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2-8.2- DMB 12/4/86



Rockwell International
ROCKY FLATS PLANT

DISTRIBUTION Orig.

REPORT # 771-11-60 RADIATION MONITORING REPORT
BLDG MO NO
DATE 11/25/86 INCIDENT
TIME OF OCCUR. 1 0 0 0 POSSIBLE INHALATION
PROCEDURE VIOLATION

HEALTH PHYSICS _____
AREA SUPT. _____
BLDG. SUPT. N/A
BODY COUNTER _____
DIRECTOR Weston Reed
D.O.E. _____
IMMED. SUPER N/A

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM 148/149 GLOVE BOX # _____ OTHER ^{S.E.} HALL GLOVE # _____
INSTRUMENT WORKING? YES SAAM # N/A SAAM C/M N/A

IND. SAFETY 1
FILE 1
OTHER Campbell

PERSONNEL INVOLVED

NAME	NO.
<u>MOUSE</u>	<u>UNKNOWN</u>
NAME	NO. _____
NAME	NO. _____
NAME	NO. _____

SKIN CONTAMINATION LEVELS	RESP. WORN?	BODY COUNT?	BODY COUNT RESULTS
<u>UNKNOWN</u>	<u>NO</u>	<u>NO</u>	<u>N/A</u>

MOUSE VIOLATED BLDG. RULES. ENTERED 19420 BA, HOUSE. AGAIN VIOLATED BLDG. RULES. FAILED TO BE MONITORED AND CAME OUT OF BA HOUSE. CONTAMINATED PARTS OF ROOM 148-149. CONTAMINATED ALL OF SOUTH HALL CORRIDOR FROM DOUBLE DOORS BY RM 182 EAST TO END OF HALL. CONTAMINATION LEVELS 2,000 c/m TO 15,000 c/m

MONITOR'S SIGNATURE

EMPLOYEE #

RADIATION MONITORING SUPERVISOR

EMPLOYEE #

INVESTIGATION REQUIRED YES NO _____ BY: _____

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

RESPONSIBLE SUPERVISOR'S FINDINGS

FLOOR CONTAMINATION PATTERNS INDICATED THAT A MOUSE WAS THE METHOD OF CONTAMINATION SPREAD. POISON WAS SPREAD, BUT MOUSE CRAWLED INTO A PIECE OF TYGON TUBING TO HIDE BUT WAS FOUND. MOUSE WAS GIVEN 100 POINTS, AND TERMINATED FOR VIOLATIONS OF HSE AND SECURITY REGULATIONS. REMAINS WERE PLACED IN IDC 336, MOST COMBUSTIBLES. FLOOR WAS DECONTAMINATED BY MAINTENANCE PERSONNEL.

CORRECTIVE ACTION:

Not an incident 11/25/86

RESPONSIBLE SUPERVISOR SIGNATURE

EMPLOYEE # 505221

DATE 11/26/86

Total Man Hours 26

Cost of Materials 25

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.