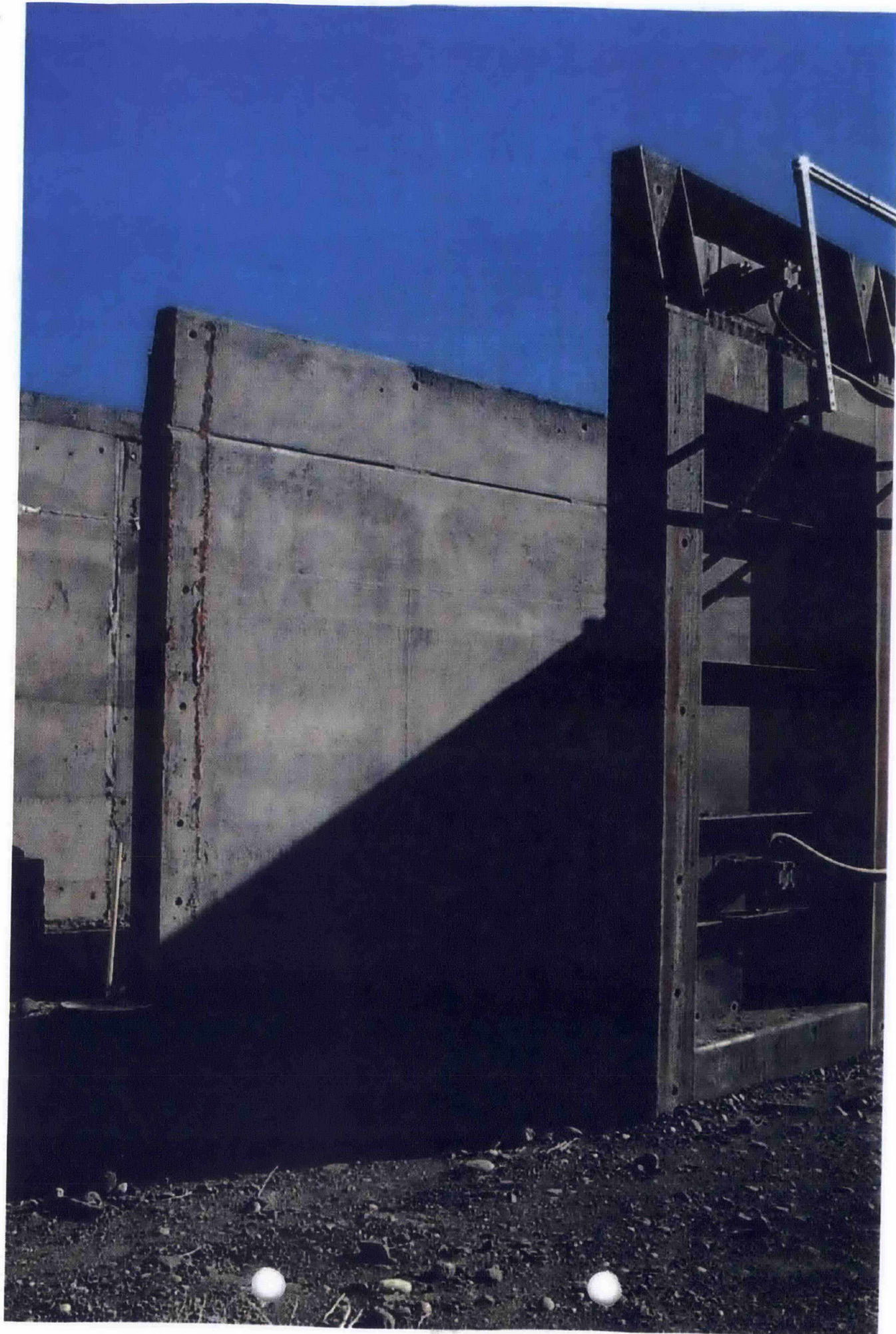
Customer Contact Mike W. Pawlak Mike W. Pawlak Date: 4/13/05
Print/Signature

not indicated above as a customer utility representative
☐ Faxed to Dispatcher





UC



**Work Document 2X-07-04470**

11/26/2007 8:13 AM



JD216703

Page 1 of 5

Document Number 2X-07-04470 **W GENERIC WORK ITEM**
Work Item Title REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Record Status ACT
Record Copy Printed Yes 1

Symptom, Problem, or Condition

Waste disposal in 218-W-5, Trench 31 has reached the point that removal of the AGECE slip form is in jeopardy. This is because any additional placement of waste containers will negate the setting of a crane to remove it. A work package is required to remove the slip form from the trench and place it in storage for future use.

Component Number

N/A

Component Name**Temporary Component Number**

N/A

Temporary Component Name**Location**

Facility 2X
System N/A

Building / Room 218-W-5-T31**Charge Code**

CACN
118800

COA
EA00

Other**Origination****Name** Steen, Dick**Phone** (509) 372-2337**Date** 07/12/2007**Screening Information****Phase Designator** 11 NOVEMBER**Priority** 3 Priority Three**Mode** A ANYTIME**Cognizant Engineer****Name** Steen, Dick**Phone** (509) 372-2337**Resources Required**

Code	Description	COCS	Role	No	Act Hr
04A	OPERATIONS PERSONNEL	R050	N/A	1	34
13B	HEAVY EQUIPMENT OPERATOR	R030	N/A	1	24
54	RADIOLOGICAL CONTROL TECHN	T050	N/A	3	22
PIC	PERSON IN CHARGE	M010	N/A	1	17

Facility Group SWSD

**Work Document 2X-07-04470**

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Document Number 2X-07-04470 **W GENERIC WORK ITEM**
Work Item Title REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Record Status ACT
Record Copy Printed Yes 1

Reference Documents

Category	Type	Description	Sheet	Coord	Revision
Reference	AJHA	2x-496			
Reference	AJHA	HSO-930			
Reference	AJHA	HSO-931			
Reference	MSDS	MSDS # 014258			
Reference	NEPA	HSO-930			
Reference	NEPA	HSO-931			
Reference	PJOB	PRE-JOB FORM BD-6000-696			
Reference	PWPP	PRE-WORK WALKDOWN & POST PERFORM CHKLST			
Reference	RRS	SWSF-07-211			
Reference	RWP	SWSD-001			
Reference	RWP	SWSD-004			
Reference	SLOG	SIGNATURE LOG			
Reference	USQ	SW-USQ-07-141			
Reference	WPC	2X-07-04470/W			

copy 4/5/09

USQ Screening**Required** USQ

N/A

11/20/2007

AJHA Review**Required** Yes

N/A

11/05/2007

NEPA Screening**Required** ECO Memo

Faulk, Darrin E [Transcribed]

08/14/2007

Tech. Spec. / OSR Requirements Reference

N/A

Essential Systems**Code** **Description**

N/A Not Applicable

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Document Number 2X-07-04470 W GENERIC WORK ITEM
Work Item Title REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Record Status ACT
Record Copy Printed Yes 1

Approvals

Code	Description	Approval	Date
CM	Cognizant Manager	Hamada, Frank K [Approved]	11/26/2007
CR	CRANE AND RIGGING PERSONNEL	Best, Keith M [Approved]	11/20/2007
DA	Design Authority	Steen, Dick [Approved]	11/20/2007
E	Environmental	Faulk, Darrin E [Approved]	11/05/2007
I	Industrial Hygiene & Safety	Mickle, Gary D [Approved]	11/20/2007
OPS	Operations	Ramon, Paul [Approved]	11/26/2007
R	Radiation Protection	Haan, Thomas P [Approved]	11/06/2007

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**Work Document 2X-07-04470**

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Document Number 2X-07-04470 **W GENERIC WORK ITEM**
Work Item Title REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Record Status ACT
Record Copy Printed Yes 1

Pre-Work Review**Approval**

Ramon, Paul [Approved]

Date

11/26/2007

Tagout Information**Number**

N/A

Location**Person In Charge****Name**

Ramon, Paul

Phone

(509) 373-3242

Work Release**Release Type** F FULL RELEASE**Approval****Date**

11/26/2007

Work Suspended? ☐**Resolution / Retest**

See embedded Word file

Resolution By**Approval**

Remer, Frank L [Approved]

Date

11/20/2007

Calibrated Standards/Equipment**Standard/Equipment**

N/A

Exp Date**Field Work Complete****Approval****Date**

11/28/07

Operations Acceptance**Approval****Date**

11-4-08

Post Work Review**Work Record Feedback Exists?** ☐**Code****Description**

CE

Cognizant Engineer

POSTRVW

Post-Work Review

Approval**Date**R.T. Steen
Ella L. NolandR.T. Steen
Ella L. Noland4/14/09
4/14/09**Facility Group** SWSD

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11/26/2007 8:13 AM



JD216703

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Document Number 2X-07-04470 W GENERIC WORK ITEM
Work Item Title REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Record Status	ACT
Record Copy Printed	Yes 1

Facility Group SWSD

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WORK INSTRUCTIONS		
2X-07-04470/W	REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31	PAGE 1

1.0 PURPOSE AND SCOPE

- 1.1 This work package will provide instructions to remove the "Slip Form" from Trench 31 and prepare it for storage.

2.0 REFERENCES

- 2.1 See references on page 2 of "Work Document."

3.0 SUGGESTED SPECIAL TOOLS, EQUIPMENT, AND MATERIALS

- 3.1 JLG (to access lifting lugs)
- 3.2 2 each cranes as determined by D/L
- 3.2 Rigging hardware as designated by D/L
- 3.3 Flat bed trailer (to transport slip form)
- 3.4 Electric Rotary Hammer
- 3.5 Generator (for rotary hammer)
- 3.6 Kroil penetrating oil (MSDS # 014258)
- 3.7 Air driven impact wrench
- 3.8 Truck mounted air compressor

4.0 PRECAUTIONS AND LIMITATIONS

- 4.1 Be alert to overhead power and communication lines. Some lines are as low as 15' and may be snagged if equipment is extended while traveling. DOE-RL-92-36, Hanford Site Hoisting and Rigging Manual requires operators to maintain a minimum of 4' clearance between equipment and overhead lines of any kind. Spotter support is required for all activities involving a crane at SWSD.
- 4.2 Cranes shall not be used to perform any lifting operations under or near power lines if any combination of boom, load, load line, or machine component has the capability of contacting a power line.

WORK INSTRUCTIONS		
2X-07-04470/W	REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31	PAGE 2

- 4.3 Side wall pieces weigh 12,000 lbs each, back wall weighs 8,000 lbs, and the door and door frame weighs 8,000 lbs. total.

5.0 PREREQUISITES

None

6.0 WORK STEPS

- 6.1 **CONDUCT** a Pre-Job safety meeting with all personnel directly involved with this activity. ENSURE all personnel have reviewed AJHA-HSO-930, HSO-931, AND work steps associated with this activity.

NOTE: This work activity was radiologically screened as low risk work. Work performed in a High Contamination Area, High Radiation Area, Very High Radiation Area, or Airborne Radioactivity Area requires additional hazard analysis and Rad screening.

NOTE: The following instructions are general intent and are intended to be followed in sequence. Sections should be performed in sequence. However, at the PIC's discretion certain steps may be performed out of sequence, in parallel, or repeated. In these cases, the PIC is expected to document the reason on the work record.

CAUTION:

Care should be taken to avoid contacting overhead lines. Some lines are as low as 15' and may be snagged if equipment is extended while traveling. If positioning of equipment requires passing under overhead lines a spotter is required.

- 6.2 Utilizing a JLG and an electric rotary hammer **REMOVE** concrete spillover from area around lifting lugs on side walls of "Slip Form."

6.2.1 **PREPARE** "Slip Form" for removal as directed by DA and/or PIC.

- 6.3 **POSITION/LOCATE** cranes and flat bed trailer as directed by D/L.

WORK INSTRUCTIONS		
2X-07-04470/W	REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31	PAGE 3

NOTE: *The Slip Form Door and Door Frame must be separated and loaded on the trailer individually.*

Door to be separated from door frame.

- 6.4 **RIG** "Slip Form" door to crane.
- 6.5 **REMOVE** latch bolt from door.
- 6.6 **LIFT, SWING, AND LOWER** "Slip Form" door onto trailer.
- 6.7 **RIG** one of the long sides of "Slip Form" (riggers choice).
- 6.8 **LIFT, SWING, AND LOWER** "Slip Form" wall onto trailer.
- 6.9 **PIC's Option** Slip Form may be loaded onto a trailer individually and transported to new location OR may have all sections loaded on a trailer and transported in one move. **IF** all sections are to be moved at once **THEN** perform steps 6.9.1 through 6.9.3 and **REPEAT** until all sections have been moved to the new location. **IF** sections are loaded on a trailer and transported in one move **THEN** skip to step 6.10.
 - 6.9.1 **PREPARE AND TRANSPORT** "Slip Form" section to area above Trench 31 as designated by Operations PIC.
 - 6.9.2 **OFF LOAD** "Slip Form" section in area designated by Operations PIC.
 - 6.9.3 **RETURN** to "Slip Form" **AND RIG** next section of "Slip Form" (riggers choice).
- 6.10 **RIG** door frame to first crane to support door frame.
- 6.11 **RIG** second crane to wall (long side) of "Slip Form".
- 6.12 **LIFT, SWING, AND LOWER** "Slip Form" wall onto trailer.
- 6.13 **LIFT, SWING, AND LOWER** "Slip Form" door frame onto trailer.
- 6.14 **TRANSPORT** "Slip Form" components to area above Trench 31, (located between Trench # 31 and Trench # 34) as designated by the PIC.

WORK INSTRUCTIONS		
2X-07-04470/W	REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31	PAGE 4

7.0 RESTORATION

- 7.1 **PERFORM** housekeeping/clean-up of work areas.
 - 7.1.1 **ENSURE** equipment owner (ACEG) has removed components (vibrators, scaffold pieces (unistrut), tow cables, and air hose) from area.
 - 7.1.2 RCT to provide **COURTSEY SURVEY** of ACEG components.
- 7.2 **FWS REVIEW** work package to **ENSURE** all work is complete and work area has been cleaned-up.
- 7.3 **PERFORM** Post-Job Review as necessary.

WORK RECORD

Document Number:

2X-07-04470/W

2. Work Item Title: REPOSITION SLIP FORM IN 218-W-5 TRENCH 31

Date	Turnover, Problem Description, Action Taken	Feed-Back (X)	Name	Craft/Resource Type	Hours
11/26/07	Completed Tee-JOB, AND MATERIAL FOR JOB. STAGED JLG AT TRENCH 31.			04(2)	18
				13(1)	9
				14(1)	9
	LUBRICATED PINS ON SLIP FORM. VERIFIED TRAINING. SOPE WAS REMOVED AND GEANT WAS REMOVED FROM PICK POINTS ON North Wall. & Vibrator were REMOVED FROM North AND South Wall. Will CONTINUE WITH REMOVAL OF SLIP FORM ON 11/27/07.			3(4)	36
				54(2)	10
11/27/07	PRE-JOB Completed, TRAINING VERIFIED. SLIP FORM REMOVED, STAGED BETWEEN T31 & T34 IN Lagoon Area. ALL Vibrator removed, AND PLACED ON Pallet FOR AGEEL PICK UP FOR MAINTENANCE. HOMEKEEPING Will Complete ON 11-28-07.			04(2)	14
				13(2)	11
				14(1)	7
				35(4)	28
				54(2)	10

2X-07-04470/W

[illegible]

AJHA ID: HSO-931 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05																																																																																																																																																																											
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Pre-Job Walkthrough Conducted: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No WalkThrough Date:																																																																																																																																																																															
Specific Work Location(s): Trench 31, SWSD, 200W																																																																																																																																																																															
Emergency Contact Person(s): Primary Secondary Emergency Radio/Phone No: Holloman, Stanley M Brewer, Craig E 911 / 373-3800																																																																																																																																																																															
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AJHA ID: HSO-931 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		

Description: Routine Hoisting & Rigging

Comments: This AJHA must be worked in conjunction with job specific AJHA(s) or job hazard analysis from others. This AJHA covers the particular hazards associated with the work task; it does not cover specific hazards associated with facilities, projects or general work locations. This requirement must be discussed in the pre-job meeting prior to any work.

INVOLVEMENT:

SME	Name	Title/Text
CMS Coordinator	MARTINEZ, SAUL G - 12/12/2005	Environmetal
Two-Day NEPA Trained	MARTINEZ, SAUL G - 12/12/2005	Environmetal
	Best, Keith M 12/11/2005	C&R Supervisor-see roster for participating craft
	Holloman, Stanley M 12/11/2005	C&R Manager
Industrial Hygiene	Lilly, Allen W - 12/12/2005	
Industrial Safety	Silvey, Richard D - 12/12/2005	
Radcon Screener	Schieffer, Rick - 12/12/05	
Operations	BREWER, CRAIG E by LOEHNDING, DEBORAH L 12/12/2005	

REQUIRED FORMS AND PERMITS

Form/Permit	Revision	Permit ID	Complete
Radiological Risk Screening Form	0		Yes
NEPA CX, SWCX, EIS, EA Form	0	AJHA HSO-931	Yes
AJHA Comments/Instructions Form	0	01	Yes
AJHA Comments/Instructions Form	0	02	Yes

SPECIFIC HAZARD ANALYSIS AND SAFE WORK REQUIREMENTS:

A detailed discussion of the unique hazards specific to the work activity/location, including those noted above, will be provided on subsequent pages of this AJHA. The discussion must include identification of the work activity, the specific hazards present, and the safe work requirements/controls (including PPE) to be used to alleviate/control the hazard(s).

MAIN TASK (General):

IDENTIFIED HAZARD	CONTROLS	ADDITIONAL TEXT
Elevating Work Platform Involved Manually Propelled, and/or Self Propelled Platform(s) Involved. A "boom-supported" lift is used?	Verify the correct work platform type and related controls have been specified. Perform visual inspection and test operation of platform daily Survey work area to identify and control any worksite hazards immediately prior to starting work. Select platform that is current with periodic maintenance, inspection, and testing. Wear personal fall protection with lanyard attached to an approved anchorage point. Engage vehicle parking brake for elevation of boom Assign trained equipment operator(s) for platform Provide approved means of access to ascend/descend platform Know maximum load capacity and weight distribution restrictions of platform	Reference AJHA HSO-886 Aerial Lift Operations

AJHA ID: HSO-931 Rev - 0	AJHA REPORT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHDING, DEBORAH L	Work Package No:	Work Location:		

<p>Locate overhead electric power and communication lines - contact Electrical Utilities to establish adequate clearance.</p> <p>Control employee exposure to moving parts of platform in tight quarters</p> <p>Fall protection</p>	<p>When working at or above 6 feet, fall protection shall be used unless it creates an additional safety hazard to the employees.</p>
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<p>Portable Ladder Used</p> <p>Step ladder used.</p> <p>Straight ladder used.</p> <p>Extension ladder used.</p> <p>Rolling ladder used.</p>	<p>Select ladder of proper style, size, capacity (duty rating), and composition</p> <p>Select ladder that is current within its annual inspection (periodic inspection)</p> <p>Verify worker training in ladder inspection & use (Refer to the Training Selection Tool)</p> <p>User is assigned to inspect the ladder, before use (pre-use inspection)</p> <p>Physical and medical condition of assigned ladder Users is adequate</p> <p>Verify adequacy of supporting foundation for ladder set-up</p> <p>Position ladder (set-up) to prevent leaning or over-reaching (in relation to work zone)</p> <p>Wear adequate footwear to prevent slipping and maintain balance/stability</p> <p>Maintain area around base of ladder maintained clear (housekeeping)</p> <p>Store ladder to prevent damage, upon completion of use</p> <p>Instruct user on three-Point contact rule</p> <p>Verify that spreaders are firmly locked/fully engaged as 'open'</p> <p>Minimum 3-foot ladder extension above intended landing area where ladder is used for 'ACCESS' only</p> <p>Maintain area around top of ladder clear housekeeping - where ladder is used for 'ACCESS' only</p> <p>Set up at 4-to-1 angle</p> <p>Proper use rope and pulley system to raise and lower fly section</p> <p>Upper section overlaps bottom section in accordance with manufacturer specs.</p> <p>Casters/Brakes verified as fully locked before use</p> <p>Use Fall Protection for exposures of 6 feet or greater (fall arrest, fall restraint)</p> <p>Identify sufficient anchorage point for application of fall arrest/fall restraint</p> <p>Complete Fall Protection Permit For Portable Ladders (Site Form A-6003-949), where use of fall protection is not feasible</p> <p>Protect against mud, grease, oil exposure in work area</p> <p>Assign Attendant/Helper to stabilize ladder at the base during use.</p> <p>Establish steps to prevent handling of heavy or awkward material loads from the working position on the ladder</p>
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AJHA ID: HSO-931 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHDING, DEBORAH L	Work Package No:	Work Location:		

	<p>When used to provide access, securely tie-off at top, and stabilize at base</p> <p>Use two workers to position and take down ladder</p> <p>Carry the ladder in a balanced and closed position</p>
<p>Hoisting, Rigging, and/or Crane Activity</p> <p>Mobile Crane</p> <p>Overhead Gantry Crane</p> <p>Material Hoists/Monorail Crane</p> <p>Critical Lift</p> <p>Rigging with lifting eyes or swivel hoist rings?</p>	<p>Assign a Designated Leader</p> <p>Assign a qualified hoist operator</p> <p>Use a qualified crane operator</p> <p>Assign a qualified rigger for load handling</p> <p>Assign a qualified person to operate any "below-the-hook" lifting device</p> <p>Use a qualified signal person for communications</p> <p>Assign a qualified rigger for load handling</p> <p>Develop a step-by-step Plan or work instructions</p> <p>Conduct formal pre-lift meeting to safely prepare for critical lift</p> <p>Complete required inspections and maintenance of crane</p> <p>Ensure up to date inspection and maintenance of rigging/hoisting equipment</p> <p>Complete required inspection and maintenance of equipment</p> <p>Designate a competent "person-in-charge" for the critical lift</p> <p>Develop step by step procedure for the critical lift</p> <p>Conduct a formal Pre-Lift Meeting</p> <p>Ensure equipment inspections are current</p> <p>Verify lifting eyes and/or swivel hoist rings will be used within manufacturer's temperature specifications.</p> <p>Contact Electrical Utilities for work within fully extended boom length of electrical power lines</p> <p>Follow manufacturer instructions for boom assembly or dismantling</p> <p>Traffic Control</p> <p>Maintain minimum 10 feet clearance for work near electrical power lines</p> <p>Correct lifting techniques during material handling</p> <p>Dust Control</p> <p>Fall Protection</p> <p>Leather gloves or equivalent material.</p> <p>Safety glasses with side shields: Clear lens or tinted lens when pre-approved by SNF safety.</p> <p>Substantial footwear (completely enclosed leather or equivalent material); No canvas or cloth shoes, no high heels, no thin-soled shoes.</p> <p>Hearing protection</p> <p>Hand protection</p>
	<p>Review DOE-RL-92-36 Chapter 14 "Mobile Cranes" for info regarding operating cranes near energized transmitters or electrical power lines. Do not operate crane within 10 ft. of overhead electrical lines, inform the DL.</p> <p>For access/egress and during inspections</p> <p>Dark shaded lenses shall not be worn inside, except for welding.</p> <p>Consult sound level survey table for required perimeters during increased RPMs</p> <p>Leather gloves are normally the minimal protection for hand protection</p>

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Prepared By: LOEHDING, DEBORAH L		Work Package No:	Work Location:	

	Foot protection Eye protection Hard Hats required	
Forklift Trucks Used	Assign an operator qualified for the Class of forklift truck selected Forklift truck of proper Class and sufficient capacity selected for the scope of work to be performed Forklift truck pre-use and periodic inspections to be validated as current (up-to-date). Forklift truck maintenance to be validated as current (up-to-date) Total weight of the load(s) to be determined and communicated to the work team Worksite survey to be completed to plan travel route(s) and identify changes in elevation, slopes, ground conditions, obstacles, blind corners	Reference AJHA HSO-883 Forklift Truck Operations
Heavy Equipment Operation? Overhead and other Obstructions. Work near possible flying debris.	Qualified operator selected Pre-use/Pre-start inspection (Controls/Maintenance current, no loose items in cab etc). Proper body mechanics established for cab entry/exit Communications established (e.g., hand/radio signals) Establish safe shut-down and parking techniques Determine work clearances (overhead, adjacent or underground to include corridor to and from work location) Review work and adjacent areas for hazards Review routes the equipment will travel for hazards Spotter/Flagger person assigned Hanford Oversized/Overweight Permit completed (A-6003-609) Control of exhaust fumes/ Well-ventilated area Control Traffic Flow Restrict access of co-located workers or visitors/by-standers to work zone. Use of warning signs or barricades Pinch points identified Loading maintained within capacity limits Establish ground integrity controls	
Falls from elevation.	Training for workers who will be exposed to a potential fall of greater than six feet, when working within six horizontal feet of the hazard Other fall protection controls	Job or task-specific fall protection plan
Hazards form falling objects.	Identify specific hazard in "Controls by Task", and select/identify additional controls. Restrict access to area beneath work Foot protection - Safety-toe shoe/boot (ANSI Z41) Eye Protection - Safety glasses with side-shields (meeting ANSI Z87.1)	Crane parts, parts of load, rigging, tools

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Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		

	Head protection - ANSI Z89, Class C, Provides no voltage protection (Specify Type 1 or Type 2)
Hazardous Energy Sources (Lockout/Tagout)	<p>Assign workers who are currently trained in "Lockout/Tagout"</p> <p>Plan for completion of "safe condition" check to ensure isolation of energy source</p> <p>Identify the energy source(s), list in the "Controls by Task" screen. Cable reels, brakes, hydraulics, mechanical</p> <p>Identify energy isolation point(s), list in the "Controls by Task" screen. Per manufacturer recommendation</p> <p>Use approved Isolation Procedure to identify means/method/equipment to isolate the energy source</p> <p>Establish energy isolation control means/methods</p> <p>Notify affected workers prior to initiating work activity Equipment tagout for maintenance purposes (specific to shop repairs or operational instructions)</p> <p>Notify affected workers following work activity completion</p> <p>Perform a safe-to-work check (Authorized Workers)</p>
Electrical Shock or Arc Flash Hazards?	<p>Use the AJHA "comments" section to record justification why circuits can not be deenergized except when the work is limited to voltage and current measurements.</p> <p>Work inside the Limited Approach Boundary requires justification, but it does not require written authorization from facility management.</p> <p>Verify field conditions match work instructions</p> <p>Conduct pre-job briefing</p> <p>Use the "Controls by Task" screen to specify if any other safe work practices as described in NFPA 70E that apply to this job.</p> <p>Assigned workers are qualified for the task</p> <p>Assigned workers' electrical safety training is current</p> <p>Perform Shock Hazard Analysis and Flash Hazard Analysis (or use 70E tables) to establish protective clothing and PPE requirements</p> <p>Safety glasses</p> <p>Perform Shock Hazard Analysis</p> <p>Notify Electrical Utilities if work is near or may affect EU equipment</p>
Gas Cylinders (Bottles) Used or Affected by Work	<p>Assign users/handlers who are trained in compressed gas safety</p> <p>Ensure pressure relief valves in place</p> <p>Isolate from vehicular traffic</p> <p>Transport in secure manner</p> <p>Secure and store compatibly</p> <p>Store/transport with caps in place</p> <p>Secure bottles</p>
Exposed or Rotating/Moving Machinery (e.g., Pinch, Nip Points)	<p>Ensure manufacturer installed or recommended guards are in place and operational at pinch and nip points</p>

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Prepared By: LOEHNDING, DEBORAH L				Work Package No:		Work Location:			
<p>Control loose clothing, gloves, jewelry, long hair</p> <p>Specify any required personal protective equipment in consideration of hazards from equipment moving parts</p>									
Manual Lifting/20 lbs or Greater		<p>For weights exceeding 50 pounds, use engineering controls (e.g., mechanical lifting aids), or work practice controls (e.g., assigning two or more workers to the task)</p> <p>Workers adequately trained in proper lifting techniques for the task</p> <p>Layout of work area supports access, egress, and body positioning</p> <p>Avoid repetitive handling by the same worker(s)</p> <p>Minimize travel distance for carrying object(s)</p> <p>For weights between 20 and 50 pounds, use work practice controls (e.g., assign two or more workers to the task)</p> <p>Select the workers believed to be of low risk for specific task at hand</p> <p>"Warm-up" for physically demanding tasks</p>						Workers should ask for assistance or use mechanical aides when lifting heavy or awkward materials	
Chemicals/chemical products. Chemicals/Products will be Opened and Used		<p>Identify significant chemicals/products and the related MSDS number (List in Controls by Task)</p> <p>Brief description of chemical use/activity (Describe in Controls by Task)</p> <p>Keep MSDS, manufacturer's instructions for use, and/or chemical inventory on hand</p> <p>Discuss the emergency provisions identified in the MSDS prior to starting the work.</p>							
<p>Noise Sources are Present</p> <p>Exposure Potential to Noise = or > 85dBA</p> <p>The workers response is affected which could prolong exposure or prevent taking the correct actions in an appropriate time frame.</p>		<p>Hearing conservation program enrollment, including training and medical monitoring</p> <p>Ensure workers' EJTA/PEH reflects noise exposure</p> <p>Establish appropriate compensatory measures to provide alternate notification that meets the requirements for the affected signal.</p> <p>Noise level surveys</p> <p>Hearing protection</p>						<p>Contact IH for evaluation of new equipment, re-evaluation when equipment conditions changes, or new equipment is added.</p> <p>Wear hearing protection in posted areas and areas where noise exceeds 85 dBA. As necessary, consult sound level survey table for perimeters during increased RPMs and/or contact Industrial Hygiene for assistance.</p>	
Airborne Dusts/Particulates Generated in Work Area		<p>Industrial Hygiene review and determination of additional controls/PPE is required.</p> <p>Evaluate and record the dust composition in the "Controls by Task" screen</p> <p>Eye protection</p>						<p>Routine nuisance dust</p> <p>During dusty conditions, employees should wear safety goggles (in addition to safety glasses)</p>	
<p>Work with beryllium materials or in a beryllium contaminated area.</p> <p>Equipment with potential beryllium contamination is being transferred or released.</p>		Industrial Hygiene review required						<p>This AJHA does not address work in a beryllium-contaminated area. Only beryllium assigned workers may work in known or suspected beryllium areas. Persons sensitive to beryllium shall be restricted from entering areas where beryllium is known or suspected</p>	

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Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		
<p>Contact Beryllium Interpretative Authority regarding equipment transfer or release.</p> <p>IH to perform Beryllium Exposure Assessment.</p> <p>Perform work using beryllium assigned workers (course # 004100)</p>				
<p>Thermal stress (heat or cold stress/hypothermia)</p> <p>Greenhouse Work Creates Greater Heat Stress Potential</p> <p>Radiant Heat Sources Present</p> <p>Cold stress/hypothermia.</p>	<p>Industrial Hygiene Review Required</p> <p>Train workers/supervisors in heat stress, cold stress/hypothermia recognition, prevention, and control</p> <p>Obtain general (weather station) WBGT readings</p> <p>Obtain worksite WBGT readings</p> <p>Provide water/fluids</p> <p>Provide adjacent thermal recovery (cool down/warm up) area</p> <p>Establish work/rest regimens</p> <p>Buddy system</p> <p>Ventilation for greenhouses/containments</p> <p>Modify work hours</p> <p>Cooling devices</p> <p>PPE may increase heat stress potential - adjust work/rest regimens accordingly.</p> <p>Voluntary use</p>			
<p>NEPA Screening Required</p> <p>Work is Covered by a SWCX, CX, EIS, SA, or EA (NEPA Screening Not Required)</p>	<p>NEPA CX, SWCX, EIS, EA Form</p>			
<p>Radiological material, area, or hazard involved.</p> <p>Low risk Rad activity.</p>	<p>Radiological Risk Screening Required</p> <p>Rad worker 1 training</p> <p>The attached radiological risk screening form is void if work is to be performed in a posted CS&I radiological area.</p> <p>No RWP required for general movement of radiologically controlled cranes.</p> <p>Project specific RWPs will be followed if required.</p> <p>RCVs must be used within a Radiologically Controlled Area unless approved by the Radiological Control organization.</p> <p>Comply with facility-specific requirements. If an RWP is required by Project RadCon organization, other hazards may exist that require analysis.</p> <p>Required when operating a Radiologically Controlled Vehicle (RCV). RCVs shall be operated in accordance with HNF-PRO-330 "Radiologically Controlled Vehicles".</p>			
<p>PPE is Specified for the General Activity (see Controls Section)</p>	<p>Identify and discuss the use of specific personal protective equipment.</p> <p>Eye/Face Protection - Safety glasses with side-shields (meeting ANSI Z87.1)</p> <p>Head Protection - ANSI Z89, Class C, provides no voltage protection (Specify Type 1 or Type 2)</p> <p>Foot Protection - Safety-toe shoe/boot (ANSI Z41)</p> <p>Hand Protection - Leather work glove</p> <p>Hearing Protection - Other (specify in controls by task)</p> <p>Additional gloves may be required for the hazard or material being handled</p> <p>Foam plugs or fitted as required for noise level</p>			

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	Protective Clothing - Other (specify in controls by task)	Long pants and shirt with minimum of 4 inch sleeve
Other Hazards Exist (See Controls Section of Report or Other Info)	Be alert to possible animals/snakes/insects	
Rodent Contaminated Areas?	Identify the adjacent work and potential impact in the controls-by-task screen.	Notify collocated workers/facility of planned activities prior to commencement of work.
Sharp objects, cut or puncture hazard.	Communicate "Other" hazards and control measures prior to commencing work	See AJHA Comments/Instructions Form(s).
Potential animal, snake, or insect bites.	Worker slip/trip hazard awareness briefing	Be aware of weather conditions such as snow, ice, and wet conditions. Be alert for uneven walking/working surfaces.
Poor lighting conditions exist?	Rodent Contamination, Industrial Hygiene review required (Enter/select additional controls as needed).	
Severe weather conditions potentially exist.	Ergonomic Hazard, Industrial Safety review required (Enter/select additional controls as needed).	
Ergonomic hazards exist.		
Awkward posture.	List specific cut or puncture hazards with appropriate control measures at the controls by task screen.	Grating for steps, sheetmetal edges, protruding objects
Adjacent Activities.		
Slip/Trip Hazards Exist	Contact Electrical System Dispatcher	As described in DOE-RL-92-36 Chapter 14 Operating Cranes Near Energized Transmitters or Electrical Power Lines.

Accident Comments/Instructions Form

AJHA ID: HSO-931

Form Number: 01

Revision: 0

Job Description

Routine Hoisting and Rigging

Work Title

ROUTINE HOISTING AND RIGGIN

Work Location

ALL AREAS

Work Number

Comments:

ASSEMBLY OF LATTICE BOOMS/ DISMANTLING:

Always follow the manufacture's operating instructions for lattice boom assembly and dismantling of boom sections: Never place any part of your body under the boom during assembly. It is good policy to block beneath each end of each section when assembling it. Never attempt to raise any boom being assembled until all boom insert connection pins are installed. Ensure that suspension ropes and pendants do not catch on the boom connection pins or cotter pins. Pendant spreader bars may be required on long boom assemblies. Check the manual. Intermediate (mid-point) suspension may be required as long booms can buckle in the middle from their own weight. Check the manual. Check wind velocity limits before lifting the boom off the ground. Once the boom is raised check that the boom hoisting limiting device (if provided) is working. It should disengage the boom hoist as the boom nears minimum radius.

WORKING UNDER A LOAD:

The operator should avoid carrying loads over people 1910.180(h)(3)(vi). General requirements: Working on or under a suspended load is prohibited, except when the load can be supported by blocking, securely braced or other means of substantial support, which would prevent the load from movement. Loads being lifted and set in place may require special handling control measures that may require riggers to position their hands or other body parts under the load when landing, setting, or controlling the load. When circumstances are determined that employees must position themselves under "suspended loads" the work activity shall stop and a meeting held with all the involved personnel to discuss alternate methods and if other means would provide load control and assure conditions are safe.

WORKING AT HEIGHTS ABOVE SIX FEET:

Procedure HNF-PRO-092 excludes the use of personal fall arrest systems when accessing tanker trucks and servicing large mobile equipment, but individuals must be aware of their surroundings and use care when walking, inspecting and climbing around this equipment. Prior to performing preventive maintenance all employees must be observant to the potential for fall exposure. Where provided, use the manufacturer's hand holds and foot supports when climbing up, on and off the equipment.

PINCH POINTS, CRUSHING:

Wear PPE, watch for pinch points that could catch hand, gloves, clothes, etc.. Between slings and load or rotating parts of equipment. Keep arms, hands and feet clear, never place any part of the body under the suspended load. Assure crane boom point is over the center of the load center of gravity. Consider fleet angle prior to hoisting load. Assign a flag person to assist crane operator and other support equipment into proper position.

USING WIRE ROPE, RUNNING LINES, SLINGS AND ACCESSORIES:

Complete daily pre-use equipment inspection prior to starting assignments. Wear leather gloves when working with wire rope slings, running lines or heavy rigging.

AJHA Comments/Instructions Form

AJHA ID: HSO-931

Form Number: 02

Revision: 0

Job Description

ROUTINE HOISTING AND RIGGING

Work Title

ROUTINE HOISTING AND RIGGIN

Work Location

ALL AREAS

Work Number

Comments:

DELIVERY OF OR RELOCATION OF FIRE PROOF SAFES AND FILE CABINETS:

Use proper lifting techniques. Use at least two people. Use correct dolly. Check all clearances (door, desk, ramp, hallway, etc.). Find "best" routes before entering building with fire proof safes or file cabinets. Do not move safes with damage that exposes asbestos. Use person to guide dolly operator and warn other personnel.

HOISTING, RIGGING AND TRANSPORTING CONEX BOXES:

Use DL too determine existing conditions, follow DOE-RL-92-36, use fall protection when determined by the supervisor.

HANDLING BARRELS WITH MOBILE CRANES: Use proper techniques, get help, beware of work area; best method to use will be determined by the supervisor or D/L.

USING SHACKLES, SLINGS, RIGGING HARDWARE AND BELOW-THE-HOOK LIFTING DEVICES:

Assure all rigging tackle and lifting devices are properly inspected, certified and marked prior to use. Management shall assure all lifting devices have been properly designed and fabricated prior to use. Any devices found out of compliance shall be tagged out of service, until properly dispositioned. Slings uncertified or with inadequate or missing tags shall be returned and placed in appropriate containers.

WORK AROUND WATER BASINS AND FILTRATION RESERVOIRS:

Observe posted warning signs and stay within area protected by guardrail. If work must be done beyond area protected by guardrail, work should stop and a specific fall protection plan will be developed.

POOR LIGHTING:

Temporary lighting may be required, use caution.

AJHA ID: HSO-930 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		

Work Scope/Description: Operation of Mobile Cranes
Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Pre-Job Walkthrough Conducted: ☐ Yes ☒ No WalkThrough Date:

Specific Work Location(s): Trench 31, SWSD, 200W

Emergency Contact Person(s): Primary Secondary
Emergency Radio/Phone No: Holloman, Stanley M Brewer, Craig E
911 / 373-3800

KNOWN OR POTENTIAL HAZARDS

	Yes	No		Yes	No		Yes	No
Scaffolding	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Manual Lifting/20 lbs or Greater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Structure Modification, Construction, Addition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Excavation Work	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Confined Space Entry	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Structures will be dismantled, demolished, and/or removed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Elevating Work Platform Involved	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Painting, Finishing, Preparing Painted Surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NEPA Screening Required	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Portable Ladder Used	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Lead/Lead Containing Material Involved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiological material, area, or hazard involved.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hoisting, Rigging, and/or Crane Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tanks, Lines, Vessels Opened or Breached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work influences air flow	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Forklift Trucks Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Chemicals/chemical products.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radioactive or Toxic Air Emissions Potentially Generated	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Heavy Equipment Operation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Noise Sources are Present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Effluent Control or Monitoring Devices Involved in Activity	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falls from elevation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Containing Materials Involved	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Liquid or Solid Discharged to Ground or Liquid Effluent Stream	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazards from falling objects.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Airborne Dusts/Particulates Generated in Work Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Activity Will Result in a Change to an Existing Effluent	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Blind Penetration of Walls, Floors, Ceilings, Roofs, Other Surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work with beryllium materials or in a beryllium contaminated area.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Waste Generated.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hazardous Energy Sources (Lockout/Tagout)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Thermal stress (heat or cold stress/hypothermia)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Involves Safety Class/Significant, Def-in-Depth, or Worker Safety SSCs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical Shock or Arc Flash Hazards?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hazardous Waste Activity (Does Not Include Hazardous Waste Generation)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Involves and Affects controls in facility DSA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
New electrical installation, modifications, or temporary wiring.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Hot Work: Welding, Cutting, Grinding, Brazing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Activity is outside the facility DSA.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gas Cylinders (Bottles) Used or Affected by Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roads/Intersections will be Closed or Detours Established	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Involves >15g Fissionable Material	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Roof Work/Access Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fire Hydrants.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Work Affects Environment Where >15g Fissionable Material are Present	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exposed or Rotating/Moving Machinery (e.g., Pinch, Nip Points)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Portable Heating Equipment (Potential Fire, Burn, Exposure)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PPE is Specified for the General Activity (see Controls Section)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Emergency Provisions are Required	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Special Fire Suppression System (e.g., Halon, Dry Chem, CO2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Hazards Exist (See Controls Section of Report or Other Info)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Powered Hand Held Tools Used	<input type="checkbox"/>	<input checked="" type="checkbox"/>						

AJHA ID: HSO-930 Rev - 0	AJHA REPORT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		

Description: Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Comments: This AJHA must be worked in conjunction with job specific AJHA(s) or job hazard analysis from others. This AJHA covers the particular hazards associated with the work task; it does not cover specific hazards associated with facilities, projects or general work locations. This requirement must be discussed in the pre-job meeting prior to any work.

INVOLVEMENT:

SME	Name	Title/Text
	BROWN, DENNIS RAY 12/9/2005	Crane Operator
	Flowers, Kenneth L 12/9/2005	Crane Operator
	Hand, Dwight W 12/9/2005	Crane Operator
	Lanouette, Lowell K Jr 12/9/2005	Crane Operator
	STILLINGS, GERALD WILLIAM 12/9/2005	Crane Operator
	Adams, Dawn E 12/9/2005	CS&I Director
	Caudill, Joe G 12/9/2005	Transportation Services Manager
	Best, Keith M 12/9/2005	C&R Supervisor
	Gillispie, Rex E 12/9/2005	C&R Supervisor
	Holloman, Stanley M 12/11/2005	C&R Manager
Industrial Safety	Silvey, Richard D - 12/12/2005	
Industrial Hygiene	Lilly, Allen W - 12/12/2005	
Radcon Screener	Schieffer, Rick - 12/12/05	
CMS Coordinator	MARTINEZ, SAUL G - 12/12/2005	Environmetal
Facility Waste Coordinator	MARTINEZ, SAUL G - 12/12/2005	Environmetal
Operations	BREWER, CRAIG E by LOEHNDING, DEBORAH L 12/12/2005	
Two-Day NEPA Trained	MARTINEZ, SAUL G - 12/12/2005	Environmetal
Asbestos Competent Person	DONAHOE, PERRY D - 12/12/2005	

REQUIRED FORMS AND PERMITS

Form/Permit	Revision	Permit ID	Complete
Radiological Risk Screening Form	0		Yes
Radiological Risk Screening Form	0		Yes
NEPA CX, SWCX, EIS, EA Form	0	AJHA HSO-930	Yes
AJHA Comments/Instructions Form	0	01	Yes
AJHA Comments/Instructions Form	0	02	Yes
AJHA Comments/Instructions Form	0	03	Yes
AJHA Comments/Instructions Form	0	04	Yes

SPECIFIC HAZARD ANALYSIS AND SAFE WORK REQUIREMENTS:

A detailed discussion of the unique hazards specific to the work activity/location, including those noted above, will be provided on subsequent pages of this AJHA. The discussion must include identification of the work activity, the specific hazards present, and the safe work requirements/controls (including PPE) to be used to allieviate/control the hazard(s).

MAIN TASK (General):

AJHA ID: HSO-930	AJHA R	RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Rev - 0					
Prepared By: LOEHDING, DEBORAH L	Work Package No:	Work Location:			

IDENTIFIED HAZARD	CONTROLS	ADDITIONAL TEXT
Portable Ladder Used	Select ladder of proper style, size, capacity (duty rating), and composition	
Step ladder used.	Select ladder that is current within its annual inspection (periodic inspection)	
Straight ladder used.	Verify worker training in ladder inspection & use (Refer to the Training Selection Tool)	
Extension ladder used.	User is assigned to inspect the ladder, before use (pre-use inspection)	
Rolling ladder used.	Physical and medical condition of assigned ladder Users is adequate	
	Verify adequacy of supporting foundation for ladder set-up	
	Position ladder (set-up) to prevent leaning or over-reaching (in relation to work zone)	
	Wear adequate footwear to prevent slipping and maintain balance/stability	
	Maintain area around base of ladder maintained clear (housekeeping)	
	Store ladder to prevent damage, upon completion of use	
	Instruct user on three-Point contact rule	
	Verify that spreaders are firmly locked/fully engaged as 'open'	
	Minimum 3-foot ladder extension above intended landing area where ladder is used for 'ACCESS' only	
	Maintain area around top of ladder clear housekeeping – where ladder is used for 'ACCESS' only	
	Set up at 4-to-1 angle	
	Proper use rope and pulley system to raise and lower fly section	
	Upper section overlaps bottom section in accordance with manufacturer specs.	
	Casters/Brakes verified as fully locked before use	
	Use Fall Protection for exposures of 6 feet or greater (fall arrest, fall restraint)	
	Identify sufficient anchorage point for application of fall arrest/fall restraint	
	Complete Fall Protection Permit For Portable Ladders (Site Form A-6003-949), where use of fall protection is not feasible	
	Protect against mud, grease, oil exposure in work area	
	Assign Attendant/Helper to stabilize ladder at the base during use.	
	When used to provide access, securely tie-off at top, and stabilize at base	
	Use two workers to position and take down ladder	
	Carry the ladder in a balanced and closed position	
Hoisting, Rigging, and/or Crane Activity	Assign a Designated Leader	
Mobile Crane	Use a qualified crane operator	
	Assign a qualified rigger for load handling	

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Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		

<p>Assign a qualified person to operate any "below-the-hook" lifting device</p> <p>Use a qualified signal person for communications</p> <p>Complete required inspections and maintenance of crane</p> <p>Ensure up to date inspection and maintenance of rigging/hoisting equipment</p> <p>Contact Electrical Utilities for work within fully extended boom length of electrical power lines</p> <p>Develop written workplan for personnel lifting, to include prevention of two-blocking</p> <p>Aviation safety requirements for extended boom work (200 ft above ground level) within 3.5 mi of an airport (e.g., Richland)</p> <p>Follow manufacturer instructions for boom assembly or dismantling</p> <p>Traffic Control</p> <p>Maintain minimum 10 feet clearance for work near electrical power lines</p> <p>Correct lifting techniques during material handling</p> <p>Dust Control</p> <p>Fall Protection</p> <p>Leather gloves or equivalent material.</p> <p>Safety glasses with side shields: Clear lens or tinted lens when pre-approved by SNF safety.</p> <p>Substantial footwear (completely enclosed leather or equivalent material); No canvas or cloth shoes, no high heels, no thin-soled shoes.</p> <p>Hearing protection</p> <p>Hand protection</p> <p>Foot protection</p> <p>Eye protection</p> <p>Hard Hats required</p>	<p>Assign a qualified signalperson when working within a boom's length of the crane from energized power sources.</p> <p>Review DOE-RL-92-36 Chapter 14 "Mobile Cranes" for info regarding operating cranes near energized transmitters or electrical power lines. Do not operate crane within 10 ft. of overhead electrical lines, inform the DL.</p> <p>For access/egress from cranes and during inspections; not required during operation of crane</p> <p>Not required in cab of crane</p> <p>When the crane is operating, ear plugs or muffs will be worn within 25 feet of the crane.</p> <p>Not required in cab of crane</p>	
<p>Falls from elevation.</p>	<p>Training for workers who will be exposed to a potential fall of greater than six feet, when working within six horizontal feet of the hazard</p> <p>Other fall protection controls</p>	<p>When feasible use fall protection when working above 6 feet</p>
<p>Hazards form falling objects.</p>	<p>Identify specific hazard in "Controls by Task", and select/identify additional controls.</p> <p>Foot protection - Safety-toe shoe/boot (ANSI Z41)</p> <p>Eye Protection - Safety glasses with side-shields (meeting ANSI Z87.1)</p> <p>Head protection - ANSI Z89, Class C, Provides no voltage protection (Specify Type 1 or Type 2)</p>	<p>Crane parts, load devices, rigging</p> <p>Hard hats shall be worn when working outside of the cab structure of the crane</p>
<p>Hazardous Energy Sources (Lockout/Tagout)</p>	<p>Identify and communicate any exposure to other hazards adjacent to, or in route to assessing,</p>	

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Isolation points located outside of the defined work area.	<p>energy isolation point(s).</p> <p>Assign workers who are currently trained in "Lockout/Tagout"</p> <p>Plan for completion of "safe condition" check to ensure isolation of energy source</p> <p>Identify the energy source(s), list in the "Controls by Task" screen.</p> <p>Identify energy isolation point(s), list in the "Controls by Task" screen.</p> <p>Use approved Isolation Procedure to identify means/method/equipment to isolate the energy source</p> <p>Establish energy isolation control means/methods</p> <p>Notify affected workers prior to initiating work activity</p> <p>Notify affected workers following work activity completion</p> <p>Perform a safe-to-work check (Authorized Workers)</p>	<p>Cable reel, brakes, hydraulics, mechanical</p> <p>Per manufacturer recommendation</p> <p>Equipment tagout for maintenance purposes (specific to shop repairs or operational instructions)</p>
Gas Cylinders (Bottles) Used or Affected by Work	<p>Assign users/handlers who are trained in compressed gas safety</p> <p>Ensure pressure relief valves in place</p> <p>Isolate from vehicular traffic</p> <p>Transport in secure manner</p> <p>Secure and store compatibly</p> <p>Store/transport with caps in place</p> <p>Secure bottles</p>	
Exposed or Rotating/Moving Machinery (e.g., Pinch, Nip Points)	<p>Ensure manufacturer installed or recommended guards are in place and operational at pinch and nip points</p> <p>Control loose clothing, gloves, jewelry, long hair</p>	
Manual Lifting/20 lbs or Greater	<p>For weights exceeding 50 pounds, use engineering controls (e.g., mechanical lifting aids), or work practice controls (e.g., assigning two or more workers to the task)</p> <p>Workers adequately trained in proper lifting techniques for the task</p> <p>Layout of work area supports access, egress, and body positioning</p> <p>Avoid repetitive handling by the same worker(s)</p> <p>Minimize travel distance for carrying object(s)</p> <p>For weights between 20 and 50 pounds, use engineering controls (e.g., mechanical lifting aids)</p> <p>For weights between 20 and 50 pounds, use work practice controls (e.g., assign two or more workers to the task)</p>	
Lead/Lead Containing Material Involved	<p>Lead containing materials contained in lubricant (follow Material Safety Data Sheet requirements)</p>	
Chemicals/chemical products. Chemicals/Products will be Opened and Used	<p>Obtain and review MSDS and manufacturer's instructions for use for gas/vapor potentially released</p> <p>Identify gas/vapor potentially released</p>	

AJHA ID: HSO-930 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		
Containerized Chemicals Present or Handled, But Not Opened Gas/Vapor Could be Released to the Work Area	Identify significant chemicals/products and the related MSDS number (List in Controls by Task) Brief description of chemical use/activity (Describe in Controls by Task) Keep MSDS, manufacturer's instructions for use, and/or chemical inventory on hand Discuss the emergency provisions identified in the MSDS prior to starting the work. Contingency actions based on field monitoring or potential release/odors Personal protective equipment		Specific list is maintained in Crane & Rigging office - refer to MSDS log General maintenance and operation of crane Wear minimal PPE as required by the MSDS	
Noise Sources are Present Exposure Potential to Noise = or > 85dBA The workers response is affected which could prolong exposure or prevent taking the correct actions in an appropriate time frame.	Hearing conservation program enrollment, including training and medical monitoring Ensure workers' EJTA/PEH reflects noise exposure Establish appropriate compensatory measures to provide alternate notification that meets the requirements for the affected signal. Noise level surveys Hearing protection		Contact IH for evaluation of new equipment, re-evaluation if muffler added, or other situations that create changes to noise levels. Provided for crane operators for noise levels above TWA; when the crane is operating, ear plugs or muffs will be worn within 25 feet of the crane; refer to crane noise chart or contact IH if in doubt.	
Asbestos Containing Materials Involved	Applies to 518 Linkbelt friction crane only IH will provide monitoring for operation of 518 Linkbelt			
Airborne Dusts/Particulates Generated in Work Area Particulates more hazardous than nuisance dust.	Industrial Hygiene review and determination of additional controls/PPE is required. Evaluate and record the dust composition in the "Controls by Task" screen Eye protection		Silica (sand), vegetation, miscellaneous dust particles When dusty conditions exist, goggles should be worn, in addition to safety glasses	
Work with beryllium materials or in a beryllium contaminated area. Equipment with potential beryllium contamination is being transferred or released.	Industrial Hygiene review required Contact Beryllium Interpretative Authority regarding equipment transfer or release. IH to perform Beryllium Exposure Assessment. Perform work using beryllium assigned workers (course # 004100)		Evaluate potential for beryllium exposure from mobile crane parts	
Thermal stress (heat or cold stress/hypothermia) Radiant Heat Sources Present Cold stress/hypothermia.	Industrial Hygiene Review Required Train workers/supervisors in heat stress, cold stress/hypothermia recognition, prevention, and control Obtain general (weather station) WBGT readings Respiratory protective equipment, considering heat stress potential Personal protective equipment, considering heat stress potential			
NEPA Screening Required Work is Covered by a SWCX, CX, EIS, SA, or EA (NEPA Screening Not Required)	NEPA CX, SWCX, EIS, EA Form			

AJHA ID: HSO-930 Rev - 0	AJHA R RT	Status: Standing AJHA	Expiration Date: 12/12/2007	Date: 12/12/05
Prepared By: LOEHNDING, DEBORAH L	Work Package No:	Work Location:		
Radiological material, area, or hazard involved. Low risk Rad activity.	Radiological Risk Screening Required Rad worker 1 training required for the operation of a radiologically controlled vehicle as per HNF-PRO-330. Radiologically controlled vehicles must be managed and controlled in accordance with HNF-PRO-330. No RWP required for general movement of radiologically controlled crane. Crane operators will follow project specific RWPs if required. RCVs must be used within a Radiologically Controlled Area unless approved by the Radiological Control organization.		Comply with facility-specific requirements. If an RWP is required by the Project RadCon organization, other hazards may exist that require analysis. Required when operating a Radiologically Controlled Vehicle (RCV). RCVs shall be operated in accordance with HNF-PRO-330 "Radiologically Controlled Vehicles".	
PPE is Specified for the General Activity (see Controls Section)	Identify and discuss the use of specific personal protective equipment. Eye/Face Protection - Safety glasses with side-shields (meeting ANSI Z87.1) Head Protection - ANSI Z89, Class C, provides no voltage protection (Specify Type 1 or Type 2) Foot Protection - Safety-toe shoe/boot (ANSI Z41) Hand Protection - Leather work glove Protective Clothing - Other (specify in controls by task)		Not required when in crane cab Not required when in crane cab Leather gloves or equivalent shall be worn when outside of the crane cab Long pants and shirts with a minimum of a 4 inch sleeve	
Other Hazards Exist (See Controls Section of Report or Other Info) Rodent Contaminated Areas? Sharp objects, cut or puncture hazard. Potential animal, snake, or insect bites. Poor lighting conditions exist? Severe weather conditions potentially exist. Ergonomic hazards exist. Highly repetitive motion. Awkward posture. Adjacent Activities. Slip/Trip Hazards Exist	Be alert to possible animals/snakes/insects Identify the adjacent work and potential impact in the controls-by-task screen. Communicate "Other" hazards and control measures prior to commencing work Worker slip/trip hazard awareness briefing Rodent Contamination, Industrial Hygiene review required (Enter/select additional controls as needed). Ergonomic Hazard, Industrial Safety review required (Enter/select additional controls as needed). List specific cut or puncture hazards with appropriate control measures at the controls by task screen. Secure hoses, cords, lines, portable equipment Material control before/during activity Housekeeping before/during activity Monitor weather forecast and conditions for warnings of severe weather		Notify collocated workers/facility of planned activities prior to commencement of work. See AJHA Comments/Instructions Form(s) Be aware of weather conditions such as snow, ice, and wet conditions. Be alert for uneven walking/working surfaces. Grating for steps, sheetmetal edges, protruding objects Keep immediate work area clean	

Accident Comments/Instructions Form

AJHA ID: HSO-930

Form Number: 01

Revision: 0

Job Description

Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Work Title

Operation of Mobile Cranes

Work Location

ALL AREAS

Work Number

Comments:

PINCH POINTS, CRUSHING:

Always follow the manufacturer's operating instructions for lattice boom assembly and dismantling of boom sections: Never place any part of your body under the boom during assembly. It is good policy to block beneath each end of each section when assembling it. Never attempt to raise any boom being assembled until all boom insert connection pins are installed. Ensure that suspension ropes and pendants do not catch on the boom connection pins or cotter pins. Pendant spreader bars may be required on long boom assemblies. Check the manual. Intermediate (mid-point) suspension may be required as long booms can buckle in the middle from their own weight. Check the manual. Check wind velocity limits before lifting the boom off the ground. Once the boom is raised check that the boom hoisting limiting device (if provided) is working. It should disengage the boom hoist as the boom nears minimum radius.

WORKING AT HEIGHTS ABOVE SIX FEET:

Personal fall arrest systems is excluded when accessing tanker trucks and servicing large mobile equipment, but individuals must be aware of their surrounds and use care when walking, inspecting and climbing around this equipment. Prior to performing preventative maintenance, all employees must be observant to the potential for fall exposure. Where provided, use the manufacturer's hand holds and foot supports when climbing, on and off the equipment.

A-1 Comments/Instructions Form

AJHA ID: HSO-930

Form Number: 02

Revision: 0

Job Description

Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Work Title

Operation of Mobile Cranes

Work Location

All Areas

Work Number

Comments:

Ensure Hanford Site Oversize/Overweight Permit (A-6003-609) is obtained from Transportation Services for extra-legal vehicles/loads.

*See 12/12/05 email (on file with C&R administration) from Transportation Safety Organization (John B Woodbury) authorizing specific exemptions to WAC 468-38-100.

The following is an excerpt from WAC 468-38-100 "Pilot/Escort Vehicle and Operator Requirements":

(4) Must an operator of a pilot/escort vehicle be certified to operate in the State of Washington? Yes.

(5) What are the pretrip procedures that must be followed by the operator of a pilot/escort vehicle?

(a) Discuss with the operator of the extra-legal vehicle the aspects of the move including, but not limited to, the vehicle configuration, the route and the responsibilities that will be assigned or shared.

(b) Prerun the route, if necessary to verify acceptable clearances.

(c) Review the special permit conditions with the operator of the extra-legal vehicle.

(d) Determine proper position of required pilot/escort vehicles and set procedures to be used among the operators.

(e) Assure availability of additional certified flag persons if stated as a condition of the oversize/overweight special permit.

(f) Check mandatory equipment, provided in subsections (9) and (10) of this section. Each operator is responsible for his or her own vehicle.

(g) Check two-way communication system to ensure clear communications and predetermine the channel to be used.

(h) Adjust mirrors, mount signs and turn on lights, provided in subsections (8)(e) and (9)(a) and (b) of this section.

(6) What are the responsibilities of the operator of a pilot/escort vehicle when assigned to be in front of the extra-legal movement? The operator shall:

(a) Provide general warning to oncoming traffic of the presence of the permitted vehicle by use of signs and lights, provided in subsection (9) of this section;

(b) Notify the operator of the extra-legal vehicle, and the operator(s) of any trailing pilot/escort vehicle(s), about any condition that could affect either the safe movement of the extra-legal vehicle or the safety of the traveling public, in sufficient time for the operator of the extra-legal vehicle to take corrective action. Conditions requiring communication include, but are not limited to, road-surface hazard; overhead clearances; obstructions; traffic congestion; pedestrians; etc.;

(c) Provide guidance to the extra-legal vehicle through lane changes, egress from one designated route and access to the next designated route on the approved route itinerary, and around any obstacle;

(d) In the event of traffic building behind the extra-legal vehicle, locate a safe place adjacent to the highway where the extra-legal vehicle can make a temporary stop. Notify the operator of the extra-legal vehicle, and the operator(s) of any trailing pilot/escort vehicle(s), in sufficient time for the extra-legal vehicle to move out of the traffic flow into the safe place, allowing the following traffic to pass safely;

(e) In accordance with training, be far enough in front of the extra-legal vehicle to signal oncoming traffic to stop in a safe and timely manner before entering any narrow structure or otherwise restricted highway where an extra-legal vehicle has entered and must clear before oncoming traffic can enter;

(f) In accordance with training, do not be any farther ahead of the extra-legal vehicle than is reasonably prudent, considering speed of the extra-legal vehicle, other traffic, and highway conditions. Do not exceed one-half mile distance between pilot/escort vehicle and extra-legal vehicle in order to maintain radio communication, except when necessary to safely travel a long narrow section of highway; and

(g) Assist in guidance to a safe place, and/or traffic control, in instances where the extra-legal vehicle becomes disabled.

AJHA Comments/Instructions Form

AJHA ID: HSO-930

Form Number: 03

Revision: 0

Job Description

Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Work Title

Operation of Mobile Cranes

Work Location

All Areas

Work Number

Comments:

The following is an excerpt from WAC 468-38-100 "Pilot/Escort Vehicle and Operator Requirements":

(7) What are the responsibilities of the operator of a pilot/escort vehicle when assigned to be at the rear of the extra-legal movement? The operator shall:

(a) Provide general warning to traffic approaching from the rear of the extra-legal vehicle ahead by use of signs and lights, provided in subsection (9) of this section;

(b) Notify the operator of the extra-legal vehicle, and the operator(s) of any leading pilot/escort vehicle(s), about any condition that could affect either the safe movement of the extra-legal vehicle or the safety of the traveling public, in sufficient time for the operator of the extra-legal vehicle to take corrective action. Conditions requiring communication include, but are not limited to, objects coming loose from the extra-legal vehicle; flat tires on the extra-legal vehicle; rapidly approaching traffic or vehicles attempting to pass the extra-legal vehicle; etc.;

(c) Notify the operator of the extra-legal vehicle, and/or the operator of the lead pilot/escort vehicle, about traffic buildup or other delays to normal traffic flow resulting from the extra-legal move;

(d) In the event of traffic buildup behind the extra-legal vehicle, notify the operator of the extra-legal vehicle, and the operator(s) of any pilot/escort vehicle(s) in the lead, and assist the extra-legal vehicle in its move out of the traffic flow into the safe place, allowing the following traffic to pass safely;

(e) In accordance with training, be far enough behind the extra-legal vehicle to provide visual warning to approaching traffic to slow or stop in a timely manner, depending upon the action to be taken by the extra-legal vehicle, or the condition of the highway segment (i.e., limited sight distance, mountainous terrain, narrow corridor, etc.);

(f) Do not follow more closely than is reasonably prudent, considering the speed of the extra-legal vehicle, other traffic, and highway conditions. Do not exceed one-half mile distance between pilot/escort vehicle and extra-legal vehicle in order to maintain radio communication, except when necessary to safely travel a long narrow section of highway; and

(g) Assist in guidance to a safe place, and/or traffic control, in instances where the extra-legal vehicle becomes disabled.

(8) What kind of vehicle can be used as a pilot/escort vehicle? In addition to being in safe and reliable operating condition, the vehicle shall:

(a) Be either a single unit passenger car, including passenger van, or a two-axle truck;

(b) Not exceed a maximum gross vehicle weight rating of fourteen thousand pounds;

(c) Have a body width of at least sixty inches but no greater than one hundred two inches;

(d) Not exceed the legal limits of size and weight, as defined in Chapter 46.44 RCW; and

(e) Be equipped with outside rear-view mirrors, located on each side of the vehicle.

(9) In addition to equipment required by traffic law, what additional equipment is required on the vehicle when operating as a pilot/escort, and when is it used?

(a) A minimum of two flashing or rotating amber (yellow) lights, positioned above the roof line, visible from a minimum of five hundred feet to approaching traffic from the front or rear of the vehicle. Light bars, with appropriately colored lights, meeting the visibility minimums are acceptable. Lights must only be activated while escorting an extra-legal vehicle, or when used as traffic warning devices while stopped at the side of the road taking height measurements during the prerunning of a planned route. The vehicle's headlights must also be activated while escorting an extra-legal vehicle.

(b) A sign reading "OVERSIZE LOAD", measuring at least five feet wide, ten inches high with black lettering at least eight inches high in a one-inch brush stroke on yellow background. The sign shall be mounted over the roof of the vehicle and shall be displayed only while performing as the pilot/escort of an extra-legal load. When the vehicle is not performing as a pilot/escort, the sign must be removed, retracted or otherwise covered.

(c) A two-way radio communications system capable of providing reliable two-way voice communications, at all times, between the operators of the pilot/escort vehicle(s) and the extra-legal vehicle(s). In the case of failure of the communications system, the pilot/escort vehicle(s) and extra-legal vehicle shall use hand signals to communicate. During pre-trip discussions the pilot/escort and extra-legal vehicle operators shall discuss hand signals to be used in lieu of radio communications.

Actual Comments/Instructions Form

AJHA ID: HSO-930

Form Number: 04

Revision: 0

Job Description

Operation of Mobile Cranes (to include crane inspection and routine maintenance activities)

Work Title

Operation of Mobile Cranes

Work Location

All Areas

Work Number

Comments:

The following is an excerpt from WAC 468-38-100 "Pilot/Escort Vehicle and Operator Requirements":

(10) What additional or specialized equipment must be carried in a pilot/escort vehicle?

- (a) A standard eighteen-inch STOP AND SLOW paddle sign.
- (b) Three bi-directional emergency reflective triangles.
- (d) A high visibility safety garment designed according to Class 2 specifications in ANSI/ISEA 107-1999, American National Standard for High Visibility Safety Apparel, to be worn when performing pilot/escort duties outside of the vehicle. The acceptable high visibility colors are fluorescent yellow-green, fluorescent orange-red or fluorescent red.
- (e) A highly visible colored hard hat, also to be worn when performing pilot/escort duties outside of the vehicle, per WAC 296-155-305.
- (h) A flashlight in good working order with red nose cone. Additional batteries should also be on hand.

(12) Can the pilot/escort vehicle carry any other items, equipment or load? Yes, as long as the items, equipment or load have been properly secured: Provided, no equipment or load may be carried in or on the pilot/escort vehicle that:

- (b) Obstructs the view of the flashing or rotating amber lights, or "OVERSIZE LOAD" sign on the vehicle;
- © Causes safety risks; or
- (d) Otherwise impairs the performance by the operator or the pilot/escort vehicle of the duties required by these rules.

(13) Can a pilot/escort vehicle escort more than one extra-legal load at the same time? No, unless the department determines there are special circumstances that have resulted in an express authorization on the special permit.

(15) Do the rules change when a uniformed off-duty law enforcement officer, using official police car or motorcycle, performs the escorting function? While the spirit of the rules remain the same, specific rules may be modified to fit the situation.

DOE - RL Richland Operations
Solid Waste

AJHA REPORT
AJHA ID: 2X - 496
Rev: 0

Status
 Complete

Date
 11/20/2007

Title:
 REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Prepared By:
 Remer, Frank L

Work Package No:
 2X-07-04470/W

Work Location:
 218-W-5-T31

Project Title:

Work Scope Description

Waste disposal in 218-W-5, Trench 31 has reached the point that removal of the AGECE slip form is in jeopardy. This is because any additional placement of waste containers will negate the setting of a crane to remove it. A work package is required to remove the slip form from the trench and place it in storage for future use.

Specific Work Location(s):
 Trench 31

Comments:

Involvement:

SME

Chemical Management
 Company Fire Protection Engineer
 Facility Waste Coordinator
 Industrial Hygiene
 Industrial Safety
 Radcon Screener
 AJHA Session

Name

Faulk, Darrin E
 Keene, James R
 Faulk, Darrin E
 Aardal, Pamela
 Mickle, Gary D
 Haan, Thomas P
 Ellingsworth, Randy D

Approvals

Approved Date: 11/19/2007
Approved Date: 11/19/2007
Approved Date: 11/19/2007
Approved Date: 11/19/2007
Approved Date: 11/15/2007
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Comments
 NCO
Review Date: 11/13/2007
Comments
 Environmental Compliance Officer
Review Date: 11/12/2007
Comments
 Industrial Safety
Review Date: 11/12/2007
Comments
 Operations PIC
Review Date: 11/12/2007
Comments
 Engineering
Review Date: 11/12/2007
Comments
 NCO

AJHA Session

Faulk, Darrin E

AJHA Session

Mickle, Gary D

AJHA Session

Ramon, Paul

AJHA Session

Steen, Dick

AJHA Session

Welch, Tom

Forms and Permits

Form/Permit

FH - RWP ID Existing
 FH - RWP ID Existing
 FH - Fluor Hanford Radiological Risk Screening Form
 FH - Waste Planning Checklist

Revision

0
 0
 0
 0

Permit ID

SWSD-004
 SWSD-001
 SWSF-07-211
 2X-07-04470/W

Status

Complete
 Complete
 Complete
 Complete

Training

Portable Ladder Safety Training
Course: 044391 - PORTABLE LADDER SAFETY - CBT
 OSHA electrical cord and power tool safety (NOT required for journeyman electricians)
Course: 044480 - OSHA ELECT CORD/PWR TOOL SAFETY

Hazards with Training Requirements

Portable ladder?
 Portable hand tools
 and hand-held power
 tools used?

Staffing Considerations

Assign trained equipment operator(s) for platform.

Physical and medical condition of assigned ladder users is adequate.

Assigned workers trained in ladder safety.

Assign a designated leader for hoisting and rigging activities.

Assign a Qualified Person to operate any 'below-the-hook' lifting device.

Assign a qualified rigger for load handling.

Assign a qualified signal person for hoisting and rigging communications.

Assign a qualified crane operator.

Assign a qualified forklift truck operator for the selected forklift class.

Hazards with Staffing Requirements

Aerial lifts/elevating work platforms?

Portable ladder?

Portable ladder?

Hoisting, rigging, or cranes?

Hoisting, rigging, or cranes?

Mobile crane?

Hoisting, rigging, or cranes?

Mobile crane?

Hoisting, rigging, or cranes?

Mobile crane?

Hoisting, rigging, or cranes?

Mobile crane?

Use of forklift truck?

Notifications

Notify Electrical Utilities before working within 20 feet (6.1 m) of nearest high-voltage (≥ 600 volts) electrical conductor.

Hazards with Notifications Requirements

Hoisting, rigging, or cranes?

Mobile crane?

Prerequisite

Instruct ladder users on three-point contact rule.

Employee assigned as DL review roles and responsibilities as per Hanford Hoisting & Rigging Manual (DOE-RL-92-36) Chapter 2, Section 2.2.5.

Ensure rigging/hoisting equipment is within required inspection certification date and current load test prior to use.

Complete required inspections and maintenance of crane.

Determine mobile crane travel routes/paths (e.g., obstacles, bumps, changes in elevation, colocated workers, nearby structures)

Complete required inspection of the forklift truck.

Determine forklift truck travel routes/paths (e.g., obstacles, bumps, changes in elevation, colocated workers, nearby structures).

Worker awareness briefing to address specific slip/trip hazards.

During the prejob briefing, discuss the chemicals to be used and the emergency provisions as outlined in the MSDS.

Obtain a site Fire Marshall permit for the use/storage of quantities of chemicals greater than established limits.

Industrial Hygiene will confirm established controls immediately prior to the start of work.

Verify the radiological work permit is current prior to commencing work.

RWPs SWSD-004 and 001 have been verified as current.

Hazards with Prerequisite Requirements

Portable ladder?

Hoisting, rigging, or cranes?

Hoisting, rigging, or cranes?

Mobile crane?

Hoisting, rigging, or cranes?

Mobile crane?

Hoisting, rigging, or cranes?

Mobile crane?

Use of forklift truck?

Use of forklift truck?

Slip or trip hazards?

Chemicals/chemical products?

Chemicals/chemical products?

Chemicals/chemical products used?

Combustible chemicals used?

Thermal stress (heat or cold stress/hypothermia)?

Radiological material, area, or hazard involved?

RWP(s) required?

General: General controls or requirements that apply to the job over all.

Hazard

Aerial lifts/elevating work platforms?

- Boom-supported lift used?

Controls and Comments

- Don PPE for this hazard as specified in the PPE section
- Comply with the maximum load capacity and weight distribution restrictions of platform.
- Perform visual inspection and test operation of platform and document daily.
- Select the correct work platform type.
- Survey work area to identify and control any worksite hazards immediately prior to starting work.
- Verify selected platform is current with periodic maintenance, inspection, and testing.
- Wear personal fall protection with lanyard attached to an approved anchorage point.
- Control employee exposure to moving parts of platform in tight quarters.
- Area around base of ladder maintained clear (housekeeping).
- Position ladder (set-up) to prevent leaning or over-reaching (in relation to work zone).
- Select ladder of proper style, size, capacity (duty rating), and composition:
- Select ladder that is current within its annual inspection (periodic inspection).
- Store ladder to prevent damage upon completion of use.
- User is assigned to inspect the ladder before use (pre-use inspection).
- Verify adequacy of supporting foundation for ladder setup.

Portable ladder?

- Step ladder used?

<p>Hoisting, rigging, or cranes?</p> <ul style="list-style-type: none"> • Mobile crane? <p>Use of forklift truck?</p> <ul style="list-style-type: none"> • Fuel powered? 	<p>ear adequate footwear to prevent slipping and to maintain balance/stability. (Wear rubber shoes when using a ladder while wearing anti-contamination clothing)</p> <ul style="list-style-type: none"> • Wood ladders cannot be painted. • Make sure that spreaders on the step ladder are firmly locked/fully engaged as 'open'. • Select ladder size no less than 6 feet (1.8 m) in length.
<p>Use of motor vehicles?</p> <ul style="list-style-type: none"> • Use of vehicle off road? 	<ul style="list-style-type: none"> • Don PPE for this hazard as specified in the PPE section • Set outriggers to designated position for operation.
<p>Transport equipment, hauling, or loading/off-loading?</p> <ul style="list-style-type: none"> • Powered mobile equipment operated off-highway? <p>Slip or trip hazards?</p>	<ul style="list-style-type: none"> • Competent Person determine the appropriate forklift and attachments (including lifting platforms / pallets) of sufficient capacity to handle the determined load weight(s). • Provide for adequate clearances in load movement. • Identify any overhead electric power and communication lines. Contact Electrical Utilities to establish adequate clearance. • Limit use of cell phones to the extent necessary for the safe operation of the motor vehicle. • Operators and passengers in vehicles must wear seatbelts when present and utilize other safety devices as appropriate. • Operators of motor vehicles will comply with the State motor vehicle laws. • Operators will conduct a 360-degree inspection of the vehicle and surrounding area before driving the vehicle for the purpose of identifying any obstructions, vehicle damage, or visible vehicle deficiencies. • Park vehicles only in designated parking areas, except during emergencies or as required by operational necessity. • Vehicle operators must have a current state/federal license/endorsement/certification and be medically qualified if required under state/federal regulations to operate the involved vehicle. • Ensure vehicles to be operated off-road are equipped with a two-way communication device (radio, cell phone, etc.), fire extinguisher, and a shovel. • Do not drive or park over vegetation unless the vehicle's exhaust system is located or relocated so as to minimize the potential for inadvertent ignition of the vegetation. • Operate vehicles off-road only to perform authorized work. • Periodically check exhaust systems for accumulation of vegetation and remove any noted accumulation once the system has cooled. • Perform a vehicle safety check at the beginning of each shift. • Ensure load is secured with appropriate tie-downs. • Ensure safe footing and fall protection for rigger.
<p>Hazards from falling objects?</p>	<ul style="list-style-type: none"> • Housekeeping before/during activity • Material control before/during activity • Secure hoses, cords, lines, portable equipment. • Slip-resistant footwear • Don PPE for this hazard as specified in the PPE section • Restrict access to area beneath work. • Head Protection - ANSI Z89, Class C, provides no voltage protection (specify Type 1 or Type 2)
<p>Portable hand tools and hand-held power tools used?</p> <ul style="list-style-type: none"> • Non-powered? • Powered? • AC - alternating current? • Pneumatic tools? 	<ul style="list-style-type: none"> • Don PPE for this hazard as specified in the PPE section • Unplug power cord when the tool will not be used again for more than one shift. • Inspect tools for proper guards, electrical cords, plugs, grounds, and function. • Inspect and ensure the tool is in proper working condition. • Unplug power cord when changing blades, bits, wheels, etc. • Do not exceed 90 psi, or above manufacturer's specifications. • Use hose restraints for "chicago couplings". • Use with GFCI.
<p>Chemicals/chemical products?</p> <ul style="list-style-type: none"> • Chemicals/chemical products used? • Combustible chemicals used? 	<ul style="list-style-type: none"> • Don PPE for this hazard as specified in the PPE section • Personnel will wear safety glasses during work activity. • Keep MSDS, manufacturer's instructions for use, and/or chemical inventory on hand. • No open flame near by. • Use approved safety containers.
<p>Significant noise sources?</p> <p>Airborne dusts/particulates?</p> <p>Thermal stress (heat or cold stress/hypothermia)?</p> <ul style="list-style-type: none"> • Cold stress/hypothermia? 	<ul style="list-style-type: none"> • Don PPE for this hazard as specified in the PPE section • Don PPE for this hazard as specified in the PPE section • Don PPE for this hazard as specified in the PPE section
<p>Radiological material, area, or hazard involved?</p> <p><i>Slip form will need to be dismantled and hoisted out of Trench 31, which is a posted RA/RMA. This meets the requirements of Table 3-1 as low risk work. Slip form is not contaminated.</i></p> <ul style="list-style-type: none"> • RWP(s) required? <p><i>General maintenance RWP SWSD-004 will be used for hands on work. RWP SWSD-001 maybe used by</i></p>	<ul style="list-style-type: none"> • RadCon Screener review required. <p><i>Screening number is SWSF-07-211 was generated for this work. See controls above</i></p>

support staff.

- Low risk rad activity?

This work was screened as low risk due to dose rates < 100 mr/hr at 30 cm and work involves non-contaminated items. Area is posted RA/RMA

Waste generation?

- Compactible waste?
- Waste minimization technique?

Personal Protection Equipment (PPE)

- Head protection?
- Eye or face protection?
- Hand protection?
- Hearing protection?
- Foot protection?

- Don PPE for this hazard as specified in the PPE section

- Head Protection - ANSI Z89, Class C, provides no voltage protection (specify Type 1 or Type 2)
- Eye/Face Protection - Safety glasses with side-shields (meeting ANSI Z87.1)
- Hand Protection - Leather work glove
- Hearing Protection - Ear plugs - Formable

Hearing protection will be established around the crane by the Designated leader as applicable. Personnel may wear hearing protection on a voluntary basis when not required.

- Foot Protection - Safety-toe shoe/boot (ASTM F2413)

Task 1: Prep for movement

Hazard

Controls and Comments

Task 2: Lift and Load form sections

Hazard

Controls and Comments

Task 3: Transport and off-load

Hazard

Controls and Comments

Task 4: Clean-up

Hazard

Controls and Comments

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PRE-JOB BRIEFING CHECKLIST

Work Document No.: 2X-07-04470/W

FWS/PIC: *Tom W. Clark*

Date: 11/26/07

Task Description: REPOSITION SLIP FORM IN 218-W-5 TRENCH 31

NOTE: A graded approach may be used during the conduct of pre-job briefings. For guidance on conducting pre-job briefs, refer to HNF-GD-14047, Pre Job Briefings and Post Job Reviews. Form is retained in work package.

TOPICS FOR DISCUSSION

Verify personnel involvement:

- Verify appropriate personnel are present: Craft, Radcon, Engineering, QC, Safety, Operations, Environmental, other SMEs
- First Aid Provider identified and available for support *Tom W. Clark*
- Two person rule: assigned personnel, escort responsibilities, training verification, turnover, etc. (PFP Specific)

Discuss work to be performed:

- Discuss scope of work to be performed for shift
 - Use sketches, floor plans, etc.
- Procedure type and compliance expectations
- Coordination with other groups and plant activities that might affect persons during job (alarm/horn testing, drills, etc.)
- "What-If" scenarios and required actions
- Discuss job assignments and confirm worker readiness
 - Training requirements, WIPP complete, etc.
- Material requirements and availability for job
 - PPE, special containments, engineered controls, HEPA vacuums, respiratory protection, dosimetry, etc. Ensure all are staged and ready for use.

Key parts of Work Instructions/procedure:

- Precautions/Limitations
- Lock and Tag requirements
- Discuss Safe to Work Check
- Applicable Technical Safety Requirements (TSR)/Limited Condition of Operations (LOC) including time clocks, impacts to equipment operability and restoration requirements
- Work document radiological requirements
- Post system/component testing requirements
- Critical lifts
- Hold points and recovery actions in the event of a missed hold point (per HNF-PRO-5432)
- Identify materials used during task that could become prohibited waste; discuss how these items will be controlled/not placed in a waste container

Radiological Safety:

- Radiological Work Permit (RWP) RWP # *SWA-001/2007*
 - Special radiological requirements, engineered controls (ventilation, containments, drapes, etc.)
 - ALARA - AMW controls, temporary shielding use, radiological postings and low dose standby areas (as applicable)
 - PPE: extra layers of surgical gloves, changing the outer pair or frisking after handling contaminated equipment
 - Contamination checks/glove changes for work in HCAs
 - For HCAs with high background, remove the outer layer of anti-Cs at the first step-off pad and go to a low background for surveys
 - Surveys in areas "not routinely surveyed"
 - Planned or special monitoring or sampling requirements
 - Action levels and void limits
 - Temporary suspension of work and requiring decontamination prior to resuming work
 - Pressure wash, bag/cover, or misting of items being removed from Basin to minimize airborne materials
 - Use of drapes/catches for breaches of potentially contaminated systems
 - Layered, removable flooring for high contamination levels
 - Area bull-pens/walls used to mitigate contamination spread
 - Air space boundaries (PFP: ZSP-006)
- Emergency Response
 - Alarm response actions
 - Emergency communications systems
 - Identify personnel decontamination facility to be used, if needed, and verify availability

Discuss Job Hazards and Controls (AJHA):

- Permits (EEWP, Fall Protection Plan, Hot Work, etc.)
- Flow path of work with regard to identified hazards
- MSDS for chemicals being used
- Environmental permits and conditions
- Industrial Hygiene requirements
- Waste minimization/disposal requirements (document on work record)
- Ergonomic issues or physical barriers that would impact the proper operation of respiratory equipment or other PPE

General Discussion:

- Work start time, breaks, and stopping points
- Work area/equipment conditions (weather, lighting, temperature, radiological conditions, accessibility, protection from outside interference, suspect/counterfeit item awareness, etc.)
- Response to abnormal conditions, contingency plans, emergency actions, abort criteria, staging areas, and rally points
- Casualty response actions (e.g., secure area and notify management before proceeding)
- STOP WORK AUTHORITY
- STAR Philosophy (Stop, Think, Act, Review)
- Possible error precursors and flawed defenses. Determine if additional defenses are warranted.
- Applicable Criticality Posting Specification (CPS) and postings
 - CPS No. *N/A*
- Housekeeping / Post-job cleanup

Lessons Learned:

- Lessons learned from previous tasks

QUESTIONS OR CONCERNS: - Ask one final question: "Is everyone comfortable with the job and his/her part in it?"

FH PI JOB BRIEFING CHECKLIST (continued)

Comments or other areas discussed:

[Handwritten signature]

Pre-Job Briefing **ATTENDEES** fill in below (including all repeat briefings).

Date	Name (Print)	Signature	Date	Name (Print)	Signature
11-26-07	Jimmy Butts	<i>[Signature]</i>	11/28/07	MARK RAY	<i>[Signature]</i>
11-26-07	DALE SMITH	<i>[Signature]</i>	11/28/07	Charles McCarry	<i>[Signature]</i>
11/26	Larry Ellingsworth	<i>[Signature]</i>	11/28/07	Tom Welch	<i>[Signature]</i>
11/26	Tom Welch	<i>[Signature]</i>	11/28	K Ellingsworth	<i>[Signature]</i>
11/26	Beth Roach	<i>[Signature]</i>	11/28	B Roach	<i>[Signature]</i>
11/26	KEV FLOWERS	<i>[Signature]</i>			
11/26	ANTHONY SIMPSON	<i>[Signature]</i>			
11/26	Charles McCarry	<i>[Signature]</i>			
11/26	STEVE KOSTER	<i>[Signature]</i>			
11/26	Keith Lanouette	<i>[Signature]</i>			
11/27	Keith Lanouette	<i>[Signature]</i>			
11/27	Beth Roach	<i>[Signature]</i>			
11/27	KEV FLOWERS	<i>[Signature]</i>			
11/27	Jimmy Butts	<i>[Signature]</i>			
11-27	Steve Wallace	<i>[Signature]</i>			
11-27	MARK RAY	<i>[Signature]</i>			
11/27	Bruce Gradisher	<i>[Signature]</i>			
11-27	DALE SMITH	<i>[Signature]</i>			
11/27	K Ellingsworth	<i>[Signature]</i>			
11/27	C. McCarry	<i>[Signature]</i>			
11/27	R.T. Steen	<i>[Signature]</i>			
11-28	G. Holbeare	<i>[Signature]</i>			
11-28	B Dyes	<i>[Signature]</i>			
11-28	Steve Wallace	<i>[Signature]</i>			

Pre-Job Briefing **PRESENTER** fill in below (including all repeat briefings).

Date	Name (Print)	Signature	Date	Name (Print)	Signature
11/24/07	Carl Rasmussen	<i>[Signature]</i>			
11/24/07	Tom Rasmussen	<i>[Signature]</i>			
11/28/07	Tom Rasmussen	<i>[Signature]</i>			

JHA ID: HSO-931	Hanford NEPA CX, SWCX, EIS, EA Identification Form For NEPA requirements, see HNF-RD-1533	Form ID AJHA HSO-931
		Rev: 0

Work Covered By

Identify By Number / Description

CX

☐

SWCX

☒

B1.3

EIS

☐

EA

☐

Other

☐

CERCLA

☐

To assign this number you must have a minimum of 2-day NEPA training and have been designated for NEPA evaluations by the facility Environmental Compliance Officer/Representative.

Enter name of person assigning the number:

JHA ID:

HSO-930

Hanford NEPA CX, SWCX, EIS, EA Identification Form

For NEPA requirements, see HNF-RD-1533

Form ID **AJHA HSO-930**

Rev: 0

Work Covered By**Identify By Number / Description**

CX

☐

SWCX

☒

B1.3

EIS

☐

EA

☐

Other

☐

CERCLA

☐

To assign this number you must have a minimum of 2-day NEPA training and have been designated for NEPA evaluations by the facility Environmental Compliance Officer/Representative.

Enter name of person assigning the number:

UNREVIEWED SAFETY QUESTION (USQ)

USQ Number
SW-USQ-07-141

USQ SCREENING

Page 1 of 2

Title: 2X-07-04470; Reposition Slip Form in 218-W-5, Trench 31

Applicable Facilities: LLBG

Scope: The slip form currently located in 218-W-5, Trench 31, will be lifted onto a trailer in sections and moved to a location outside of the trench.

Description: Waste movement into 218-W-5, Trench 31, has reached a point where the slip form used for Cat. 3 Waste Stabilization needs to be relocated in order that it can continue. At the present time there is no need for another monolith to be poured so the slip form will be moved out of the trench until such time as it is needed. The form will be lifted in sections using a crane and placed on a trailer for transport out of the trench. The form will be stored near the trench until another Cat. 3 Waste Stabilization monolith is needed or the owner, AGECE, removes it from the site.

Safety Basis Documentation Reviewed: HNF-14741, Rev. 4, 4A (submitted but not approved); HNF-15280, Rev. 4, 4A (submitted but not approved); Letter 07-SED-0275; Letter FH-0702134 (submitted but not approved); HNF-11724, Rev. 4; Letter 07-SED-0282; Letter 07-SED-0380; JCO HNF-33936; Letter 07-SED-0361.

Other References:

1. Could the proposed activity represent a change to the facility or procedures as described in the Safety Basis?

☒ No ☐ Yes

Basis: HNF-14741, Section 2.5.1.1, Low-Level Burial Grounds, describes stabilization and grouting as an activity performed in 218-W-5 trenches 31 and 34. Section 2.5.2.13, Waste Treatment, of HNF-14741 describes stabilization of waste with grout and the reasons for doing it. Section 3.3.2.1.1, Low-Level Burial Grounds, under Vehicles and Equipment describes mobile cranes as one type of vehicle used in the LLBG. The relocation of the slip form used to stabilize category 3 waste in 218-W-5, trench 31, is a normal operational activity in the LLBG and therefore could not represent a change to the facility or procedures as described in the Safety Basis.

2. Could the proposed activity represent conditions (e.g., new or changed hazards) that have not been analyzed in the Safety Basis?

☒ No ☐ Yes

Basis: HNF-14741, Section 2.5.1.1, Low-Level Burial Grounds states, "Currently LLW and LLMW is sent to RCRA-compliant trenches in Burial Ground 218-W-5 (Trenches 31 and 34)... No TRU waste is placed in these two trenches. The slip form will be lifted from its current location which is around a category 3 waste stabilization monolith made in 2005 from 5000 lb. concrete. Other waste containers currently disposed in Trench 31 consist of stabilized waste in boxes or drums and bulk waste covered with clean fill. Accidents involving running into or dropping the form onto waste containers are bounded by FIR-1, FIR-2, FIR-4, SP-1, and SP-3A. The proposed activity could not represent conditions that have not been analyzed in the Safety Basis.

3. Could the proposed activity represent a test or experiment not described in the Safety Basis?

☒ No ☐ Yes

Basis: As described in Question 1, moving the slip form with cranes is an activity normally performed in 218-W-5, Trench 31 and is therefore not a test or experiment not described in the Safety Basis.



UNREVIEWED SAFETY QUESTION (USQ)

USQ Number
SW-USQ-07-141

USQ SCREENING

Page 2 of 2

Conclusion:

☒ [X] The proposed activity screens negative and no USQ Evaluation is required.

☐ [] The proposed activity screens positive and a USQ Evaluation is required.

USQ Screener #1

USQ Screener #2

R.T. Steen

J.R. Rosser

(Print Name)

(Print Name)



Date: 11/8/07



Date: 11/8/07

Signature

Signature

OTHER REVIEWS (If Required)

Print and Sign:

Date:

Print and Sign:

Date:

COPY

HANFORD RADIOLOGICAL WORK PERMIT				Contractor: Fluor Hanford	
General Job Specific <input checked="" type="checkbox"/> [x] <input type="checkbox"/> []		Tech. Document No. As Applicable		Location Code 01,02,03,09 (if escorted)	
RWP Number SWSD-001 Rev. 014					
Start Date 10/22/2007		End Date 10/22/2008		Responsible Organization Solid Waste Storage and Disposal (SWSD)	
Job Location: All SWSD Facilities (CWC, Burial Grounds, and Waste Retrieval Project)					"ACES" Good for: 7 Days
Job Description and Type of Area: Perform routine radioactive material handling activities such as: Receipts, Shipments, Storage, Movements, Overpacking, Radiological Surveys, and ACPM evaluations within SWSD facilities. Also perform general activities such as: Routine Inspections, Surveillances, housekeeping, and sampling. Radiological Postings: Radioactive Material Area (RMA) / Radiological Buffer Area (RBA) / Radiation Area (RA).					
Primary Isotope(s): <input checked="" type="checkbox"/> MFP <input checked="" type="checkbox"/> MAP <input checked="" type="checkbox"/> Cs <input checked="" type="checkbox"/> Sr <input checked="" type="checkbox"/> H-3 <input checked="" type="checkbox"/> U <input checked="" type="checkbox"/> Pu <input type="checkbox"/> Other					
Radiation Emitted <input checked="" type="checkbox"/> Alpha <input checked="" type="checkbox"/> Beta <input checked="" type="checkbox"/> Photons <input checked="" type="checkbox"/> Neutrons		Estimated Dose Rates General Area: 2 mrem/hr Maximum Contact: 200 mrem/hr		Contamination Levels Beta-gamma: <1000 dpm/100 cm ² Alpha: <20 dpm/100-cm ²	
				Radiological Worker Training Req. <input checked="" type="checkbox"/> []	
Internal Dosimetry Requirements					
<input checked="" type="checkbox"/> Annual Whole Body Count <input type="checkbox"/> Lung Count <input type="checkbox"/> Urinalysis Isotopes to Test for (if any):					
MINIMUM RADIOLOGICAL PROTECTION REQUIREMENTS				SPECIAL INSTRUCTIONS (SI)	
HPT Coverage		Dosimetry		A. Limiting Radiological Conditions: Contamination Levels RMA/RBA: >1000 dpm/100cm ² removable $\beta\gamma$ contamination >20 dpm/100cm ² removable α contamination >10,000 dpm/100cm ² removable H-3 contamination Radiation Levels RA: >100 mrem/hr at 30cm from any source of radiation RMA: >5 mrem/hr at 30cm from any source of radiation If the above levels are exceeded, stop work, assure workers are in a safe location and condition (e.g. upwind and away from source term), contact RadCon/Operations Management for direction and/or recovery actions. 1. RCT Coverage Requirements <ul style="list-style-type: none"> RCT shall be contacted prior to any waste movements to evaluate the potential for Radiological posting changes. Continuous RCT coverage is required during the placement of waste containers with an Elevated Dose Rate sticker to ensure a High Radiation Area will not be created. Continuous RCT coverage is required for vacuuming containers. Continuous RCT coverage is required during dumping of floor sweepers and vacuums for verification surveys. Intermittent RCT coverage is required when moving containers not marked with an Elevated Dose Rate tag or performing sampling. Notify RCT when waste movement activities are complete for end of job surveys. 2. Survey Requirements <ul style="list-style-type: none"> At a minimum, a hand and foot survey is required when exiting the RBA. All equipment leaving the RBA requires a RCT verification survey. At a minimum, personnel shall survey their hands and feet upon completion of manual movements of waste containers. 3. Personal Protective Equipment Requirements <ul style="list-style-type: none"> Leather gloves are required for all waste container handling activities. Leather gloves or Surgeon's gloves are required for handling Radioactive Smear Media. 4. HEPA Vacuum Use: <ul style="list-style-type: none"> Follow Requirements of SW-020-030 for HEPA Vacuum Use 5. MISCELLANEOUS SPECIAL INSTRUCTIONS: Drinking water is allowed in the RBA if the following conditions are met: <ul style="list-style-type: none"> Gloves are surveyed and then removed Hands and face are surveyed prior to drinking (self-survey is allowed) 	
SI 1	Continuous	X	HSD - TLD		
SI 1	Intermittent		HCND - TLD		
SI 1	Start of Job		Pocket Dosimeter		
SI 1	End of Job		Electronic Dosimeter		
SI 2	Self Survey (if qualified)		Finger Rings		
SI 2	HPT Survey Required		Time Keeping		
	Auto. Survey Device (if available)	X	Entry Control System		
	See SI#		Aces Brick		
MINIMUM PROTECTIVE EQUIPMENT					
	Coveralls		Shoe Covers		
	Lab Coat		Canvas Boots		
	Waterproof Suit		Rubber Overshoes		
	Gortex Suit		Rubber Boots		
	Cap		Full Face Respirator		
	Hood		PAPR		
SI 3	Surgeon's Gloves		Supplied Air Respirator		
SI 3	Leather Gloves		SCBA		
	Canvas & Surgeon's Gloves		Undressing Assistance		
	Waterproof Gloves		Air Sampling Required		
	No Personal Outer		ARM Required		
	Modesty Clothing				
SI 4	HEPA Vacuum	SI 5	Drinking Water		
ALARA Review: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> [x]				Pre-Job Briefing: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> [x]	
RWP Prepared By: Rob Taylor				Phone: 373-0155	
Line Mgt. Print: Don Pyzel				Phone: 373-5187	
Sign: <i>[Signature]</i> For D. PYZEL				Date: 10-18-07	
RC Mgt. Print: Mark Higbee				Phone: 376-5696	
Sign: <i>[Signature]</i>				Date: 10/18/07	
Acknowledged By:				Date:	
RWP Change Approvals:				Date:	
				Date:	

HANFORD RADIOLOGICAL WORK PERMIT				Contractor: Fluor Hanford	
General Job Specific <input checked="" type="checkbox"/> [X] <input type="checkbox"/> []		Tech. Document No. N/A		Location Code 01, 09 (if escorted)	
RWP Number SWSD-004, Rev. 012					
Start Date 12-20-2006		End Date 12-20-2007		Responsible Organization Solid Waste Storage and Disposal (SWSD)	
Job Location All SWSD Facilities (CWC, Burial Grounds, Sodium Storage, Alkali Metal Storage Modules, WRP)					"Ace" Good For 7 Days
Job Description and Type of Area: Minor maintenance activities such as: Inspections, tours, routine preventative maintenance, construction activities, grouting, or waste encapsulation activities. No intrusive work on known or suspected radioactive systems or abrasive work on contaminated surfaces.					
Radiological Postings: Radiation Area / Radiological Buffer Area / Radioactive Material Area. (RA / RBA / RMA)					
Primary Isotope(s): <input checked="" type="checkbox"/> [X] MFP <input checked="" type="checkbox"/> [X] MAP <input type="checkbox"/> [] Cs <input type="checkbox"/> [] Sr <input type="checkbox"/> [] H-3 <input type="checkbox"/> [] U <input checked="" type="checkbox"/> [X] Pu <input type="checkbox"/> [] Other					
Radiation Emitted <input checked="" type="checkbox"/> [X] Alpha <input checked="" type="checkbox"/> [X] Beta <input checked="" type="checkbox"/> [X] Photons <input checked="" type="checkbox"/> [X] Neutrons		Estimated Dose Rates General Area: 2 mrem/hr Maximum Contact: 150 mrem/hr		Contamination Levels Beta-gamma: < 1,000 dpm/100 cm ² Alpha: < 20 dpm/100 cm ²	
Radiological Worker Training Req I <input checked="" type="checkbox"/> [X] II <input type="checkbox"/> []					
Internal Dosimetry Requirements <input type="checkbox"/> [] Annual Whole Body Count <input type="checkbox"/> [] Lung Count <input type="checkbox"/> [] Urinalysis Isotopes to Test for (if any):					
MINIMUM RADIOLOGICAL PROTECTION REQUIREMENTS				SPECIAL INSTRUCTIONS (SI)	
HPT Coverage		Dosimetry		A. Limiting Radiological Conditions: <u>Contamination Levels</u> RMA/RBA: ≥1000 dpm/100cm ² removable beta-gamma general area ≥20 dpm/100cm ² removable alpha general area <u>Radiation Levels</u> RA: ≥100 mrem/hr at 30cm from any source of radiation RMA: ≥5 mrem/hr at 30cm from any source of radiation If the above levels are exceeded, stop work, assure workers are in a safe location and condition (e.g. upwind and away from source term), contact RadCon/Operations Management for direction and/or recovery actions.	
	Continuous	X	HSD - TLD		
SI1	Intermittent		HCND - TLD		
X	Start of Job		Pocket Dosimeter		
X	End of Job		Electronic Dosimeter		
SI2	Self Survey (if qualified)		Finger Rings		
SI2	HPT Survey Required		Time Keeping		
	Auto. Survey Device (if available)	X	Entry Control System		
	See SI#		Aces Brick		
MINIMUM PROTECTIVE EQUIPMENT					
	Coveralls		Shoe Covers		
	Lab Coat		Canvas Boots		
	Waterproof Suit		Rubber Overshoes		
	Gortex Suit		Rubber Boots		
	Cap		Full Face Respirator		
	Hood		PAPR		
	Surgeon's Gloves		Supplied Air Respirator		
SI3	Leather Gloves		SCBA		
	Canvas & Surgeon's Gloves		Undressing Assistance		
	Waterproof Gloves		Air Sampling Required		
	No Personal Outer		ARM Required		
	Modesty Clothing				
X	See SI# 4				
ALARA Review: YES <input type="checkbox"/> [] NO <input checked="" type="checkbox"/> [X]				Pre-Job Briefing: YES <input type="checkbox"/> [] NO <input checked="" type="checkbox"/> [X]	
RWP Prepared By: Rob Taylor				Phone: 373-0155	
Line Mgt: Print: Don Pyzel				HPT Phone: 373-4096	
Sign:				Date: 12/17/06	
RC Mgt: Print: Mark Higbee				Phone: 376-5696	
Sign:				Date: 12/17/06	
Acknowledged By:				Date:	
RWP Change Approvals:				Date:	

FLUOR HANFORD RADIOLOGICAL RISK SCREENING FORM

Work Document No.: 2X-07-0044

AJHA No.: 2X-377

Title:

Removal of Slip Form 218-W-5 Trench 31

Job Description:

Removal of Slip Form 218-W-5 Trench 31

COPY

Job Location/Work Area:

200W/SWSD/218-W-5/Trench 31

Part A -- High Hazard Radiological Work Screening Criteria¹

	Yes	No
1. Will the estimated collective dose exceed 2,500 person-mrem?	<input type="radio"/>	<input checked="" type="radio"/>
2. Will predicted airborne radioactivity concentrations exceed 10 DAC or result in an integrated exposure of over 200 DAC-hours?	<input type="radio"/>	<input checked="" type="radio"/>
3. Will work area ² removable contamination be greater than 1,000 times Table 2-2 values?	<input type="radio"/>	<input checked="" type="radio"/>
4. Will there be entry into areas where whole body dose rates are >1 rem/hr?	<input type="radio"/>	<input checked="" type="radio"/>

If the answers to all the above questions are "NO," then the work is not HIGH HAZARD radiological work. Continue with Part B.

If any of the above questions were answered "YES," then the work is designated as HIGH HAZARD radiological work. Do not continue with Part B. An ALARA review may be required based on the final determination of radiological risk.³

Part B -- Medium Hazard Radiological Work Screening Criteria¹

	Yes	No
1. Will the estimated collective dose exceed 500 person-mrem but be less than or equal 2,500 person-mrem?	<input type="radio"/>	<input checked="" type="radio"/>
2. Will a respirator be worn for radiological purposes?	<input type="radio"/>	<input checked="" type="radio"/>
3. Will work area ² removable contamination be greater than 100 times Table 2-2 values but less than or equal to 1,000 times Table 2-2 values.	<input type="radio"/>	<input checked="" type="radio"/>
4. Will there be entry into areas where whole body dose rates are >100 mrem/hr but be less than or equal to 1,000 mrem/hr?	<input type="radio"/>	<input checked="" type="radio"/>
5. Is there a potential for release or radioactive material that exceed Table 2-2 levels outside of a CA, HCA, or ARA?	<input type="radio"/>	<input checked="" type="radio"/>

If any of the answers to the above Part B questions are "YES," then the work is designated as MEDIUM HAZARD radiological work. An AJHA may be required based on the final determination of radiological risk.³

If all of the above Part B questions were answered "NO," then the work is designated as LOW HAZARD radiological work. Conduct an informal ALARA review of the work activity before preparing or assigning the RWP.


PART C -- COMMENT/JUSTIFICATION TO MODIFY RISK³

SWSF-07- 211 RWP SWSD-004 for personnel performing hands on work, support work may be performed on RWP SWSD-001

PART D -- FINAL RADIOLOGICAL RISK DESIGNATION³

☐ HIGH RISK Radiological Work ☐ MEDIUM RISK Radiological Work ☒ LOW RISK Radiological Work

PART E -- ADMINISTRATION

Radiological Work Planner ⁴ (Signature)	Printed	Date
	Tom Haan	11/06/07
Project/Facility Rad/Con Manager Approval for any Modified Risk Determination ³		Date

¹Radiological work screening determinations should be based on the unmitigated radiological conditions of the work area and the planned work activity. The Radiological Work Planner should document the unmitigated hazard determination.

²The work area is described in the job hazard analysis, and is typically the area transited and occupied to perform the work activity.

³The Radiological Work Planner may modify the final radiological risk determination based on the radiological hazard, type and complexity of the work activity, and frequency of occurrence. Justification for this modification should be included in Part C. Approval from the Project/Facility RCM is required for any risk modification prior to the work being performed.

⁴To approve (sign) this form, the Planner must have completed training and be designated a facility Radiological Work Planner as required in HNF-5173, Article 653.

WASTE PLANNING CHECKLIST

☐ Generic

A. WORK PACKAGE PREPARER COMPLETES	YES	NO	COMMENTS
1. Will waste be generated?	<input checked="" type="radio"/>	<input type="radio"/>	If NO, checklist is complete. Sign checklist.
2. Will waste be generated in a radiological buffer area or contamination area?	<input checked="" type="radio"/>	<input type="radio"/>	If NO, Go to question A.6.
3. Will waste be generated in a process area?	<input type="radio"/>	<input checked="" type="radio"/>	
4. Will process equipment be removed?	<input type="radio"/>	<input checked="" type="radio"/>	
5. Will the disposed waste come in contact with radioactive process waste?	<input type="radio"/>	<input checked="" type="radio"/>	
6. Will there be any aerosol can(s) disposed?	<input type="radio"/>	<input checked="" type="radio"/>	
7. Will HEPA filters be disposed?	<input type="radio"/>	<input checked="" type="radio"/>	
8. Will asbestos waste be generated?	<input type="radio"/>	<input checked="" type="radio"/>	
9. Will paint waste be generated?	<input type="radio"/>	<input checked="" type="radio"/>	
10. Will chemicals / hazardous products be generated?	<input checked="" type="radio"/>	<input type="radio"/>	If YES, Go to (a) and complete.

(a) List "ALL" MSDS numbers and their product names:

MSDS No.	Chemical or Product Name	MSDS No.	Chemical or Product Name
014258	KROIL PENETRATING OIL		

11. General description of the waste:

RAGS WITH OVER SPRAY OF KROIL ON THEM

Estimate quantity of waste that will be generated (gal / lbs / M₃): _____

Per: ☒ Day ☐ Week ☐ Month [check one]

Estimate length of job: ☒ Day(s) ☐ Week(s) ☐ Month(s) ☐ Other _____

Work Package No.: 2X-07-04470 / W

Planned Start Date: 11-07-2007

Preparer's Name: FRANK REMER

Phone No.: 372-2008

REMOVAL OF SLIP FORM FROM 218-W-5 TRENCH 31

Work Description

(Bldg. No., System, Tank No., Room No.)

B. HAZARDOUS WASTE COORDINATOR REPRESENTATIVE COMPLETES	YES	NO	COMMENTS
1. Is waste regulated as a dangerous waste?	<input type="radio"/>	<input checked="" type="radio"/>	
2. Disposition Instruction: If not radiologically contaminated, rags may be disposed of in sanitary trash. If contaminated, dispose of in mixed waste container identified in Trench.			
3. The following waste minimization techniques will be used: Please use only amount necessary.			
4. Facility Operations has been notified to take samples? (N/A, if not required)	<input type="radio"/>	<input type="radio"/>	n/a
5. Is a container already available for each disposition in B.2?	<input checked="" type="radio"/>	<input type="radio"/>	
6. Does the quantity of waste in A.11 exceed capacity of the available container(s)?	<input type="radio"/>	<input checked="" type="radio"/>	
7. Identify satellite accumulation area (SAA) or accumulation area container(s) locations: n/a			
8. Does the information on this form fall under OUO? <input type="radio"/> Yes <input checked="" type="radio"/> No			

Prepared By: (Signature) 

Organization: Waste Services

Bree Nielsen

WMR

Review Date: 11/5/07

Expiration Date: 11/5/08

(Printed Name)

(Title)

(Generic)

Form to be retained in work package permanently if OUO = Yes. If OUO = No, form may be discarded when work is complete.

MATERIAL SAFETY DATA SHEET**SECTION I****Product Name or Number (as it appears on label):** Kroil**Manufacturers Name:** Kano Laboratories, Inc.**Address:** 1000 S. Thompson Lane, Nashville, TN 37211-2627**Emergency Telephone No:** 615-833-4101**Manufacturer's DUNS No:** N/A**Hazardous Material Description, Proper Shipping Name,****Hazard Class, Hazard ID No. (49 CFR 172.101):** N/A, Petroleum Distillate, N/A, N/A**Additional Hazard Classes (as applicable):** N/A**Chemical Family:** Petroleum Lubricant**Formula:** Proprietary**MSDS #** 014258**SECTION II - INGREDIENTS**

CAS REGISTRY NO.	%W	CHEMICAL NAME(S)	OHSA/ACGIH PEL/TLV PPM	LISTED AS A CARCINOGEN IN NTP, IARC OR OSHA 1910 (z) (Specify)
64742-46-7	30%- 50%	Petroleum Base Oil	5.0 mg/m3 TWA	No
78-92-2	1% - 10%	Aliphatic Petroleum Distillate	50 TWA	No
64742-95-6	1% - 10%	Petroleum Solvent	50 TWA	No
111-76-2	1% - 10%	Aliphatic Hydrocarbon Solvent	50 TWA	No
	1% - 20%	Non-Hazardous Proprietary Mixture	50 TWA	No
64742-47-8	20%-40%	Petroleum Naptha	100 TWA	No
123-42-2	1% - 10%	Hydrocarbon Solvent	75 STEL	No

All ingredients in Kroil are listed in the TOSCA inventory list

SECTION III - PHYSICAL DATA

Boiling Point: 150 degrees F.	Specific Gravity (H₂) = 1): .88	NFPA 704 DESIGNATION
Vapor Pressure @ E20 C. 2 MM Hg	Percent Volatile by Volume (%): 60	Flammability - 2
Vapor Density (AIR-1): N/A	Evaporation Rate (-1): But.Acet. less than 1	Health - 1
Solubility in Water: NIL	pH: 6.0 - 7.0	Reactivity - 0
Percent Solid By Weight (%): 0	Material is: Liquid	Special Hazard -
Appearance & Odor: Liquid, slight reddish color, pleasant odor		

SECTION IV - FIRE AND EXPLOSION HAZARD DATA**Flash Point:** 150 degrees F. - Method Used: COC**Flammable Limits:** LFL - N/A UFL - N/A**Extinguishing Media:** CO₂, Dry Chemical, Foam**Special Fire Fighting Procedures:** Usual procedure for solvents. Treat as combustible. Do not use water.**Unusual Fire & Explosion Hazards:** Never use welding or cutting torch on or near cans or drums. Do not mix or store with strong oxidants. Store at room temperature.**SECTION V - HEALTH HAZARD DATA**

Symptoms & Effects of Overexposure: EYE - burning & irritation. SKIN-dryness. Prolonged exposure may cause dermatitis. INHALATION may cause headache, dizziness, anesthesia, nausea, & upper respiratory irritation. INGESTION may cause lung irritation, nausea, vomiting & diarrhea. Harmful or fatal if swallowed.

Primary Routes of Entry: Inhalation

Emergency and First Aid Procedures: EYE- Immediately flush with large amounts of water for 15 minutes. SKIN-wash with mild soap and water, apply skin cream. INHALATION- remove to fresh air. If

P-24,2221 0213-04

LABORATORIES

NO. 262 P. 3/3

breathing is difficult administer oxygen, if breathing stops give artificial respiration. Get medical attention.
INGESTION- Contains hydrocarbon solvents and petroleum oil. Do not induce vomiting, call physician immediately. Minute amounts aspirated into lungs during ingestion may cause severe pulmonary damage. Do not administer epinephrine or adrenaline.

SECTION VI - REACTIVITY DATA

Stability: Stable **Conditions To Avoid:** Heat, Sparks, Open Flame. Strong Oxidants.

Incompatibility (materials to avoid): Strong Oxidizing Agents.

Hazardous Decomposition Products: Thermal decomposition in the presence of air may yield carbon monoxide and/or carbon dioxide.

Hazardous Polymerization: Will not occur

Conditions To Avoid: NA

MSDS # 014258

SECTION VII - SPILL OR LEAK PROCEDURES

Steps To Be Taken In Case Material Is Released or Spilled: Wipe up immediately with absorbent rags, sweeping compound or other absorbent material. Remove or extinguish all flames and sparks. Do not flush into sewer.

Waste Disposal Method: Bury saturated absorbent in approved landfill. Dispose of as any combustible fuel in accordance with local, state and federal regulations.

Cercla (Superfund) Reportable Quantity (in lbs): NA **RCRA Hazardous Waste No. (40 CFR 261.33):** NA

Volatile Organic Compound (VOC) (as packaged, minus water): NA

Theoretical: 7.8 lb/gal **Analytical:** 7.8 lb/gal,1

SECTION VII - SPECIAL PROTECTION INFORMATION

Respiratory Protection (specify type): NOISH approved respirator for vapors if desired.

Ventilation - Local Exhaust (specify rate): Normal Local Exhaust System. **Special:** None required.

Ventilation - Mechanical (General) (Specify Rate): Normal Ventilation is sufficient.

Other: None Required. **Protective Gloves:** Chemically resistant gloves if needed to protect skin.

Eye Protection: If splash potential exists, wear chemical splash goggles.

Other Protective Equipment: None needed.

SECTION IX - SPECIAL PRECAUTIONS

Precautions To Be Taken In Handling and Storing: Keep away from excessive heat, sparks and open flame. Do not take internally. Do not leave container open. Store in cool area.

Other Precautions: Use with proper ventilation. Wearing contact lenses is not advisable. If swallowed can enter lungs and may cause chemical pneumonitis. Do not administer epinephrine or adrenaline. Keep away from children and animals. Do not puncture containers.

The above information is based on information available at this time and is believed to be accurate.

However, the data is provided without warranty, expressed or implied. It is the user's responsibility to determine safe conditions for use of this product. We expressly disclaim all liability for reliance thereon, and assume no liability with any use of this information.

Title: Chairman
Date: January 27, 1999

Name (print): P. R. Zimmerman
Signature: P. R. Zimmerman