

1. Work requester fills out this section.

Standing Work Permit

Requester: Located in C-A WCC's Log	Date: 7-19-08	Ext.:	Dept/Div/Group: C-A Department
Other Contact person (if different from requester):			Ext.:
Work Control Coordinator: Located in Work Control Log	Start Date: 8-1-08	Est. End Date: 7-31-09	
Brief Description of Work: <b>ROUTINE ENTRY FOR INSPECTION, DATA COLLECTION, TOURS, OR WORKER PLANNED WORK IN POSTED HIGH RADIATION BEAM LINE AREAS AT THE COLLIDER ACCELERATOR DEPARTMENT.</b>			
Building: Bldg. 912 Switchyard, Target Caves, High Radiation Storage Areas.	Room:	Equipment:	Service Provider:

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

<b>ESS&amp;H ANALYSIS</b>			
<b>Radiation Concerns</b>	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input checked="" type="checkbox"/> Radiation	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer	
<b>Radiation Generating Devices:</b>	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
<b>Safety and Security Concerns</b>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
<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 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
* Industrial Hygiene (IH) Review Required			<input type="checkbox"/> Other
<b>Environmental Concerns</b>	<input checked="" 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 type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:			<input type="checkbox"/> Other
<b>Pollution Prevention (P2)/Waste Minimization Opportunity:</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
<b>FACILITY CONCERNS</b>	<input checked="" type="checkbox"/> None		
<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"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems		<input type="checkbox"/> Utility Interruptions
<b>WORK CONTROLS</b>			
<b>Work Practices</b>			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" 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 type="checkbox"/> Warning Alarm (i.e. "high level")
<b>Personal Protective Equipment</b>			
<input checked="" 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 type="checkbox"/> Safety Glasses
			<input type="checkbox"/> Safety Harness
			<input type="checkbox"/> Safety Shoes <input type="checkbox"/> Other
<b>Permits Required (Permits must be valid when job is scheduled.)</b>			
<input 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 checked="" type="checkbox"/> Rad Work Permit-RWP No <b>RWP-08-03</b>	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
<b>Dosimetry/Monitoring</b>			
<input type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input checked="" 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 <sub>2</sub> /Combustible Gas	<input checked="" 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	
<b>Training Requirements (List specific training requirements)</b>			
Radiation Worker I, C-A Facility Specific Safety Training, or C-A Radiobiology Training for NSRL, or C-A Access Training for U-Line.			
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:		If using the permit when all hazard ratings are low, only the following need to sign: ( Although allowed, there is no need to use back of form)	
<b>ESS&amp;H Risk Level:</b>	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High	WCC:	Date:
<b>Complexity Level:</b>	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Service Provider:	Date:
<b>Work Coordination:</b>	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Authorization to start	Date:
(Departmental Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

<b>Work Plan</b> (procedures, timing, equipment, and personnel availability need to be addressed):				
<b>Work Plan:</b> (procedures, timing, equipment, and personnel availability need to be addresses) Estimated dose shall be considered by the WCC prior to each job. Dose estimates will not exceed 20mRem per person per job or 20mRem per entry. This permit is not intended for handling or exposure to tritiated water, unapproved alteration of radiation barriers, or for the potential dispersal of radioactive materials. <b>A trained Radiation Worker may escort visitors. Permission is required from the C-A ESHQ Division Head (x5272)</b> <b>READ ALL POSTINGS, MANY LOCATIONS REQUIRE ACTIVATION CHECKS PRIOR TO REMOVING ITEMS</b>				
Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring) No entry in to areas greater than 1 R/Hr. Review posted survey of area as applicable.				
Notifications to operations and Operational Limits Requirements: None				
Post Work Testing, Notification or Documentation Required: <b>Follow exit requirements on area postings (Activation Check may be Required)</b>				
Job Safety Analysis Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Walkdown Completed (Required): <input checked="" type="checkbox"/> Yes, Performed by Worker or Supervisor	
Reviewed by: Primary Reviewer signature means that the hazards and risks that could impact ESS&H have been identified, a Walkdown was completed and the hazards will be controlled according to BNL requirements.				
Title	Name (print)	Signature	Life #	Date
Primary Reviewer	Peter Cirnigliaro	Signature on file	21868	7/20/07
FS Representative	Paul Berg	Signature on file	19773	7/20/07
Building Manager				
Service Provider				
Work Control Coordinator	Located in Work Control Log			
Safety and Health Services (i.e. IH Rep)				
Other				
	Review Done: <input checked="" type="checkbox"/> in series	<input type="checkbox"/> team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).			
Job Supervisor:		Contractor Supervisor:	
Workers: Located in Work Control Log	Life#:	Workers :	Life#:
Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.			

5. Department/Division Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)			
Name: Refer to C-A OPM-ATT 2.28.a , Meetings Diagrams and Tables	Signature:	Life#:	Date:

6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)
a) WCM/WCC: Are there any changes as a result of worker feedback? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: See work planning and control subject area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc. are initiated , if necessary.

Name:	Signature:	Life#:	Date:
Comments:			