

No Air

DMB 11/24/86



Rockwell International
ROCKY FLATS PLANT

DISTRIBUTION
HEALTH PHYSICS Orig.

REPORT # 771-11-55
BLDG MO NO

RADIATION MONITORING REPORT

AREA SUPT. NAU

BLDG. SUPT. NAU

DATE 11/19/86

TIME OF OCCUR. 1100

INCIDENT

POSSIBLE INHALATION

PROCEDURE VIOLATION

BODY COUNTER

DIRECTOR WESTON

D.O.E. P. REED

IMMED. SUPER Sharon Holtz

IND. SAFETY KISSEL

FILE 771

OTHER J. LEIGH

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM 114 GLOVE BOX # Line 3 OTHER _____ GLOVE # X

INSTRUMENT WORKING? yes SAAM # _____ SAAM C/M _____

PERSONNEL INVOLVED		SKIN CONTAMINATION LEVELS	RESP. WORN?	BODY COUNT?	BODY COUNT RESULTS
NAME	NO.				
[REDACTED]	[REDACTED]		yes		
NAME	NO. _____				
NAME	NO. _____				
NAME	NO. _____				

Coveralls 200,000 c/m on sleeve, was working on line 3 in the gloves

J. K Powell 512570 J. Ray 503175
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 _____

not an incident
11/19/86

CORRECTIVE ACTION: _____

RESPONSIBLE SUPERVISOR SIGNATURE _____ EMPLOYEE # _____ DATE _____
Total Man Hours _____ 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.