BROOKHAVEN
NATIONAL LABORATORY

Work Permit # SS 2007 - 242
Work Order # ____
Job# ____ Activity# ____

1. Work requester fills out this section. ☐ Standing Work Permit

Requester: PAUL GIANNOTTI	Date: 7-26-07	Ext.: 3815	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): CARTER BIGGS			Ext.: 7515
Work Control Coordinator: PAUL GIANNOTTI		Start Date: 7-30-07	Est. End Date: 11-1-07
Brief Description of Work: Install Electrical Distribution in B912 RPC Tent			
Building: 912	Room: HIGH BAY TENT	Equipment: Electrical	Service Provider: P.E.

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

ES&H ANALYSIS P7/27/07 Possible

Radiation Concerns	☒ None	☒ Activation 7/27/07 P	☐ Airborne	☐ Contamination ☐ Radiation
☐ Other				
☐ Special nuclear materials involved, notify Isotope Special Materials Group			☐ Fissionable materials involved, notify Laboratory Criticality Officer	
Radiation Generating Devices:	☐ Radiography	☐ Moisture Density Gauges	☐ Soil Density Gauges	☐ X-ray Equipment

Safety Concerns	☐ None	☐ Ergonomics	☐ Transport of Haz/Rad Material	
☐ Adding/Removing Walls or Roofs	☐ Confined Space*	☐ Explosives	☐ Lead*	☐ Penetrating Fire Walls
	☐ Corrosive	☐ Flammable	☐ Magnetic Field*	☐ Pressurized Systems
☐ Asbestos*	☐ Cryogenic	☒ Fumes/Mist/Dust*	☐ Material Handling	☐ Rigging/Critical Lift
☐ Beryllium*	☒ Electrical	☐ Heat/Cold Stress	☐ Noise*	☐ Toxic Materials*
☐ Biohazard*	☒ Elevated Work*	☐ Hydraulic	☐ Non-ionizing Radiation*	☐ Vacuum
☐ Chemicals*	☐ Excavation	☐ Lasers*	☐ Oxygen Deficiency*	☐ Other

* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? ☐ Yes ☒ No

Environmental Concerns	☒ None	☐ Work impacts Environmental Permit No.	
☐ Atmospheric Discharges (rad/non-rad)	☐ Land Use Institutional Controls	☐ Soil Activation/contamination	☐ Waste-Mixed
☐ Chemical or Rad Material Storage or Use	☐ Liquid Discharges	☐ Waste-Clean	☐ Waste-Radioactive
☐ Cesspools (UIC)	☐ Oil/PCB Management	☐ Waste-Hazardous	☐ Waste-Regulated Medical
☐ High water/power consumption	☐ Spill potential	☐ Waste-Industrial	☐ Underground Duct/Piping
Waste disposition by:			☐ Other
Pollution Prevention (P2)/Waste Minimization Opportunity:	☒ No ☐ Yes		

FACILITY CONCERNS	☒ None			
☐ Access/Egress Limitations	☐ Electrical Noise	☐ Potential to Cause a False Alarm		☐ Vibrations
	☐ Impacts Facility Use Agreement		☐ Temperature Change	☐ Other
☐ Configuration Control	☐ 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 10-9-8	☐ IH Survey P7/27	☐ Scaffolding-requires inspection	☐ Warning Alarm (i.e. "high level")	

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 ☒ Other

Permits Required (Permits must be valid when job is scheduled.) Electrical Safety PPE as Required

☐ 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	☐ O_2/Combustible Gas	☐ Self-reading Digital Dosimeter	☐ Other
☐ Liquid Effluent	☐ Passive Vapor Monitor	☐ Sorbent Tube/Filter Pump	

Training Requirements (List specific training requirements)

CA-ACCESS, GERT, LOTO, Elect Safety, Work Height

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)**	
ES&H Risk Level:	☐ Low	☒ Moderate	☐ High	WCC:	Date:
Complexity Level:	☒ Low	☐ Moderate	☐ High	Service Provider:	Date:
Work Coordination:	☒ Low	☐ Moderate	☐ 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):
Install Electrical distribution to RPC Tent
① Rework distribution Panel as per D-11-E1066-5 (ECN)
② install outlets, Fans, Racks, as per attached Drawings

Special Working Conditions Required: H.P. to check concrete penetration (< 2") for activation Material
FOR LOTO USE ELECTRICAL WORK PERMIT EP G-07-02C (EQUIV TO AD-G-07-02A-1)

Operational Limits Imposed: AS Per H.P. evalution of Concrete

Post Work Testing Required: None

Job Safety Analysis Required: ☐ Yes ☒ No | Walkdown Required: ☒ Yes ☐ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	J. Scott	[signature]	13175	7/26/07
ES&H Professional	P. Grennyle	[signature]	21828	7/26/07
Other D. Bastedo	TOM NEWELL	[signature]	17321	7/27/07
Other P. Berch				
Work Control Coordinator	P. GIANNOTTI	P. Giannotti	19759	7-26-07
Service Provider				
	Review Done: ☒ in series	☐ 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: Michael RAU	Life#: 21906	Workers :	Life#:
S. SPRINGSTEEN	21837		
R. [illegible]	23769		

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name: PAUL GIANNOTTI	Signature: [signature]	Life#: 19759	Date: 8-8-07
DON LYNN [signature]		20146	8/8/07

6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☒ Yes ☐ No

Post Job Review (Fill in names of reviewers)

Name: PAUL GIANNOTTI	Signature: [signature]	Life#: 19759	Date: 12-13-07
Name: DON LYNN	Signature: [signature]	Life#: 20146	Date: 12-13-07

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Is any feedback required? ☐ Yes ☐ No
b) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☒ No

8. 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)

Name: DON LYNN	Signature: [signature]	Life#:	Date:

Comments:
WORK WENT AS PLANNED.