

1. Work requester fills out this section.

Standing Work Permit

Requester: Located in C-AD WCC 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: LOTO Energy Control Procedure at C-AD when a Specific LOTO procedure/plan is not necessary.			
Building: C-A Complex	Room:	Equipment:	Service Provider:

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"/> Other		
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group		<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality 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"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*	<input type="checkbox"/> Pressurized Systems
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*	<input type="checkbox"/> Railroad Work
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*	<input type="checkbox"/> Rigging
<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
* Industrial Hygiene (IH) Review Required				<input checked="" type="checkbox"/> Other Hazardous Energy
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 type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping	
Waste disposition by:				<input checked="" type="checkbox"/> Other Potential Release
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FACILITY CONCERNS	<input 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 checked="" type="checkbox"/> Other Accelerator Safety Envelope Compliance	
<input type="checkbox"/> Configuration Control	<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 checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)
<input checked="" type="checkbox"/> Back-up Person/Watch as required for safety	<input type="checkbox"/> HP Coverage	<input checked="" type="checkbox"/> Posting/Warning Signs as required to notify workers	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Barricades as required to isolate hazard from personnel	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")	
Personal Protective Equipment				
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input 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 type="checkbox"/> Safety Shoes <input checked="" type="checkbox"/> Other, as required for task
Permits Required (Permits must be valid when job is scheduled.)				
<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 type="checkbox"/> Rad Work Permit-RWP No		
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input checked="" type="checkbox"/> Other as required for task		
Dosimetry/Monitoring				
<input 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 checked="" type="checkbox"/> Other, as required for task	
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump		
Training Requirements (List specific training requirements)				
LOTO Authorized, Electrical Safety (as required for task), Electrical Work Practices (as required for task), CPR/First Aid for electrical LOTO				
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)	
ESS&H Risk Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC: _____ Date: _____
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider: _____ Date: _____
Work Coordination:	<input type="checkbox"/> Low	<input checked="" 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)

Work Plan (procedures, timing, equipment, and personnel availability need to be addressed):
 See attached OPM 2.3.6.a C-AD LOTO Procedure Plan.
 The Work Control Coordinator or Supervisor shall determine if a Specific LOTO Procedure/plan is necessary to provide an adequate level of safety to personnel.
 All personnel must be familiar with OPM 2.36 Lock and Tag Program for Control of Hazardous Energy.

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)
 Wear required PPE for task as required by OPM 1.5.3, Energized Electrical Work Permit, or other job specific work planning.

Notifications to operations and Operational Limits Requirements:

Post Work Testing, Notification or Documentation Required: Maintain LOTO log books.

Job Safety Analysis Required: Yes No Walkdown Completed (Required): Yes by Work 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	R. Karol	<i>Signature on File</i>	15065	
ES&H Professional	P. Cirnigliaro	<i>Signature on File</i>	21868	
Building Manager				
Service Provider				
Work Control Coordinator	Located in WCC log			
Chief Electrical Engineer	J. Sandberg	<i>Signature on File</i>	14313	
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 WCC 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 OPM-ATT 2.28a, 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? Yes 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: