

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. X Standing Work Permit

Requester: M. Zarcone	Date: 07/07/2014	Ext.: 5890	Dept/Div/Group: Physics
Other Contact person (if different from requester): R. Gill		Ext.: 3987	
Work Control Coordinator: M. Zarcone	Start Date: 07/12/2014	Est. End Date: 07/11/2015	
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 ESSH (as necessary) fill out this section or attach analysis

ESSH 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"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input checked="" type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
	<input type="checkbox"/> Vacuum		
Ladder Access Required: <input type="checkbox"/> Portable Ladder <input type="checkbox"/> Fixed Ladder- Status/Restrictions:			
* 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"/> Atmospheric Discharges (rad/non-rad/GHG)		<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input checked="" type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Waste-Regulated Medical
	<input type="checkbox"/> Historical Environmental Hazards		
Waste disposition by: <input type="checkbox"/> Other			
Pollution Prevention (P2)/Waste Minimization Opportunity: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		Environmental Preferable Products Available: <input type="checkbox"/> No <input checked="" 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"/> Credited Controls (Use USI Process)	<input type="checkbox"/> Impacts Facility Use Agreement		<input type="checkbox"/> Temperature Change
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems		<input type="checkbox"/> Other
	<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"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input checked="" type="checkbox"/> Warning Alarm (i.e. "high level")
	<input type="checkbox"/> Security (see Instruction Sheet)		
	<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 type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
<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"/> Safety Glasses		
	<input type="checkbox"/> Safety Harness		
	<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"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> TLD
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
Machinists must be listed on the Authorized User List. Qualification on classes of machines requires apprenticing under the Machine Shop Supervisor (MSS). When competence is achieved, the MSS fills out the Machine Shop Safe Work Practices Evaluation Forms for each specific machine type (lathes, drills, milling machines, etc.).			
Work screening has identified the following as the reason for permitted work:		When work is categorized as worker planned work and a permit is used only the following signatures are required: (Although allowed, there is no need to use back of form)	
<input type="checkbox"/> ESSH	WCC: _____ Date: 7/7/14		
<input type="checkbox"/> Complexity	Service Provider: (see Authorized User List) Date: _____		
<input type="checkbox"/> Work Coordination	Authorization to start: _____ Date: 7/7/14		
X Permit Not Required (Sections 3 through 7 optional)		(Department/Division, or their equivalent, Sup/WCC/Designee)	