

B-5 553%

RAY 10/31/86  
DWB 10/31/86  
12/18/86  
10/31/86



Rockwell International  
ROCKY FLATS PLANT

DISTRIBUTION

Orig.

REPORT # 771-10-06  
BLDG MO NO

RADIATION MONITORING REPORT

HEALTH PHYSICS

AREA SUPT. NAU

BLDG. SUPT. NAU

INCIDENT

BODY COUNTER

DATE 10/03/86

POSSIBLE INHALATION

DIRECTOR Weston

TIME OF OCCUR. 0 6 0 0 PROCEDURE VIOLATION

D.O.E. 1

**RADIATION MONITORING DESCRIPTION OF FINDINGS:**

ROOM 149 GLOVE BOX # 24 OTHER \_\_\_\_\_ GLOVE # 14

IMMED. SUPER Judy Hames

INSTRUMENT WORKING? yes SAAM # 12 SAAM C/M \_\_\_\_\_

IND. SAFETY 1

FILE 1

OTHER J Leigh

**PERSONNEL INVOLVED**

NAME	NO.
[REDACTED]	[REDACTED]
NAME	NO.
NAME	NO.
NAME	NO.

**SKIN CONTAMINATION LEVELS**

1,000 c/m on Face

**RESP. WORN?**

no

**BODY COUNT?**

yes

**BODY COUNT RESULTS**

Hole in Glovebox glove operator was working in 10 c/m

AK Magwood

512231

Jon J. Jones

508173

MONITOR'S SIGNATURE

EMPLOYEE #

RADIATION MONITORING SUPERVISOR

EMPLOYEE #

INVESTIGATION REQUIRED YES  NO \_\_\_\_\_ BY: Judy HAMES

THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HOURS TO RADIATION MONITORING SUPERVISION

**RESPONSIBLE SUPERVISOR'S FINDINGS**

Operator using OR working in Gloves at line 24, was operating under Normal Conditions. Three other employees had been assisting at the line with a minor maintenance problem. No contamination was found at this time, approx one half hour before this incident. [REDACTED] was using all precautions associated with self monitoring except for adjusting her safety glasses at one time. Self monitoring lead to the discovery of the hole in the Drybox glove. The other gloves mentioned were tracked with less than 500 to 250 cpm. Glove failure due to the activity and acid residue atmosphere in line 24 was the major cause of this incident.

CORRECTIVE ACTION: Self monitoring procedure including sleeve and upper arm monitoring was reviewed with operator.

RESPONSIBLE SUPERVISOR SIGNATURE Judy Hames

EMPLOYEE # 511214 DATE 10-28-86

Total Man Hours 1 HR

Cost of Materials \_\_\_\_\_

**RADIATION MONITORING:**

- Print neatly with black pen.
- Identify type of occurrence.
- Report # and distributions filled in by Radiation Monitoring Foreman.
- List personnel involved with the incident. (Name and employee number)
- Radiation Monitoring Foreman to call Body Counter for Body Count results, list as background or positive. (Do Not record actual counts)
- Check or fill in questions asked where applicable.
- (Facts Only) Describe levels, amounts, conditions briefly. (No Judgement Statements)
- Radiation Monitoring Foreman to send copies to Health Physics, Operational Safety Area Manager and Body Counter (if body count is required), when incident occurs.
- Use complete sentences.
- Correct spelling is a must.
- If a correction is necessary start a new report. Do Not cross thru and try to rewrite.
- In signature areas on this form, print your name, then sign.

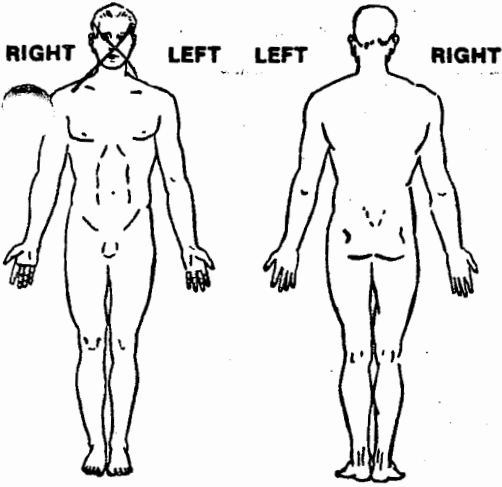
**SUPERVISOR'S FINDINGS: within 24 hours.**

- Print neatly with black pen or type.
- Describe what happened and why.
- Describe corrective action taken.
- List total number of man hours lost.
- List cost of materials.
- Use complete sentences.
- In signature areas on this form, print your name, then sign.

0.007  
12/10/86  
12/13/88

Rockwell International  
ROCKY FLATS PLANT

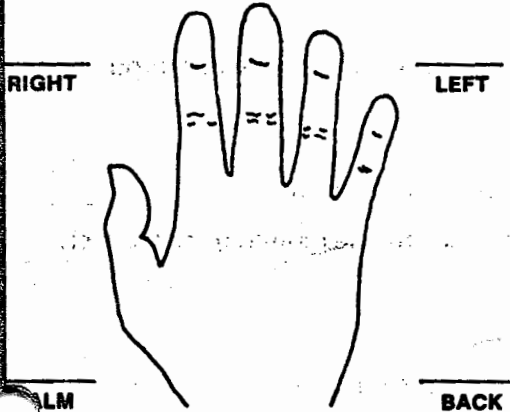
RADIATION MONITORING ACCIDENT REPORT



NAME \_\_\_\_\_  
EMPLOYEE \_\_\_\_\_  
BUILDING 771  
DATE 10/03/86  
TIME OF OCCURENCE 0600  
SENT TO MEDICAL AT 0630 HRS

DISTRIBUTION 771-10-06

HP \_\_\_\_\_ Orig. BRADON  
BLDG. SUPT. NAU  
DIRECTOR W.F. WESTON  
IMM. SUPER J. HAMES  
IND. SAFETY KISSEL  
MEDICAL WRIGHT  
BODY COUNTER L. COLDRON  
771 J. LIEGH



FOR: \_\_\_\_\_ WOUND COUNT  DECONTAMINATION \_\_\_\_\_ WOUND TREATMENT \_\_\_\_\_

DESCRIPTION OF WOUND:

PUNCTURE \_\_\_\_\_ LACERATION \_\_\_\_\_ BURN \_\_\_\_\_ ABRASION \_\_\_\_\_

CONTAMINATION LEVELS: 1,000CPM ON  
FACE

INSTRUCTIONS  
ON BACK

WOUND COUNT RESULTS \_\_\_\_\_

RADIATION MONITORING FINDINGS:

LOCATION: Room No. 149 Glove Box No. 24 Other GLOVE 14

DESCRIPTION OF FINDINGS: Condition and Cause

DECONTAMINATED IN BLDG. 771 SEE INCIDENT REPORT

A.K. MAGGARD \_\_\_\_\_ 15122311 Jan J. Vaege 1508173  
MONITOR NAME (print) Signature Employee # RADIATION MONITOR SUPERVISOR Employee #

INVESTIGATION REQUIRED YES \_\_\_\_\_ NO \_\_\_\_\_ BY: \_\_\_\_\_

THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HRS. TO RADIATION MONITORING SUPERVISION

RESPONSIBLE SUPERVISOR'S FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORRECTIVE ACTION: \_\_\_\_\_

RESPONSIBLE SUPERVISOR \_\_\_\_\_ / \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_ DATE \_\_\_\_\_  
RF 46988 (12/84) Print Name Signature