

2000 Safety Concerns

Concern #	Employee	Bldg.	Subj.	Assigned to	Date	Satisfied
00-022		131	SHUTDOWN OF FORKLIFT	DOOLEY	5-11-00	
00-023		371	SPEAKERS FAILED TESTING	MASTELLONE	5-15-00	
00-24		771	DUST MASKS BEING USED	MASINGALE	5-17-00	YES
00-025		776	MANAGEMENT INTERFERING WITH ^{DECISION} MEDICAL	DOOLEY	5-24-00	YES
00-026		371	GLOVE BOX GLOVES CHANGE	MASINGALE	5-25-00	ELEVATED
00-027		334	INSPECTED BY A QUALIFIED ELECTRICIAN	MASTELLONE	6-5-00	
00-028		559	REDUCTION IN SOE STAFF AS EXHAUST FILTERS	DOOLEY	6-13-00	
00-029		371	INTAKE FILTERS WERE NOT CHANGED AT VAME 5	MASTELLONE	6-19-00	
00-030		995	UNCERTIFIED APPARATUS	MASINGALE	6-20-00	YES
00-031		371	BROUGHT SIGAL DUMPS INTO COLD AREA	DOOLEY	6-20-00	
00-032		371	INADEQUATE ISLE SPACE FOR DRUMS	MASTELLONE	6-27-00	
00-033			OVEREXPOSURE OF RADIATION	MASINGALE	6-27-00	YES
00-034		707	LARGE QUANTITY OF ASH MATERIAL ON CARTS	MASINGALE	6-27-00	
00-035		559	Rad Operations not notified of Fan manipulation	DOOLEY	6-28-00	
00-036		371	SILICA SPRAY HAS MADE BAGS TOO SLICK	MASTELLONE	6-30-00	yes
00-037		707	55 GALLON DRUMS IN NARROW HALLWAYS	MASINGALE	6-30-00	yes
00-038		771	SOURCE VENTILATION TO ROOM NOT BLDG.	DOOLEY	6-30-00	yes
00-039		439	TWOWAY RADIOS NOT BEING RETURNED	MASTELLONE	7-12-00	yes



JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

Case Number

00-025

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) K-H Department _____

Job Title HRT Bldg. 776-777 Phone [Redacted] Shift 1st

Supervisor Mark Davidson Davidson Mark Supv Ext 7836
Print Last Name, First Name, and Middle Initial

I have previously discussed Concern with Supervision: Yes No

Location of Concern 122 Bldg Safety Concern Mark Davidson The Foreman For E. Horace did interfere with the restrictions prescribed by medical personnel at the Rocky Flats Plant Medical Dept. This includes causing medical staff and the patient E. Horace.

Recommendation Management personnel will not be allowed to interfere with restrictions, Medical Diagnosis/ ect.

Employee Signature [Redacted] Date 5-19-00

Steward Rehman Edward Signature [Signature] Date 5-19-00
Print Last Name, First Name, and Middle Initial If Applicable

Supervisor Response Within 5 Working Days (attach all pertinent documentation) In accordance with a previous case, #99-001, management in 776 concurs that it is not the place of supervision to interfere or dictate to Occupational Health regarding restrictions, a supervisor may contact (over)
(Additional Space On Back)

I have discussed above response with concerned employee _____ Supervisor Signature [Signature] Date 5/23/00

Manager Ferrari, Michael R Ext 5831 Signature [Signature] Date 5/23/00
Print Last Name, First Name, and Middle Initial

Satisfied with response Not satisfied with response Give brief reason if not satisfied: _____

Employee Signature [Redacted] Date _____

Assigned to:

Union DOOLEY Date 5-24-00

Company _____ Date _____