

APPENDIX B
Radiation Work Permits

AP-012-01 - Radiation Work Permit

RADIATION WORK PERMIT		
Job Supervisor: Gordon Tannahill	Date: 4/29/08	RWP #: 08-3030.01-1
Location of Work: Range R-14, Aberdeen Proving Grounds		
Description of Work: General demolition and survey activities.		

SUMMARY OF RADIOLOGICAL CONDITIONS			
LOCATION	CONTAMINATION LEVELS	RADIATION LEVELS	AIRBORNE CONCENTRATIONS
R-14 Range	< 10,000 dpm/100cm ²	< 5 milli-Rem @ 30-cm <i>hour</i>	< 2E-12 uCi/ml

REQUIRED RADIOLOGICAL CONTROLS		
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Glove Liners	<input type="checkbox"/> Lapel Air Sampler
<input type="checkbox"/> Hood	<input type="checkbox"/> Plastic Shoe Covers	<input type="checkbox"/> Lab Coat
<input type="checkbox"/> Surgeon's Cap	<input type="checkbox"/> Rubber Shoe Covers	<input checked="" type="checkbox"/> Pre-Job Meeting
<input checked="" type="checkbox"/> Surgeon's Gloves	<input type="checkbox"/> Tape Gloves to Sleeves	<input checked="" type="checkbox"/> Continuous HP Coverage
<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Plastic Suit	<input checked="" type="checkbox"/> TLD
<input checked="" type="checkbox"/> Trained Radiation Worker(s)	<input checked="" type="checkbox"/> Other - Work/welding gloves may be substituted for surgeon's gloves during demolition activities.	

Special Instructions: Workers without Radiation Worker Training require continuous HP coverage. Frisking of personnel and equipment required prior to exiting posted areas. Additional radiological controls may be required for torch cutting (see RWP 08-3030.01-2). Release criteria of 1,000 / 5,000 dpm/100 cm² for materials, equipment, and personnel.

YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE RADIOLOGICAL CONDITIONS AND CONTROLS.

NAME	SIGNATURE	NAME	SIGNATURE
Jon A Cote	<i>Jon A Cote</i>	Richard A. MARLOW	<i>Richard A. Marlow</i>
Vince Barber	<i>Vince Barber</i>	Henry Siegrist	<i>Henry Siegrist</i>
STEVE BURTON	<i>Steve Burton</i>	Paul Schwartz	<i>Paul Schwartz</i>

GORDON TANNAHILL	<i>JM Dico</i>	5/1/08
Approved by (print name)	Signature	Date
Re-approved by (print name)	Signature	Date
<i>Michele Driscoll</i>	<i>Michele Dico</i>	10/31/08
RWP Terminated by (print name)	Signature	Date

AP-012-01 - Radiation Work Permit

RADIATION WORK PERMIT												
Job Supervisor: Gordon Tannahill		Date: 4/29/08	RWP #: 08-3030.01-2									
Location of Work: Range R-14, Aberdeen Proving Grounds												
Description of Work: Torch cutting of potentially contaminated materials.												
SUMMARY OF RADIOLOGICAL CONDITIONS												
LOCATION	CONTAMINATION LEVELS	RADIATION LEVELS	AIRBORNE CONCENTRATIONS									
R-14 Range	< 10,000 dpm/100cm ²	< 5 milli-Rem @ 30-cm	< 2E-10 uCi/ml									
	Depleted Uranium											
REQUIRED RADIOLOGICAL CONTROLS												
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Glove Liners	<input checked="" type="checkbox"/> Lapel Air Sampler										
<input type="checkbox"/> Hood	<input type="checkbox"/> Plastic Shoe Covers	<input type="checkbox"/> Lab Coat										
<input type="checkbox"/> Surgeon's Cap	<input type="checkbox"/> Rubber Shoe Covers	<input checked="" type="checkbox"/> Pre-Job Meeting										
<input type="checkbox"/> Surgeon's Gloves	<input type="checkbox"/> Tape Gloves to Sleeves	<input type="checkbox"/> Continuous HP Coverage										
<input type="checkbox"/> Rubber Gloves	<input type="checkbox"/> Plastic Suit	<input checked="" type="checkbox"/> TLD										
<input checked="" type="checkbox"/> Trained Radiation Worker(s)	<input checked="" type="checkbox"/> Other - Uranium Bioassay, welding gloves and jacket.											
<p>Special Instructions: Only Cabrera radiological workers will perform torch cutting activities at the site. Workers will wear PAPR respirators during torch cutting activities if airborne concentrations are expected to exceed 2E-12 uCi/ml. Personnel performing torch cutting activities are required to have submitted pre- and post uranium bioassays prior to and at completion of demolition activities.</p>												
<p>YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE RADIOLOGICAL CONDITIONS AND CONTROLS.</p>												
NAME	SIGNATURE	NAME	SIGNATURE									
Jon A Cote	<i>Jon A Cote</i>	R MARKLAND	<i>R Markland</i>									
Vince Boring	<i>Vince Boring</i>	H. Siegrist	<i>H. Siegrist</i>									
Steve Burton	<i>Steve Burton</i>	Paul Schwartz	<i>Paul Schwartz</i>									
<table style="width:100%; border: none;"> <tr> <td style="width: 40%; border: none;"> <u>GORDON Tannahill</u> Approved by (print name) </td> <td style="width: 30%; border: none;"> <u><i>Gordon Tannahill</i></u> Signature </td> <td style="width: 30%; border: none;"> <u>5/1/08</u> Date </td> </tr> <tr> <td colspan="3" style="border: none; padding-top: 10px;"> Re-approved by (print name) _____ Signature _____ Date _____ </td> </tr> <tr> <td style="border: none;"> <u>Michele Driscoll</u> RWP Terminated by (print name) </td> <td style="border: none;"> <u><i>Michele Driscoll</i></u> Signature </td> <td style="border: none;"> <u>10/3/08</u> Date </td> </tr> </table>				<u>GORDON Tannahill</u> Approved by (print name)	<u><i>Gordon Tannahill</i></u> Signature	<u>5/1/08</u> Date	Re-approved by (print name) _____ Signature _____ Date _____			<u>Michele Driscoll</u> RWP Terminated by (print name)	<u><i>Michele Driscoll</i></u> Signature	<u>10/3/08</u> Date
<u>GORDON Tannahill</u> Approved by (print name)	<u><i>Gordon Tannahill</i></u> Signature	<u>5/1/08</u> Date										
Re-approved by (print name) _____ Signature _____ Date _____												
<u>Michele Driscoll</u> RWP Terminated by (print name)	<u><i>Michele Driscoll</i></u> Signature	<u>10/3/08</u> Date										

