

SPECIAL CONSIDERATION SHEET

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FEARMS DAVIS-BESSE PLANT

Work Order 00-001846-001
Subsystem: SUB082-01

T1*RC

Asset: T1*RC REACTOR VESSEL 1-1
Problem Locn: CTMTR 211* 065

Action: ROUTINE MAINTENANCE
WO Type:
Clearance: N

Work Class:
Mat. Acct: 4521 451 15 WP13A DBRX 00000 00
Printed: 24 APR 00 09 16 EDT

Clearance number:
Tech Spec: N
Test Requirements: N
Lead Craft: MAINTENANCE SERVICE

Quality Class: Q
Environmental Qualification: N
ASME Component: ASMEB
Repair Tag Number:
Train:

Permission to Commence Work

SS/SM Authorization:
SUPERVISOR

Don Card DATE 4/29/00
Anthony DATE 4/29/00

Requested by: DENNIS A LISKA
Planner: DENNIS A LISKA

Phone: 8338
Phone: 8338

Problem Description:
ACCESS IS REQUIRED TO POWER WASH EX HEAD

Work Description:
BUILD AND REMOVE SCAFFOLD AS REQUIRED TO SUPPORT BORON REMOVAL

Work Order Review

SRC
ALAPA
Lead Shop Review

Don Card DATE 4-29-00
Jim KA DATE 4/29/00
Anthony DATE 4/29/00

Special Instructions:

Permits

RAP
RCP Comments: CONTACT RE PRIOR TO STARTING

FEARMS DAVIS-BESSE PLANT

Work Order 00-001846-001
Subsystem: SUBOFF 21

T1*RC

Steps

Craft	Crew Size	Crew Name	HR
1	6		40
MAINTENANCE SERVICES BUILD SCAFFOLD 360 DEGREES AROUND REACTOR HEAD STAND TO FACILITATE BORE REMOVAL. PLATFORM SHOULD BE BUILT SO TOP OF HEAD COVERS ARE WAIST HIGH. REMOVE SCAFFOLD AFTER COMPLETION OF CLEANING.			
SIGNATURE: <i>Donald W. Hays</i>		DATE: 4-29-00	
2	2		4
RADIATION TEST COMPLETE RADIOLOGICAL SURVEYS AS REQUIRED BY SUBJECT SCAFFOLD CONSTRUCTION AND REMOVAL.			
SIGNATURE: <i>Wade R. Moore</i>		DATE: 4/29/00	

Notes

System 24-APR-00 PRINT HISTORY
24-APR-00 09:13 DEL EN PLANNING

Closeout

Lead Shop / MDT Removed	<i>[Signature]</i>	Date: 4/29/00
SS/SM Authorization	<i>[Signature]</i>	Date: 4/29/00
Planner Review	<i>[Signature]</i>	Date: 5/1/00

Completion Date: / / Completed By: _____

Notes

PERSONNEL/EQUIPMENT HISTORY

FD 8880-3

PARENT DOCUMENT NO. 7

FAILURE EVALUATION/DESCRIPTION OF WORK PERFORMED

7-29-00 DISCUSSED PREJOB BRIEF Area is Highly Contaminated
CARE will Be taken. Fall Protection a must. R.P coverage
is needed R.W.P 5/32 3 CARPENTERS Two LABORERS

Jim Powell

CONTINUED ON BACK SIDE

FAILURE EVALUATION/DESCRIPTION OF WORK PERFORMED

4 of 60 ID discussed previously the area is highly contaminated. R.P. Continuous coverage during work. 1st shield stayed out to help remove the remaining shafts once below the water shield had to get 3rd parts raised to replace with continuous coverage from R.P. 300 ft. ID completely removed.

Jimmy Dwyer

CONTINUED ON BACK SIDE

PERSONNEL/EQUIPMENT HISTORY
EO 12958-3

PARENT DOCUMENT NO.

00-001846-001

FAILURE EVALUATION/DESCRIPTION OF WORK PERFORMED

7-24-00 Marked job down with engineering. Alarc and Deconers performed prejob brief and revamped scaffold around head for cleaning bron inside RX head. John Ambrose

9-25-00 Continued working on scaffold. Revamped existing scaffold and built steps to reach pleura glass cover on CRDM ventilation duct. John Ambrose

CONTINUED ON BACK SIDE

PRE-JOB BRIEFING CHECKLIST

ED 7029-4

WORK AUTHORIZING DOCUMENT NO. 001841001 DATE 4-29-06

DESCRIPTION Remove SCRAP FROM AROUND BK HOUSE

- | YES | NO | NA | |
|-------------------------------------|-------------------------------------|--------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All organizational interfaces have been identified and represented as necessary?
<input type="checkbox"/> ELECTRICAL MAINTENANCE <input type="checkbox"/> OPERATIONS <input type="checkbox"/> ENGINEERING
<input type="checkbox"/> MECHANICAL MAINTENANCE <input type="checkbox"/> RADIOLOGICAL PROTECTION <input type="checkbox"/> CHEMISTRY
<input type="checkbox"/> LFC MAINTENANCE <input type="checkbox"/> SAFETY <input type="checkbox"/> SECURITY
<input type="checkbox"/> MAINTENANCE SERVICES <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> OTHER _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are procedures / vendor manuals / drawings required and latest revisions issued by Document Control? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Material requirements reviewed and pre-stage location identified? (Including Consumable and Controlled Material) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary tools identified and issued? Calibrations current and logged on issued M&TE? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Necessary permits / controls identified and obtained and requirements discussed with personnel
<input type="checkbox"/> RWP NO. <u>3758</u> <input type="checkbox"/> BURN PERMIT
<input type="checkbox"/> CONFINED SPACE <input type="checkbox"/> FOREIGN MATERIAL EXCLUSION
<input type="checkbox"/> PAINTING <input type="checkbox"/> TRANSPARENT COMBUSTIBLE
<input type="checkbox"/> HEAT STRESS EVALUATION <input type="checkbox"/> LIFT PLAN / LIFT CHECKLIST
<input type="checkbox"/> RESPIRATORY PROTECTION <input type="checkbox"/> DIVING PERMIT
<input type="checkbox"/> WORK ON ENERGIZED EQUIPMENT <input type="checkbox"/> SAFETY VERIFICATION CHECKLIST
<input type="checkbox"/> FIRE IMPAIRMENT <input type="checkbox"/> OTHER (Specify) _____ |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Potentially hazardous conditions identified and precautions addressed using the Job Hazard Identification and Elimination checklist. |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work logistics and sequence identified such as:
<input type="checkbox"/> TAGGING / CLEARANCE REQUIREMENTS identified and discussed in detail
<input type="checkbox"/> INSULATION REMOVAL / RESTORATION
<input type="checkbox"/> CRANES AND RIGGING EQUIPMENT
<input type="checkbox"/> SCAFFOLDING, LADDERS
<input type="checkbox"/> INTERFERENCE REMOVAL / RESTORATION
<input type="checkbox"/> TROUBLE SHOOTING GUIDELINES
<input type="checkbox"/> CONTINGENCY PLANS ESTABLISHED
<input type="checkbox"/> SPECIAL INSTRUCTIONS (Shift Supervisor or Other Instructions in Work Order) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Possible affects of work on plant safety or personnel safety discussed including work on nearby safety related equipment? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Control Room notified of expected alarms and equipment operations? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All personnel have been briefed and are aware of the job scope and any precautions / limitations? |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss the critical phases of this activity. (What must go absolutely right the first time?) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss how mistakes can be made. (Where are the key decision points? How will we be using the Event Free Tools?) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Discuss the potential consequences of performance errors. (What are the potential outcomes of an error or mistake?) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | How will I implement "STAR" for this task?
STOP - at what points do I need to pause prior to taking action?
THINK - What do I expect the result of my actions to be?
ACT - How will I perform the action?
REVIEW - What will I do to verify the expected response? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Related Plant and Industry Events have been discussed. |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Post work critique recommended? |

ATTENDEES
Mark Kao
Paul Miller

COMMENTS
High Contamination Area

SUPERVISOR / ACTIVITY LEADER Michael G. Johnson DATE 4-29-06

PRE-JOB BRIEFING CHECKLIST

EO 7825-4

WORK AUTHORIZING DOCUMENT NO: 00-1846-01 DATE 4-29-00

DESCRIPTION: Remove Scaffold From Around BX Head

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All organizational interfaces have been identified and represented as necessary? <input type="checkbox"/> ELECTRICAL MAINTENANCE <input type="checkbox"/> OPERATIONS <input type="checkbox"/> ENGINEERING <input type="checkbox"/> MECHANICAL MAINTENANCE <input checked="" type="checkbox"/> RADIOLOGICAL PROTECTION <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> I & B MAINTENANCE <input type="checkbox"/> SAFETY <input type="checkbox"/> SECURITY <input type="checkbox"/> MAINTENANCE SERVICES <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are procedures / vendor manuals / drawings required and latest revisions issued by Document Control?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material requirements reviewed and pre-stage location identified? (Including Consumable and Controlled Material)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary tools identified and issued? Calibrations current and logged or issued M&TE?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary permits / controls identified and obtained and requirements discussed with personnel PERM NO: <u>5132</u> <input type="checkbox"/> CONFINED SPACE <input type="checkbox"/> BURN PERMIT <input type="checkbox"/> PAINTING <input type="checkbox"/> FOREIGN MATERIAL EXCLUSION <input type="checkbox"/> HEAT STRESS EVALUATION <input type="checkbox"/> TRANSPARENT COMBUSTIBLE <input type="checkbox"/> RESPIRATORY PROTECTION <input type="checkbox"/> LIFT PLAN / LIFT CHECKLIST <input type="checkbox"/> WORK ON ENERGIZED EQUIPMENT <input type="checkbox"/> DIVING PERMIT <input type="checkbox"/> FIRE WARDEN <input type="checkbox"/> SAFETY VERIFICATION CHECKLIST <input type="checkbox"/> OTHER (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potentially hazardous conditions identified and precautions addressed using the Job Hazards Identification and Elimination checklist?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work logistics and sequence identified such as: <input type="checkbox"/> TAGGING / CLEARANCE REQUIREMENTS identified and discussed in detail <input type="checkbox"/> INSULATION REMOVAL / RESTORATION <input type="checkbox"/> CRANES AND RIGGING EQUIPMENT <input type="checkbox"/> SCAFFOLDING, LADDERS <input type="checkbox"/> INTERFERENCE REMOVAL / RESTORATION <input type="checkbox"/> TROUBLE SHOOTING GUIDELINES <input type="checkbox"/> CONTINGENCY PLANS ESTABLISHED <input type="checkbox"/> SPECIAL INSTRUCTIONS (Shift Supervisor or Other Instructions in Work Order)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possible effects of work on plant safety or personnel safety discussed including work on nearby safety related equipment?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Room notified of expected alarms and equipment operations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All personnel have been briefed and are aware of the job scope and any precautions / limitations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss the critical phases of this activity (What must go absolutely right the first time?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss how mistakes can be made (Where are the key decision points? How will we be using the Event Free Tools?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss the potential consequences of performance errors (What are the potential outcomes of an error or mistake?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How will I implement 'STAR' for this task? STOP - at what points do I need to pause prior to taking action? THINK - What do I expect the result of my actions to be? ACT - How will I perform the action? REVIEW - What will I do to verify the expected response?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Related Plant and Industry Events have been discussed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post work critique recommended?

ATTENDEES: [Signatures]

COMMENTS: High RADIATION AREA RWP 5132

SUPERVISOR / ACTIVITY LEADER: [Signature] DATE: 4-29-00

JOB HAZARDS IDENTIFICATION AND ELIMINATION

PARTICLES IN EYE

- PPE
- Faceshield / Goggles
- Proper tool use
- Avoid shields or panels

LOUD NOISES

- PPE
- Supplemental Hearing protection
- Post signs / Erect barricades
- Alarms / communications

ELECTRICAL SHOCK

- PPE
- Electrical gloves, fashsuit
- Faceshield / Monogoggles
- Get proper tools
- Tag out
- Re-check line identification
- GFCI
- Distance from energized line
- Elevate overhead line
- Inspect power tools prior to use

ABRASIONS / CUTS

- PPE
- Special Gloves
- Be in proper position
- Get proper tools
- Guards in place
- Faceshield / goggles
- Avoid "Line of fire"

STRAINS / SPRAINS / OVEREXERCION

- Get additional help
- Limbering / stretching exercises
- Proper positioning / posture
- Minimize repetitive stress motion
- Proper Tools

TRIP POINTS

- Prohibit Identification
- Guards in place

MOVING / ROTATING EQUIPMENT

- Proper lifting clothes
- Secure / remove loose articles
- Guards in place

LADDER SAFETY

- Inspect ladder
- Step ladder Fully Open
- Tied off / secured
- Proper footing
- Proper ladder size & type
- Get additional help
- 4 to 1 slope for extension ladders

FALLS OVER 6 FEET

- Ladder, 4 to 1 pitch, tied off
- Manlift with harnesses
- Scaffold, Work platform
- Scaffold Inspected / Approved to use
- Toe boards, netting
- Safety harness / Be off
- Erect barricades

ELEVATED LOAD

- Inspect tools / rigging equip
- Erect barricades
- Tag line
- Rigging plan, Lift plan
- Signman
- Qualified Crane Operator
- PPE

OVERHEAD WORK

- Inspect tools / rigging equip
- Safety harness / Be off
- Get additional help
- Be in proper position
- Toe boards / netting
- Scaffold / Work platform
- Manlift / ladder
- Barricade area, Post Warning Signs
- Debris net

DROPPING MATERIALS

- Inspect tools / rigging equip
- Erect barricades
- Toe boards / netting
- Tie off scots / Use lanyards
- Watch work platform
- Hard-hat use below

INFESTATION

- Insect
- Animal

CHEMICAL HANDLING

- Review PPL for Use
- Requirements
- Follow MSDS instructions
- Respirator use
- PPE
- Special Gloves
- Apron, Slicker Suit
- Faceshield / Goggles
- Containment needed?
- Lines drained & purged
- Tag out / isolate source
- Safety shower nearby

SPILLS

- Containment device needed
- Absorbent Material
- Follow MSDS instructions

INHALATION HAZARD

- Review MSDS
- Adequate room ventilation
- Supplemental ventilation
- Respirator use
- Air sampling / monitoring
- Potential for spill containment
- Lines drained and purged
- Close vents & drains when done
- Erect barricades

LEAD / ASBESTOS

- Sampling
- Wetting agent
- Containment device / structure

FIRE

- Keep area picked up / clean
- Fire extinguishers
- Fire watch
- Cutting / Welding / Burning
- Permit
- Fire blankets / barriers
- Potential spill containment needed?
- Lines drained and purged
- Close vents & drains when done
- Get additional help
- Get proper tools
- Evaluation of fire loading

AREA LIGHTING

- Supplemental lighting
- Release

TRIPS / SLIPS / FALLS

- Rake up debris
- Designated "walk-ways"
- Temporary Hazards marked
- Remove tripping items

PRESSURIZED SYSTEM

- Pressure Secondary ventcock
- Isolate and drain
- PPE
- Bleed suit

THERMAL BURN

- Long-sleeve shirt
- Special Gloves
- Faceshield
- Heat reflecting barriers
- Leathers

HEAT STRESS

- PPE
- Get additional help (leg team)
- Drinking fluids
- Environmental monitoring
- Ice vest / cold packs
- Stay time established
- Self Check / Check others
- Limit caffeine intake and alcohol
- 24 hrs. prior to work

EXPOSURE (COLD, RAIN, ETC.)

- Drinking fluids
- Layered clothing
- Supplemental heat
- Temporary enclosure
- Limit stay time
- Appropriate footwear

CAVE-IN (Excavation)

- Proper shoring, shoring
- Spoil distance > 2 feet
- Lines drained & purged
- Evacuation plan
- Rescue plan
- Confined space permit use

PERMITS / CONTROLS

- CONFINED SPACE PERMIT
- CUTTING / WELDING / BURNING
- RESPIRATORY PROTECTION
- DIVING PERMIT
- RADIATION WORK PERMIT
- TRANSPARENT COMBUSTIBLE
- FOREIGN MATERIAL EXCLUSION
- WORK ON ENERGIZED EQUIPMENT
- HEAT STRESS EVALUATION

COMMENTS

<p>_____</p>	
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PRE-JOB BRIEFING CHECKLIST

D 7826-8

WORK AUTHORIZING DOCUMENT NO. 00-1846 01 DATE 9-24-00

DESCRIPTION Remove scaffold & Build steps for cleaning Bone Acid inside RX Head

YES	NO	N/A	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All organizational interfaces have been identified and represented as necessary? <input type="checkbox"/> ELECTRICAL MAINTENANCE <input type="checkbox"/> OPERATIONS <input type="checkbox"/> ENGINEERING <input type="checkbox"/> MECHANICAL MAINTENANCE <input type="checkbox"/> RADIOLOGICAL PROTECTION <input type="checkbox"/> CHEMISTRY <input type="checkbox"/> I & C MAINTENANCE <input type="checkbox"/> SAFETY <input type="checkbox"/> SECURITY <input type="checkbox"/> MAINTENANCE SERVICES <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> OTHER
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are procedures / vendor manuals / drawings required and latest revisions issued by Document Control?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Material requirements reviewed and pre-stage location identified? (Including Consumable and Controlled Material)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary tools identified and issued? Calibrations current and logged on Issued M&TE?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Necessary permits / controls identified and obtained and requirements discussed with personnel
			<input checked="" type="checkbox"/> LIFTING <u>5132</u> <input type="checkbox"/> BURN PERMIT <input type="checkbox"/> CONFINED SPACE <input type="checkbox"/> FOREIGN MATERIAL EXCLUSION <input type="checkbox"/> PAINTING <input type="checkbox"/> TRANSPARENT COAGULABLE <input type="checkbox"/> HEAT STRESS EVALUATION <input type="checkbox"/> LIFT PLAN / LIFT CHECKLIST <input type="checkbox"/> RESPIRATORY PROTECTION <input type="checkbox"/> DIVING PERMIT <input type="checkbox"/> WORK ON ENERGIZED EQUIPMENT <input type="checkbox"/> SAFETY VERIFICATION CHECKLIST <input type="checkbox"/> FIRE IMPAIRMENT <input type="checkbox"/> OTHER (Specify)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Potentially hazardous conditions identified and precautions addressed using the Job Hazards Identification and Elimination checklist
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work logistics and sequence identified such as: <input type="checkbox"/> TAGGING / CLEARANCE REQUIREMENTS identified and discussed in detail <input type="checkbox"/> INSULATION REMOVAL / RESTORATION <input type="checkbox"/> CRANES AND RIGGING EQUIPMENT <input checked="" type="checkbox"/> SCAFFOLDING / LADDERS <input type="checkbox"/> INTERFERENCE REMOVAL / RESTORATION <input type="checkbox"/> TROUBLE SHOOTING GUIDELINES <input type="checkbox"/> CONTINGENCY PLANS ESTABLISHED <input type="checkbox"/> SPECIAL INSTRUCTIONS (Shift Supervisor or Other Instructions in Work Order)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Possible effects of work on plant safety or personnel safety discussed including work on nearby safety related equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Room notified of expected alarms and equipment operations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All personnel have been briefed and are aware of the job scope and any precautions / limitations?
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss the critical phases of this activity: (What must go absolutely right the first time?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss how mistakes can be made: (Where are the key decision points? How will we be using the Error Free Tools?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Discuss the potential consequences of performance errors: (What are the potential outcomes of an error or mistake?)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	How will I implement "STAY" for the task? STOP - at what points do I need to pause prior to taking action? THINK - What do I expect the result of my actions to be? ACT - How will I perform the action? REVIEW - What will I do to verify the expected response?
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Related Plant and Industry Events have been discussed
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Post work critique recommended?

ATTENDEES

COMMENTS

SUPERVISOR / ACTIVITY LEADER John L. Bentley DATE 9-24-00

JOB HAZARDS IDENTIFICATION AND ELIMINATION

ABRASIONS / CUTS

- PPE
- Special Gloves
- Be in proper position
- Get proper tools
- Guards in place
- Faceshields / goggles
- Avoid "Line of fire"

CAVE-IN (Excavation)

- Proper sloping / shoring
- Spoil Distance > 2 feet
- Get additional help
- Lines drained & purged
- Evacuation plan
- Rescue plan
- Confined space permit use

CHEMICAL HANDLING

- Follow MSDS instructions
- Resistor use
- PPE
- Special Gloves
- Apron / Slicker Suit
- Faceshield / Goggles
- Containment needed?
- Lines drained & purged
- Tag out / isolate source
- Safety shower nearby

DROPPING MATERIALS

- Inspect tools / rigging equip
- Erect barricades
- Toe boards / netting
- Tie off tools / Use lanyards
- Install work platform
- Hardhat use below

FALLS OVER 6 FEET

- Ladder, 4 to 1 pitch, Sec off
- Manlift w/ harnesses
- Scaffold / Work platform
- Toe boards, netting
- Safety harness / tie off
- Erect barricades

ELECTRICAL SHOCK

- PPE
- Electrical gloves, flash suit
- Faceshield / Monogoggles
- Get proper tools
- Tag out
- Re-check line identification
- GFCI
- Distance from energized line
- Break overhead line
- Inspect power tools prior to use

INHALATION HAZARD

- Review MSDS
- Adequate room ventilation
- Supplemental ventilation
- Respirator use
- Air sampling / monitoring
- Potential for spill containment
- Lines drained and purged
- Close vents & drains when done
- Erect barricades

PRESSURIZED SYSTEM

- Pressure boundary verification
- Refer to ISG-20

AREA LIGHTING

- Supplemental lighting
- Relamp

FIRE

- Keep area picked up / clean
- Fire extinguishers
- Fire watch
- Cutting / Welding / Burning Permit
- Fire blankets / barriers
- Review potential for spill containment needed?
- Lines drained and purged
- Close vents & drains when done
- Get additional help
- Get proper tools
- Evaluation of fire loading

ELEVATED LOAD

- Inspect tools / rigging equip
- Erect barricades
- Tag line
- Rigging plan, Lift plan
- Signman
- Qualified Crane Operator
- PPE

LADDER SAFETY

- Inspect ladder
- Step ladder Fully Open
- Tied off / secured
- Proper footing
- Proper ladder size & type
- Get additional help
- 4 to 1 slope for extension ladders

HEAT STRESS

- PPE
- Get additional help (tag team)
- Drinking fluids
- Environmental monitoring
- Ice vest / cold packs
- Stay time established (ISG-27)
- Self Check / Check others
- Limit caffeine intake and alcohol
- 24 hrs. prior to work

EXPOSURE (COLD, RAIN, ETC)

- Drinking fluids
- Layered clothing
- Supplemental heat
- Temporary enclosure
- Line stay time
- Appropriate headwear

LOUD NOISES

- PPE
- Supplemental Hearing protection
- Post signs / Erect barricades
- Alternate communications

LEAD / ASBESTOS

- Sampling
- Wetting agent
- Containment device / structure

THERMAL BURN

- Long sleeve shirt
- Special Gloves
- Faceshield
- Heat-reflecting barriers
- Leathers

OVERHEAD WORK

- Inspect tools / rigging equip
- Safety harness / tie off
- Get additional help
- Be in proper position
- Toe boards / netting
- Scaffold / Work platform
- Manlift / ladder
- Barricade area / Post Warning Signs
- Debris net

PARTICLES IN EYE

- PPE
- Faceshield / Goggles
- Proper tool use
- Area shields or panels

PINCH POINTS

- Prominent identification
- Guards in place

STRAINS / SPRAINS / OVEREXERTION

- Get additional help
- Limbering / stretching exercises
- Proper positioning / posture
- Minimize repetitive stress

SPILLS

- Containment device needed
- Absorbent Material
- Follow MSDS instructions

TRIPS / SLIPS / FALLS

- Reduce clutter
- Designated "walk-ways"
- Temporary Hazards marked
- Reroute traffic flow

OVEREXERTION

- Get additional help
- Minimize repetitive motion
- Proper positioning / posture
- Proper tools

MOVING / ROTATING EQUIPMENT

- Proper fitting clothes
- Secure / remove loose articles
- Guards in place

OTHER

- _____
- _____

PERMITS / CONTROLS

- CONFINED SPACE PERMIT
- CUTTING / WELDING / BURNING
- RESPIRATORY PROTECTION
- DIVING PERMIT
- RADIATION WORK PERMIT
- TRANSIENT COMBUSTIBLE
- FOREIGN MATERIAL EXCLUSION
- WORK ON ENERGIZED EQUIPMENT
- HEAT STRESS EVALUATION

RECORD END SHEET
NO. 488

**END
OF
RECORD**