

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject Area

1. Work request WCC fills out this section. Standing Work Permit

Requester: M. Zarcone	Date: 07/11/2012	Ext.: 5890	Dept/Div/Group: PO
Other Contact person (if different from requester): R. Gill			Ext.: 3987
Work Control Coordinator: M. Zarcone		Start Date: 07/12/2012	Est. End Date: 07/11/2013
Brief Description of Work: Operate Machinery in Machine Shop			
Building: 510	Room: 1-141	Equipment: Machine Tools	Service Provider: See Authorized User List

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

ESS&H ANALYSIS			
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM
	<input type="checkbox"/> Other		
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer	
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
	<input type="checkbox"/> Pressurized Systems		
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
	<input type="checkbox"/> Railroad Work		
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
	<input type="checkbox"/> Rigging		
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input checked="" type="checkbox"/> Noise*
	<input type="checkbox"/> Silica*		
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
	<input type="checkbox"/> Security Concerns		
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
	<input type="checkbox"/> Suspect/Counterfeit Items		
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
	<input type="checkbox"/> Vacuum		
* Safety Health Rep. Review Required	<input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM		<input type="checkbox"/> Other
Environmental Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input checked="" type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:	<input type="checkbox"/> Other		
Pollution Prevention (P2)/Waste Minimization Opportunity:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FACILITY CONCERNS	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Intermittent Energy Release	
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
	<input type="checkbox"/> Security (see Instruction Sheet)		
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
	<input type="checkbox"/> Other		
<input type="checkbox"/> Baricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
	<input type="checkbox"/> Electrical Inspection Required		
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat
	<input checked="" type="checkbox"/> Safety Glasses		
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
	<input type="checkbox"/> Safety Harness		
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers
	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> High visibility cloths/vest	<input checked="" type="checkbox"/> Other See Rules
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
Based on analysis above, the Review Team determines the risk, complexity, and coordination ratings below:			
ESS&H Risk Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High
WCC: _____ Date: _____		Service Provider: See separate sheet Date: _____	
Authorization to start _____ Date: _____		(Department/Division, or their equivalent, Sup/WCC/Designee)	