

JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

THIS FORM IS TO BE USED BY ALL EMPLOYEES ON PLANT SITE

Mail to: JCUSC, T-690G

(Please mail Blue Copy to JCUSC when the Concern is initiated)

Case No. 93-095

EMPLOYEE NAME [Redacted] EMPLOYEE NUMBER [Redacted]
DEPARTMENT Rad Ops BLDG. 788 PHONE [Redacted] SHIFT Day
SUPERVISOR (Print) W. Bailey/Dick Norton SUPV. EXT. 8019
MANAGER REPORTING TO DIRECTOR (Print): _____ MANAGER EXT. _____

I have previously discussed this Concern with Supervision: Yes No.

Concern (briefly) Applied Environmental personnel have violated various radiological procedures and practices in and around Bldg. 788 and the 207 series ponds. These violations include personal clothing under Anti-C's, leaving unattended contaminated tools and other procedural violations.

Recommendation (Optional) In order to assure safe operation and procedural compliance, EG+G RPT's should be assigned to support all Applied Environmental Operat. EG+G Rad. Ops and Rad. Engineering must force compliance with the Radiological Ops Procedures.

Employee Signature [Redacted] Date _____ Steward Signature (If Applicable) Michael V. Blum Date 3-17-93

Supervision Response (within 5 working days) RAD. ENGINEERING WILL BE CONTACTED TO LOOK INTO THIS CONCERN. THE R.D.R.'S WILL BE ANSWERED PER PROCEDURE.

Supervision Signature W. Bailey Date 3-25-93
Manager Reporting to Director [Signature] Date 3-25-93

NOTE: TIMELINESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.

_____ I am satisfied with the results. I am not satisfied.

Brief reason if not satisfied: To this point Rad. Engineering has been uncooperative, uninvolved and disconcerted with similar legitimate concerns involving A.E. Therefore we feel the JCUSC should be involved.

Employee Signature [Redacted] Date 3-25-93

JCUSC received Safety Concern on: 3-26-93

To be completed by the JCUSC Co-Chairperson(s)

Assigned to: Union: Scarpella Date 3-26-93

Company: Ray Date 3-26-93

- Distribution: Safety Committee (White) (Completed Form)
Union Steward (Yellow)
Employee (Green)
Safety Committee (Blue) (When Concern Initiated)

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number:
RWP Number:
Occurrence Reporting Number:

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DATE: 3-8-93 LOCATION: (indicate all applicable locations)
 TIME: 1200 Building 788 Room _____ Building _____ Room _____
 Building _____ Room _____ Building _____ Room _____
 Pad "C" Pad "A" Pad _____ Other _____

INDIVIDUALS INVOLVED: Unknown

Name	Employee No.	Org/Company	Job/Classification	Supervisor
<u>Applied Environmental</u>		<u>(Subcontractors)</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)

<input type="checkbox"/> General Area Contamination	<input type="checkbox"/> Wound (confirmed positive)
<input type="checkbox"/> Personnel Contamination (Skin)	<input type="checkbox"/> Failure to Obtain/Adhere to Pre-evolution
<input type="checkbox"/> Company Clothing Contamination	<input type="checkbox"/> Poor Housekeeping in Controlled Area
<input checked="" type="checkbox"/> Personal Clothing Contamination	<input type="checkbox"/> Misuse of Respiratory System
<input checked="" type="checkbox"/> Contamination in Uncontrolled Area	<input type="checkbox"/> Radiological Posting Violation
<input type="checkbox"/> Spill Contributing to Area Contamination	<input type="checkbox"/> Dosimeter Lost/Not Worn
<input type="checkbox"/> Loss of Radioactive Sources	<input type="checkbox"/> Improper Use of Radiological Containment
<input type="checkbox"/> Improperly Marked Radioactive Material	<input type="checkbox"/> Improper Disposal of Rad Waste
<input type="checkbox"/> Improper or Lacking Radiological Posting	<input type="checkbox"/> Improper Wearing of Anti-C Clothing
<input checked="" type="checkbox"/> ALARA Concerns	<input type="checkbox"/> Improper Frisking of Personnel/Items
<input type="checkbox"/> Exceeding Exposure Limits	<input type="checkbox"/> Potential/Confirmed Inhalation Ingestion
<input type="checkbox"/> Exceeding Exposure Administrative Limit	<input type="checkbox"/> Loss of Containment/Control
<input checked="" type="checkbox"/> Procedure Violation/Inadequacy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rad Work Permit Violation/Inadequacy	
<input type="checkbox"/> Positive SAAM Alarm w/o Respiratory Protection	

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPs, SURVEYS, AIR SAMPLES RESULTS, ETC.
 ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
 (use additional pages as necessary)

Applied Environmental personnel working on the hillside of "C" pond & down in "A" pad with civilian clothes under their Anti-C coveralls in an R2A area.

IMMEDIATE CORRECTIVE ACTION:

DOE 5000.3A, CATEGORIZATION: Emergency
 Unusual Occurrence Off Normal
 Internally Reportable
 OPS Manager: (if applicable)

REVIEWED: RAD OPS FOREMAN

ORIGINATOR: 50705 DATE: 3-8-93
 EMPLOYEE #: Liptman TIME: ALL DAY

DATE: _____ EMPLOYEE # _____
 TIME: _____

EMPLOYEE # _____ DATE: _____
 TIME: _____

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MANAGER RESPONSIBLE FOR CORRECTIVE ACTION: _____ TARGET DATE: _____
 RADIOLOGICAL BUILDING ENGINEER NAME: _____ DATE: _____
 TIME: _____

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ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
 (use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEOUT. DATE: _____
 RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

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STATUS: Satisfactory Unsatisfactory Redirected NAME: _____
 CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____
 APPARENT CAUSE CATEGORY: Procedures Communications Equipment Training Personnel
 Management Systems Planning Other _____

THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED, REQUIRES NO FURTHER ACTION, AND IS CLOSED. RBE MANAGER: _____ DATE: _____

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number:
RWP Number:
Occurrence Reporting Number:

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DATE: 3-8-95 LOCATION: (indicate all applicable locations)
 Building 788 Room _____ Building _____ Room _____
 TIME: ALL DAY Building _____ Room _____ Building _____ Room _____
 Pad A Pad _____ Pad _____ Pad _____ Other _____

INDIVIDUALS INVOLVED: [] Unknown

Name	Employee No.	Org/Company	Job/Classification	Supervisor
<u>Applied Environmental</u>	<u>(Sub Contractors)</u>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)
- General Area Contamination
 - Personnel Contamination (Skin)
 - Company Clothing Contamination
 - Personal Clothing Contamination
 - Contamination in Uncontrolled Area
 - Spill Contributing to Area Contamination
 - Loss of Radioactive Sources
 - Improperly Marked Radioactive Material
 - Improper or Lacking Radiological Posting
 - ALARA Concerns
 - Exceeding Exposure Limits
 - Exceeding Exposure Administrative Limit
 - Procedure Violation/Inadequacy
 - Rad Work Permit Violation/Inadequacy
 - Positive SAAM Alarm w/o Respiratory Protection
 - Wound (confirmed positive)
 - Failure to Obtain/Adhere to Pre-evolution
 - Poor Housekeeping in Controlled Area
 - Misuse of Respiratory System
 - Radiological Posting Violation
 - Dosimeter Lost/Not Worn
 - Improper Use of Radiological Containment
 - Improper Disposal of Rad Waste
 - Improper Wearing of Anti-C Clothing
 - Improper Frisking of Personnel/Items
 - Potential/Confirmed Inhalation Ingestion
 - Loss of Containment/Control
 - Other _____

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPS, SURVEYS, AIR SAMPLES RESULTS, ETC.
 ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
 (use additional pages as necessary)

Applied Environmental personnel leaving a controlled area without proper monitoring of clothing or booties and walking around the RCA area with possible contaminated booties.

IMMEDIATE CORRECTIVE ACTION: DOE 5000.3A, CATEGORIZATION: [] Emergency [] Unusual Occurrence [] Off Normal [] Internally Reportable
 OPS Manager: (if applicable)

REVIEWED: RAD OPS FOREMAN
 DATE: 3-8-95 EMPLOYEE # _____
 TIME: ALL DAY

ORIGINATOR: _____ DATE: _____
 EMPLOYEE # _____
 RADILOGICAL BUILDING ENGINEER
 NAME: _____ DATE: _____
 TIME: _____

ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
 (use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEDOUT. DATE: _____
 RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

STATUS: [] Satisfactory [] Unsatisfactory [] Redirected NAME: _____
 CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____
 APPARENT CAUSE CATEGORY: [] Procedures [] Communications [] Equipment [] Training [] Personnel
 [] Management Systems [] Planning [] Other _____

THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED, REQUIRES NO FURTHER ACTION, AND IS CLOSED. RSE MANAGER: _____ DATE: _____

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number: _____
RWP Number: *Applied Enviro. maintains their*
Occurrence Reporting Number: _____

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DATE: *3/7/93* LOCATION: (indicate all applicable locations)
Building 788 Room _____ Building _____ Room _____
TIME: *0815* Building _____ Room _____ Building _____ Room _____
Pad A Pad _____ Pad _____ Other _____

INDIVIDUALS INVOLVED: [] Unknown

Name	Employee No.	Org/Company	Job/Classification	Supervisor
<i>Applied Environmental</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)
- | | |
|--|--|
| <input checked="" type="checkbox"/> General Area Contamination | <input type="checkbox"/> Wound (confirmed positive) |
| <input type="checkbox"/> Personnel Contamination (Skin) | <input type="checkbox"/> Failure to Obtain/Achere to Pre-evolution |
| <input type="checkbox"/> Company Clothing Contamination | <input checked="" type="checkbox"/> Poor Housekeeping in Controlled Area |
| <input type="checkbox"/> Personal Clothing Contamination | <input type="checkbox"/> Misuse of Respiratory System |
| <input type="checkbox"/> Contamination in Uncontrolled Area | <input type="checkbox"/> Radiological Posting Violation |
| <input checked="" type="checkbox"/> Spill Contributing to Area Contamination | <input type="checkbox"/> Dosimeter Lost/Not Worn |
| <input type="checkbox"/> Loss of Radioactive Sources | <input type="checkbox"/> Improper Use of Radiological Containment |
| <input type="checkbox"/> Improperly Marked Radioactive Material | <input checked="" type="checkbox"/> Improper Disposal of Rad Waste |
| <input type="checkbox"/> Improper or Lacking Radiological Posting | <input type="checkbox"/> Improper Wearing of Anti-C Clothing |
| <input type="checkbox"/> ALARA Concerns | <input type="checkbox"/> Improper Frisking of Personnel/Items |
| <input type="checkbox"/> Exceeding Exposure Limits | <input type="checkbox"/> Potential/Confirmed Inhalation Ingestion |
| <input type="checkbox"/> Exceeding Exposure Administrative Limit | <input type="checkbox"/> Loss of Containment/Control |
| <input checked="" type="checkbox"/> Procedure Violation/Inadequacy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rad Work Permit Violation/Inadequacy | |
| <input type="checkbox"/> Positive SAAM Alarm w/o Respiratory Protection | |

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPs, SURVEYS, AIR SAMPLES RESULTS, ETC.
ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
(use additional pages as necessary)

Possible contaminated trash left on top of "A" pad, unmarked as to what levels of contamination, where trash is from, who is responsible for disposal into drum etc.

IMMEDIATE CORRECTIVE ACTION:

DOE 5000.3A, CATEGORIZATION: Emergency
 Unusual Occurrence Off Normal
 Internally Reportable
OPS Manager: (if applicable) _____

REVIEWED: RAD OPS FOREMAN _____
EMPLOYEE # _____

ORIGINATOR: _____ DATE: *3/7*
EMPLOYEE # _____ TIME: *0815*
DATE: _____
TIME: _____

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MANAGER RESPONSIBLE FOR CORRECTIVE ACTION: _____ TARGET DATE: _____
RADIOLOGICAL BUILDING ENGINEER
NAME: _____ DATE: _____
TIME: _____

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ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
(use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEOUT. DATE: _____
RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

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STATUS: Satisfactory Unsatisfactory Redirected NAME: _____
CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____
APPARENT CAUSE CATEGORY: Procedures Communications Equipment Training Personnel
 Management Systems Planning Other _____


THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED, REQUIRES NO FURTHER ACTION, AND IS CLOSED.
RBE MANAGER: _____ DATE: _____



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

March 29, 1993

TO: [REDACTED]
Rad Ops
Building 788
Ext. [REDACTED]

FROM:  E. I. Tietenberg / T. J. Tegeler
Joint Company/Union Safety Committee
Building 452TB / Building 690TG
Ext. 7620 / Ext. 4260

SUBJECT: ASSIGNMENT OF SAFETY CONCERN: 93-095
SUB-CONTRACTOR VIOLATING PROCEDURES

The Joint Company/Union Safety Committee (JCUSC) has received your safety concern and assigned the following investigators. They will contact you to discuss this concern.

Company Representative: J. A. Ray Phone: 5130

Union Representative: A. C. Scarpella Phone: 2098

CC:
W. W. Bailey
W. D. Ewan
N. E. Jennett
M. L. Littleton
J. A. Ray
J. D. Roberts
A. C. Scarpella

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number:
RWP Number:
Occurrence Reporting Number:

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DATE: 8-8-93 LOCATION: (indicate all applicable locations)
 TIME: 1200 Building 788 Room _____ Building _____ Room _____
 Building _____ Room _____ Building _____ Room _____
 Pad "C" Pad "A" Pad _____ Other _____

INDIVIDUALS INVOLVED:

Name	Employee No.	Org/Company	Job/Classification	Supervisor
Applied Environmental		(Subcontractor)		

Unknown

- DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)
- | | |
|---|--|
| <input type="checkbox"/> General Area Contamination | <input type="checkbox"/> Wound (confirmed positive) |
| <input type="checkbox"/> Personnel Contamination (Skin) | <input type="checkbox"/> Failure to Obtain/Adhere to Pre-evolution |
| <input type="checkbox"/> Company Clothing Contamination | <input type="checkbox"/> Poor Housekeeping in Controlled Area |
| <input checked="" type="checkbox"/> Personal Clothing Contamination | <input type="checkbox"/> Misuse of Respiratory System |
| <input checked="" type="checkbox"/> Contamination in Uncontrolled Area | <input type="checkbox"/> Radiological Posting Violation |
| <input type="checkbox"/> Spill Contributing to Area Contamination | <input type="checkbox"/> Dosimeter Lost/Not Worn |
| <input type="checkbox"/> Loss of Radioactive Sources | <input type="checkbox"/> Improper Use of Radiological Containment |
| <input type="checkbox"/> Improperly Marked Radioactive Material | <input type="checkbox"/> Improper Disposal of Rad Waste |
| <input type="checkbox"/> Improper or Lacking Radiological Posting | <input type="checkbox"/> Improper Wearing of Anti-C Clothing |
| <input checked="" type="checkbox"/> ALARA Concerns | <input type="checkbox"/> Improper Frisking of Personnel/Items |
| <input type="checkbox"/> Exceeding Exposure Limits | <input type="checkbox"/> Potential/Confirmed Inhalation Ingestion |
| <input type="checkbox"/> Exceeding Exposure Administrative Limit | <input type="checkbox"/> Loss of Containment/Control |
| <input checked="" type="checkbox"/> Procedure Violation/Inadequacy | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Rad Work Permit Violation/Inadequacy | |
| <input type="checkbox"/> Positive SAAM Alarm w/o Respiratory Protection | |

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPs, SURVEYS, AIR SAMPLES RESULTS, ETC.
 ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
 (use additional pages as necessary)

Applied Environmental personnel working on the hillside of "C" pond & down in "A" pad with civilian clothes under their Anti-C coveralls in an RCA area.

IMMEDIATE CORRECTIVE ACTION:

DOE 5000.3A, CATEGORIZATION: Emergency
 Unusual Occurrence Off Normal
 Internally Reportable
 OPS Manager: (if applicable)

REVIEWED: RAD OPS FOREMAN
 DATE: 8-8-93
 TIME: ALL DAY
 EMPLOYEE # _____

ORIGINATOR: _____ DATE: _____
 EMPLOYEE # _____ TIME: _____
 EMPLOYEE # _____ DATE: _____
 TIME: _____

MANAGER RESPONSIBLE FOR CORRECTIVE ACTION: _____ TARGET DATE: _____
 RADIOLOGICAL BUILDING ENGINEER
 NAME: _____ DATE: _____
 TIME: _____

ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
 (use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEOUT. DATE: _____
 RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

STATUS: Satisfactory Unsatisfactory Redirected NAME: _____
 CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____
 APPARENT CAUSE CATEGORY: Procedures Communications Equipment Training Personnel
 Management Systems Planning Other _____

THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED, REQUIRES NO FURTHER ACTION, AND IS CLOSED. RBE MANAGER: _____ DATE: _____

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number:
RWP Number:
Occurrence Reporting Number:

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DATE: 3-8-93 LOCATION: (indicate all applicable locations)
 Building 788 Room _____ Building _____ Room _____
 Building _____ Room _____ Building _____ Room _____
 TIME: ALL DAY Pad A Pad _____ Pad _____ Other _____

INDIVIDUALS INVOLVED:

Name	Employee No.	Org/Company	Job/Classification	Supervisor
<u>Applied Environmental</u>		<u>(Sub Contractors)</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

- DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)
- General Area Contamination
 - Personnel Contamination (Skin)
 - Company Clothing Contamination
 - Personal Clothing Contamination
 - Contamination in Uncontrolled Area
 - Spill Contributing to Area Contamination
 - Loss of Radioactive Sources
 - Improperly Marked Radioactive Material
 - Improper or Lacking Radiological Posting
 - ALARA Concerns
 - Exceeding Exposure Limits
 - Exceeding Exposure Administrative Limit
 - Procedure Violation/Inadequacy
 - Rad Work Permit Violation/Inadequacy
 - Positive SAAM Alarm w/o Respiratory Protection
 - Wound (confirmed positive)
 - Failure to Obtain/Adhere to Pre-evolution
 - Poor Housekeeping in Controlled Area
 - Misuse of Respiratory System
 - Radiological Posting Violation
 - Dosimeter Lost/Not Worn
 - Improper Use of Radiological Containment
 - Improper Disposal of Rad Waste
 - Improper Wearing of Anti-C Clothing
 - Improper Frisking of Personnel/Items
 - Potential/Confirmed Inhalation Ingestion
 - Loss of Containment/Control
 - Other _____

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPs, SURVEYS, AIR SAMPLES RESULTS, ETC.
 ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
 (use additional pages as necessary)

Applied Environmental personnel leaving a controlled area without proper monitoring of clothing or booties and walking around the RCA area with possible contaminated booties.

IMMEDIATE CORRECTIVE ACTION:

DOE 5000.3A, CATEGORIZATION: Emergency
 Unusual Occurrence Off Normal
 Internally Reportable
 OPS Manager: (if applicable)

ORIGINATOR: _____ DATE: 3-8-93
 EMPLOYEE #: _____ TIME: ALL DAY

REVIEWED: RAD OPS FOREMAN
 DATE: _____ EMPLOYEE #: _____
 TIME: _____

EMPLOYEE # _____ DATE: _____
 TIME: _____

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MANAGER RESPONSIBLE FOR CORRECTIVE ACTION: _____ TARGET DATE: _____
 RADIOLOGICAL BUILDING ENGINEER
 NAME: _____ DATE: _____
 TIME: _____

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ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
 (use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEOUT. DATE: _____
 RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

STATUS: Satisfactory Unsatisfactory Redirected NAME: _____

CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____

APPARENT CAUSE CATEGORY: Procedures Communications Equipment Training Personnel
 Management Systems Planning Other _____

THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED,
 REQUIRES NO FURTHER ACTION, AND IS CLOSED.

RSE MANAGER: _____

DATE: _____

ROCKY FLATS
RADIOLOGICAL DEFICIENCY REPORT

RDR Number: _____
RWP Number: *Applied Enviro. maintains their own person. RWF*
Occurrence Reporting Number: _____

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DATE: *3/7/93* LOCATION: (indicate all applicable locations)
Building *783* Room _____ Building _____ Room _____
TIME: *0815* Building _____ Room _____ Building _____ Room _____
Pad *A* Pad _____ Pad _____ Other _____

INDIVIDUALS INVOLVED: [] Unknown

Name	Employee No.	Org/Company	Job/Classification	Supervisor
<i>Applied Environmental</i>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

DESCRIPTION OF EVENT: (Check all that apply. If none apply, check "other" and explain)

<input checked="" type="checkbox"/> General Area Contamination	<input type="checkbox"/> Wound (confirmed positive)
<input type="checkbox"/> Personnel Contamination (Skin)	<input type="checkbox"/> Failure to Obtain/Achere to Pre-evolution
<input type="checkbox"/> Company Clothing Contamination	<input checked="" type="checkbox"/> Poor Housekeeping in Controlled Area
<input type="checkbox"/> Personal Clothing Contamination	<input type="checkbox"/> Misuse of Respiratory System
<input type="checkbox"/> Contamination in Uncontrolled Area	<input type="checkbox"/> Radiological Posting Violation
<input checked="" type="checkbox"/> Spill Contributing to Area Contamination	<input type="checkbox"/> Dosimeter Lost/Not Worn
<input type="checkbox"/> Loss of Radioactive Sources	<input type="checkbox"/> Improper Use of Radiological Containment
<input type="checkbox"/> Improperly Marked Radioactive Material	<input checked="" type="checkbox"/> Improper Disposal of Rad Waste
<input type="checkbox"/> Improper or Lacking Radiological Posting	<input type="checkbox"/> Improper Wearing of Anti-C Clothing
<input type="checkbox"/> ALARA Concerns	<input type="checkbox"/> Improper Frisking of Personnel/Items
<input type="checkbox"/> Exceeding Exposure Limits	<input type="checkbox"/> Potential/Confirmed Inhalation Ingestion
<input type="checkbox"/> Exceeding Exposure Administrative Limit	<input type="checkbox"/> Loss of Containment/Control
<input checked="" type="checkbox"/> Procedure Violation/Inadequacy	<input type="checkbox"/> Other _____
<input type="checkbox"/> Rad Work Permit Violation/Inadequacy	
<input type="checkbox"/> Positive SAAM Alarm w/o Respiratory Protection	

DESCRIPTION OF DEFICIENCY: INCLUDE DOCUMENTATION - RWPs, SURVEYS, AIR SAMPLES RESULTS, ETC.
ANSWER WHO, WHAT, WHEN, WHERE, WHY, AND HOW
(use additional pages as necessary)

Possible contaminated trash left on top of "A" pad, unmarked as to what levels of contamination, where trash is from, who is responsible for disposal into drums etc.

IMMEDIATE CORRECTIVE ACTION:

DOE 5000.3A, CATEGORIZATION: [] Emergency
[] Unusual Occurrence [] Off Normal
[] Internally Reportable
OPS Manager: (if applicable)

REVIEWED: RAD OPS FOREMAN

ORIGINATOR: [REDACTED] DATE: *3/7* TIME: *0815*
EMPLOYEE # _____ DATE: _____ TIME: _____
EMPLOYEE # _____ DATE: _____ TIME: _____

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MANAGER RESPONSIBLE FOR CORRECTIVE ACTION:	TARGET DATE:	RADIOLOGICAL BUILDING ENGINEER	DATE:
		NAME:	TIME:

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ACTIONS TAKEN INCLUDING THOSE TO PREVENT RECURRENCE:
(use additional pages as necessary)

I HAVE CORRECTED THIS RDR AND RECOMMEND CLOSEOUT. DATE: _____
RESPONSIBLE MANAGER: _____ EMPLOYEE #: _____

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STATUS: [] Satisfactory [] Unsatisfactory [] Redirected NAME: _____
CONCURRENCE: _____ EMPLOYEE #: _____ DATE: _____
APPARENT CAUSE CATEGORY: [] Procedures [] Communications [] Equipment [] Training [] Personnel
[] Management Systems [] Planning [] Other _____

THIS RDR APPEARS TO HAVE BEEN ADEQUATELY ADDRESSED, REQUIRES NO FURTHER ACTION, AND IS CLOSED.

RBE MANAGER: _____ DATE: _____



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

DATE: JUNE 1, 1993
TO: DISTRIBUTION
FROM: A.C. SCARPELLA, JCUSC, T-690-G, X2098, FAX3319
J.A. RAY, JCUSC, BLDG. 881, X5130, FAX4213
SUBJECT: REQUEST FOR PARTICIPATION IN SAFETY CONCERN PROCESS,
NUMBER: 93-095
TITLE: SUB-CONTRACTOR VIOLATING PROCEDURES

CONCERNED EMPLOYEE: _____, HAS FILED A SAFETY CONCERN WITH THE JCUSC. THE RESPONSIBILITY FOR RESOLVING SAFETY CONCERNS LIES WITH LINE MANAGEMENT.

THE JCUSC REQUESTS PARTICIPATION FROM YOU OR YOUR DESIGNATED REPRESENTATIVE IN RESOLVING THIS SAFETY CONCERN. THE MEETING TO DETERMINE A COURSE OF ACTION FOR THIS CONCERN HAS BEEN SET FOR THE FOLLOWING:

DATE: JUNE 18, 1993

TIME: 08:00

LOCATION: T-690-G, CONFERENCE ROOM

PLEASE CONTACT A.C. SCARPELLA OR J.A. RAY TO CONFIRM YOUR OR YOUR DESIGNEE'S ATTENDANCE AT THIS MEETING. THE JCUSC APPRECIATES YOUR PARTICIPATION IN THE SAFETY CONCERN PROCESS.

DISTRIBUTION:
W.W. BAILEY
M.L. LITTLETON
J.D. ROBERTS
J. RILEY
W.G. ZURLIENE
R. CURRY
J. MCKENNA


CC:
E.I. TIETENBERG
T.J. TEGELER



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

February 11, 1994

TO: [REDACTED]
Rad Ops
Building 788
Ext. [REDACTED]

FROM:  E. I. Tietenberg / T. J. Tegeler
Joint Company/Union Safety Committee
Building T452B / Building T690G
Ext. 7620 / Ext. 5800

SUBJECT: REASSIGNMENT OF SAFETY CONCERN: 93-095
SUB-CONTRACTOR VIOLATING PROCEDURES

This letter is to inform you of the reassignment of the Company Representative for the above mentioned safety concern. The Union Investigator and the Company Investigator are listed below:

Company Representative: D. D. Melton Phone: 5130

Union Representative: P. W. Dooley Phone: 5525

JOINT COMPANY-UNION SAFETY COMMITTEE

March 9, 1994

To: [REDACTED] From: C.W. Buchholz/ ^{W.D.M.} D.D.Melton/ P.W. Dooley
Proc Spec Joint Company/Union Safety Committee
Bldg. T750D Building T690G / Building T452B
Ext. [REDACTED] Ext. 5801/Ext. 5130/Ext.5525

SUBJECT: RESOLUTION OF SAFETY CONCERNS, 92-416 and 93-095

In response to the above mentioned safety concerns involving, SUB-CONTRACTOR VIOLATING PROCEDURES, an investigation has been conducted.

A meeting was held on March 3, 1994 to discuss the subject safety concern. The JCUSC investigators have determined that the sub-contractor was not fully complying with procedures.

There was also a concern in regard to the qualifications of the subcontractor "Health and Safety Specialists". Radiological Engineering has provided a letter dated January 18, 1993, stating the Qualification Criteria for Sub-contractor Radiation Protection Health and Safety Specialists. (see attached letter).

There is a Health and Safety Plan that specifies the training requirements for sub-contractors performing work in Unit 4. This information is in the JCUSC master file and available for review upon request.


Radiological Engineering has provided the JCUSC with the following corrective actions.

- 1) All work requiring a Radiological Work Permit will be concurred and reviewed by Radiological Operations Supervision and Radiological Engineering.
- 2) Radiological Engineering will brief Radiological Operations Supervision on the work that will be performed on the Solar Ponds by sub-contractors. Radiological Operations Supervision will then brief and keep their personnel informed.
- 3) An EG&G coordinator has been assigned for oversight of all sub-contractors and to act as a single point of contact.

- 4) Radiological Engineering will give guidance to the sub-contractors an all radiological issues.

With the above mentioned actions, the JCUSC considers this safety concern resolved. Changes to this agreement cannot be made without concurrence by the JCUSC. If you have additional problems with this concern, the resolution, or the implementation of the corrective action, please contact the JCUSC. Thank you for participating in the safety concern process.


C.W. Buchholz
Union Safety Representative


D.D. Melton
Company Safety Representative


P.W. Dooley
Union Safety Representative

cc:

G.M. Aldrich
A.J. Asti
W.W. Bailey
L.C. Casebolt
E.A. Christopher
C.H. Hickman
R.W. Norton
J.D. Roberts
T.J. Tegeler
E.I. Tietenberg
PATS



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

DATE: February 22, 1994
TO: Distribution
FROM: P. W. Dooley, Joint Co/Union Safety Comm. Bldg. T690G, X5525
D. D. Melton, Joint Co/Union Safety Comm. Bldg. T881B, X5130
SUBJECT: REQUEST FOR PARTICIPATION IN SAFETY CONCERN PROCESS: 93-095
SUBCONTRACTOR VIOLATING PROCEDURES

C. H. Hickman and M. V. Blunn have filed a safety concern with the JCUSC. The responsibility for resolving safety concerns lies with line management.

The JCUSC requests participation from you or your designated representative in resolving this safety concern. The meeting to determine a course of action for this concern has been set for the following:

Date: March 3, 1994
Time: 9:00 a.m.
Location: T690G, Conference Room

Please contact P. W. Dooley or D. D. Melton to confirm your attendance at this meeting.

The JCUSC appreciates your participation in the safety concern process.

Distribution:

W. W. Bailey
[REDACTED]
R. L. Curry
[REDACTED]
M. L. Littleton
G. H. McKenna T690A
R. W. Norton
J. D. Roberts
W. G. Zurliene

cc:
T. J. Tegeler
E. I. Tietenberg