

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: 10/1/2014	Ext.: 5890	Dept/Div/Group: PO
Other Contact person (if different from requester): R. Gill			Ext.: 3987
Work Control Coordinator: M. Zarcone		Start Date: 10/1/2014	Est. End Date: 9/30/2015
Brief Description of Work: Use of Drill Press			
Building: 510	Room: 1-231	Equipment: Drill Press	Service Provider: See Posted Authorized User List

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

ESSH ANALYSIS

Radiation Concerns None Activation Airborne Contamination Radiation NORM Other

Special nuclear materials involved, notify Isotope Special Materials Group Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer

Radiation Generating Devices: Radiography Moisture Density Gauges Soil Density Gauges X-ray Equipment

Safety and Security Concerns None Explosives Transport of Haz/Rad Material Pressurized Systems

Adding/Removing Walls or Roofs Critical Lift Fumes/Mist/Dust* Magnetic Fields* Railroad Work

Asbestos* Cryogenic Heat/Cold Stress Nanomaterials/particles* Rigging

Beryllium* Electrical Hydraulic Noise* Silica*

Biohazard* Elevated Work Lasers* Non-ionizing Radiation* Security Concerns

Chemicals/Corrosives* Excavation Lead* Oxygen Deficiency* Suspect/Counterfeit Items

Confined Space* Ergonomics* Material Handling Penetrating Fire Walls Vacuum

Ladder Access Required: Portable Ladder Fixed Ladder-- Status/Restrictions:

* Safety Health Rep. Review Required Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM Other

Environmental Concerns None Work impacts Environmental Permit No.

Atmospheric Discharges (rad/non-rad/GHG) Land Use Institutional Controls Soil Activation/contamination Waste-Mixed

Chemical or Rad Material Storage or Use Liquid Discharges Waste-Clean Waste-Radioactive

Cesspools (UIC) PCB Management Waste-Hazardous Waste-Regulated Medical

High water/power consumption Spill potential Waste-Industrial Historical Environmental Hazards

Waste disposition by: Other

Pollution Prevention (P2)/Waste Minimization Opportunity: No Yes Environmental Preferable Products Available: No Yes

FACILITY CONCERNS None Intermittent Energy Release

Access/Egress Limitations Electrical Noise Potential to Cause a False Alarm Vibrations

Credited Controls (Use USI Process) Impacts Facility Use Agreement Temperature Change Other

Configuration Management Maintenance Work on Ventilation Systems Utility Interruptions

WORK CONTROLS

Work Practices

None Exhaust Ventilation Lockout/Tagout Spill Containment Security (see Instruction Sheet)

Back-up Person/Watch HP Coverage Posting/Warning Signs Time Limitation Other

Barricades IH Survey Scaffolding-requires inspection Warning Alarm (i.e. "high level") Electrical Inspection Required

Personal Protective Equipment

None Ear Plugs Gloves Lab Coat Safety Glasses

Coveralls Ear Muffs Goggles Respirator* Safety Harness

Disposable Clothing Face Shield Hard Hat Shoe Covers Safety Shoes High visibility cloths/vest Other

Permits Required (Permits must be valid when job is scheduled.)

None Cutting/Welding Impair Fire Protection Systems

Concrete/Masonry Penetration Digging/Core Drilling Rad Work Permit-RWP No

Confined Space Entry Electrical Working Hot Other

Dosimetry/Monitoring

None Heat Stress Monitor Real Time Monitor TLD

Air Effluent Noise Survey/Dosimeter Self-reading Pencil Dosimeter Waste Characterization

Ground Water O₂/Combustible Gas Self-reading Digital Dosimeter Other

Liquid Effluent Passive Vapor Monitor Sorbent Tube/Filter Pump

Training Requirements (List specific training requirements)

Machine Shop Safe Practices Evaluation - for Drill Press

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)**

ESSH WCC: M. Zarcone Date: 10/1/2014

Complexity Service Provider: _____ Date: _____

Work Coordination Authorization to start: M. Zarcone Date: 10/1/2014

Permit Not Required (Sections 3 through 7 optional) (Department/Division, or their equivalent, Sup/WCC/Designee)