

# JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

Case Number

00-040

This Form May Be Used By All RFETS Employees  
(NOTE: All lines MUST be completed)

Employee Name [Redacted] Employee Number [Redacted]  
Print Last Name, First Name, and Middle Initial  
 Employee Company (Matrix) KH Department Rad Ops  
 Job Title RCT Bldg. 371 Phone [Redacted] Shift 7 Day-Days  
 Supervisor J. Vogel Supv Ext 5861  
Print Last Name, First Name, and Middle Initial

I have previously discussed Concern with Supervision:  Yes  No

Location of Concern 371 Safety Concern At the present time, there are eleven (11) self-monitoring step-off-pads in 371/374 ( 371 had 8 and 374 has 3). The instruments on the SOP's are performed tested once per Day, The midnight shift does the test. On the average, 4 of the 11 instruments tested will fail the performance test and removed from service. You have no idea when the instrument was not working properly. The most common areas of failure are located by rooms 3206; 3602; 3701 and 3321. There has been an increase contamination releases in these areas.

RECOMMENDATION: Assign RCT's to the SOP's of greatest concern. More frequent checks of instruments  
(Additional Space On Back)

Employee Signature [Redacted] Date 6/8/00

Steward DIGIACOMO, RON Signature [Signature] Date 060800  
Print Last Name, First Name, and Middle Initial If Applicable

Supervisor Response Within 5 Working Days (attach all pertinent documentation) Rad workers are trained on the proper use of the self monitoring instruments, instructions on proper use are also located at each SOP. Day shift SOP RCT will be checked to do a  
(Additional Space On Back)

I have discussed above response with concerned employee [Signature] Date 6/20/00  
Supervisor Signature

Manager WIRKUS David L Ext 6402 Signature [Signature] Date 6/22/00  
Print Last Name, First Name, and Middle Initial

Satisfied with response  Not satisfied with response  Give brief reason if not satisfied: Bicorn's still high failure rate. Personnel are unaware of when the instrument is operating correctly. Failures still showing up on mid shifts

Employee Signature [Redacted] Date 7/12/00

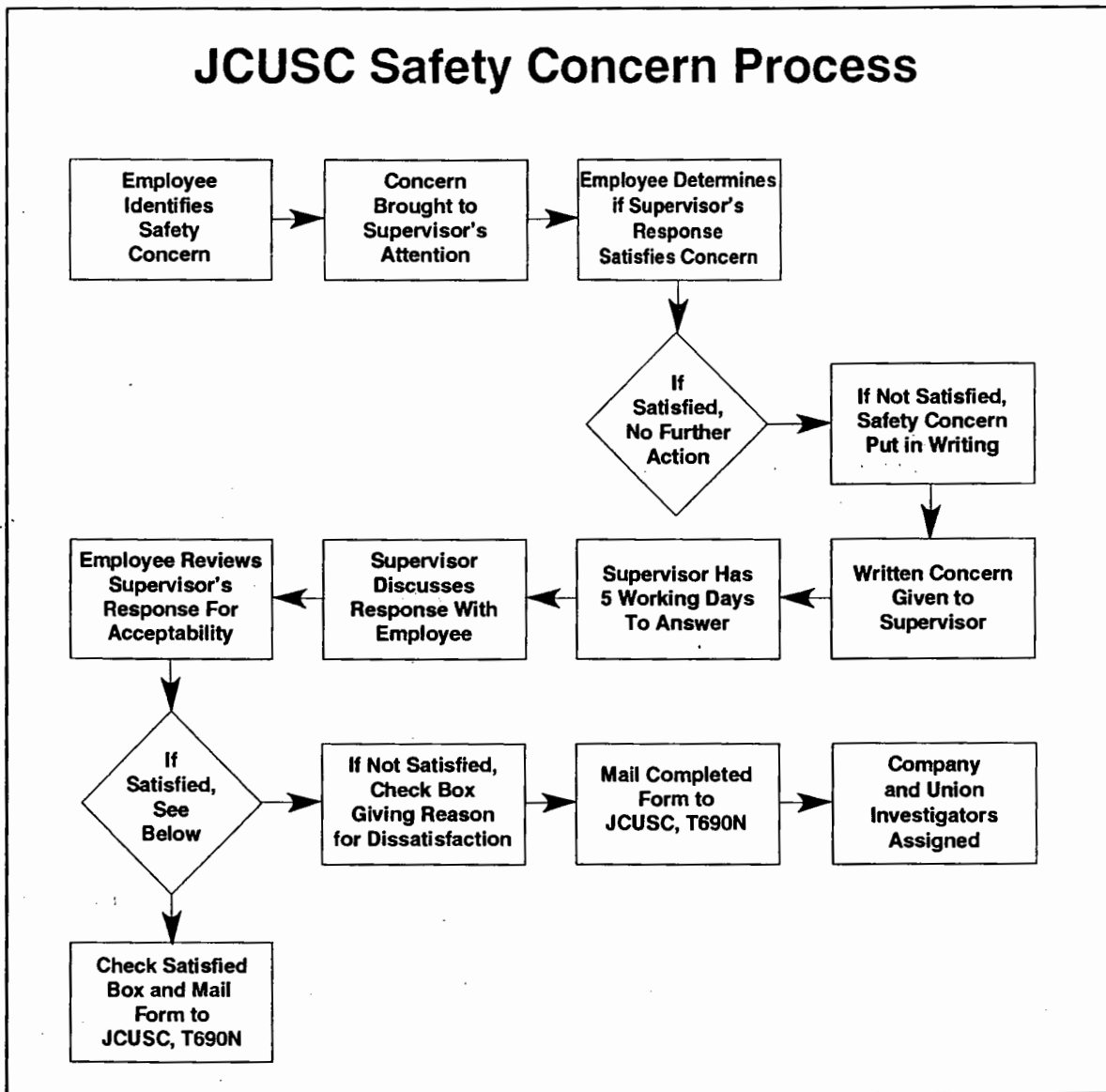
Assigned to:

Union MASINGALE Date 7-13-00

Company \_\_\_\_\_ Date \_\_\_\_\_

Recommendation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor Response second check during their shift of those  
common areas of failure.  
\_\_\_\_\_  
\_\_\_\_\_



**DISTRIBUTION:**

Original: JCUSC    Copies: Employee    Subcontractor POC \_\_\_\_\_  
                                 Manager                      Steward  
                                 Supervisor