AGS OPERATIONS PROCEDURES MANUAL

ATTACHMENT

9.5.4.c AGS Job Specific Radiation Work Permit

AGS OPM Procedures in which this Attachment is used.

9.5.4		

Revision No. 03

Approved: _____ _____
AGS Department Chairman Date

E. Lessard

 RWP #:_____

1) TITLE OF RWP:
_____
_____

ISSUED TO: _____

ISSUE DATE: _____

EXPIRATION DATE: _____

2) DUE DATES FOR 2-WEEK REVIEWS:

Job Planner Must Initial and Date After Each Review:

Initial:_____ Date:_____
Initial:_____ Date:_____
Initial:_____ Date:_____
Initial:_____ Date:_____
Initial:_____ Date:_____

3) TRAINING, ESCORTING AND WRITTEN PROCEDURE REQUIREMENTS: (Completed by RCC)

	Circle			Circle	
Escort Required	Yes	No	Rad Worker Training I	Yes	No
Radiation Worker Training	Yes	No	Contamination Worker Training	Yes	No
Respirator Training	Yes	No	Activation Worker Training	Yes	No
Ring and Cave Access Training	Yes	No			
Written Procedure Required	Yes	No			

4) PROTECTIVE CLOTHING: (Completed by Health Physics)

	Circle		Indicate specific type, if required:
Coveralls	Yes	No	_____
Lab Coat	Yes	No	_____
Gloves	Yes	No	_____
Cloth Cap	Yes	No	_____
Respirator	Yes	No	_____
Shoe Covers	Yes	No	_____
Other	Yes	No	_____

5) EXIT INSTRUCTIONS: (Completed by RCC)

	Circle	
Contamination Check Required	Yes	No
Activation Check Required	Yes	No

Return _____ to _____

Notify _____

6) WORK AREA RADIOLOGICAL CONDITIONS (Completed by Health Physics):

	Circle	
Radiation Map Attached	Yes	No
Surface Contamination Map Attached	Yes	No
Airborne Radioactivity Present	Yes	No
Dispersible Radioactivity Present	Yes	No

If Yes to airborne or dispersible radioactivity, then provide additional information such as containment strategy:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

7) DOSE ESTIMATE WORK SHEET: (Completed by Job Planner)

SUB JOBS	NUMBER OF PERSONS	TIME MINUTES	RATE (mR/h)	DOSE (mR)
TOTAL	----------	----------	--------	

8) DOSIMETRY AND MONITORING REQUIREMENTS: (Completed by Health Physics)

	Circle		
Self-Reading Dosimeter	Yes	No	Other, explain:_____
Chirping Dosimeter	Yes	No	_____
Chirping and Alarming Dosimeter	Yes	No	_____
TLD	Yes	No	_____
Neutron Film Badge	Yes	No	_____
Chipmunk	Yes	No	_____
HP 1010	Yes	No	_____
Pancake GM Tube	Yes	No	_____
µR Meter	Yes	No	_____

9) HEALTH PHYSICS COVERAGE (Determined by RCC and recommended for jobs in radiation fields greater than 1 R/h)

Recommended for jobs in radiation fields greater than 1 R/h Circle Yes No

10) ALARA CONTROLS PLAN ATTACHED (Completed by ALARA Committee Chair if trigger is met)

Required for jobs with collective dose greater than 750mR person-rem)

Circle Yes No

11) HOLD TAGS FOR RADIATION SAFETY: (Completed by Job Planner)

Circle Yes No

Responsible Person:_____

12) RADIOLOGICAL HOLD POINTS (e.g., stop work and seek RCC review if dose rate is 25% above predicted dose rate):

Conditions:

_____
_____
_____
_____
_____
_____
_____

13) RADIOACTIVE AND HAZARDOUS WASTE STORAGE

Circle

Is radioactive waste, mixed waste or hazardous waste to be temporarily stored? Yes No

If yes, then Job Planner must notify the AGS Environmental Coordinator or Safety Section Head to obtain authorization to store waste.

14) PRE-JOB REVIEW SIGNATURES:

Appropriate Radiological Control Coordinator:

_____

Date

S&EP Representative:

_____

Date

Job Planner / Supervisor / Coordinator:

_____

Date

If Item 13 is Yes, Signature of Environmental Coordinator

_____

Date

If collective dose > 0.75 person-rem, ALARA Committee Chair Signature:

_____

Date

15) SIGNATURE OF WORKERS (use back of sheet, if necessary):

Worker 1: _____

Worker 2: _____

Worker 3: _____

Worker 4: _____

Worker 5: _____

Worker 6: _____

Worker 7: _____

Worker 8: _____

Worker 9: _____

Worker 10: _____

Worker 11: _____

Worker 12: _____

Worker 13: _____

Worker 14: _____

16) SUPERVISOR APPROVAL TO GO TO 200 mrem IN ONE DAY:

Worker’s Name Supervisor’s Initials

17) POST-JOB REVIEW (Completed by the AGS S&EP Representative)

Comments and lessons learned to be distributed to workers and ALARA Committee members :

Compare actual versus estimated collective dose: % overestimate ____ % underestimate ____

Describe any deviation from actual scope of work:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Evaluate relative success or failure of ALARA controls:

_____
_____
_____
_____
_____

Work stoppage encountered? Explain if Yes:

_____
_____
_____
_____
_____

Signature of S&EP Representative:

_____

Date of Close Out of RWP: _____

PERMIT DISTRIBUTION FOR JOB-SPECIFIC RWP:

COPY TO BE POSTED AT JOB SITE BY JOB PLANNER/SUPERVISOR/COORDINATOR.

ORIGINAL TO BE RETAINED BY APPROPRIATE RCC FOLLOWING POST JOB REVIEW.

COPY TO BE FORWARDED AND MAINTAINED BY AGS S&EP REPRESENTATIVE.