

No Air



Rockwell International
ROCKY FLATS PLANT

HEALTH PH

AREA SUPT.

BLDG. SUPT

BODY COUN

DIRECTOR

D.O.E.

REPORT # 771-12-02
BLDG MO NO

RADIATION MONITORING REPORT

INCIDENT

DATE 12/02/86

POSSIBLE INHALATION

TIME OF OCCUR. 2 1 4 5 PROCEDURE VIOLATION

No
INCIDENT

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM 148 GLOVE BOX # 19 OTHER ^{SUPPLIED} AIR GLOVE #
INSTRUMENT WORKING? YES SAAM # SAAM C/M

IMMED. SUPER Hammond

IND. SAFETY

FILE

OTHER J. LEIGH

PERSONNEL INVOLVED

PERSONNEL INVOLVED		SKIN CONTAMINATION LEVELS	RESP. WORN?	BODY COUNT?	BODY COUNT RESULTS
NAME	NO.	5,000cpm RIGHT	NO	YES	
NAME	NO.	SIDE OF MOUTH			
NAME	NO.	500cpm STOMACH			
NAME	NO.				

CONTAMINATED DURING SUPPLIED AIR JOB TURNED DOLE IN SUIT, USING PAC TO PUMP AIR

MONITOR'S SIGNATURE Charles Hammond EMPLOYEE # 510322 RADIATION MONITORING SUPERVISOR D. Dickel EMPLOYEE # 509408

INVESTIGATION REQUIRED YES X NO BY: HAMMOND

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

RESPONSIBLE SUPERVISOR'S FINDINGS The man was coming out of SIA when the monitor told him he had gotten his face hot. Man put a Resp. on & went to the decon Room.

CORRECTIVE ACTION: To stop cutting 45 min before leaving the SIA house. Make a rack to hold SIA hose for the last man out. And use the same monitors every night

RESPONSIBLE SUPERVISOR SIGNATURE Charles Hammond EMPLOYEE # 513536 DATE 12.3.86

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.

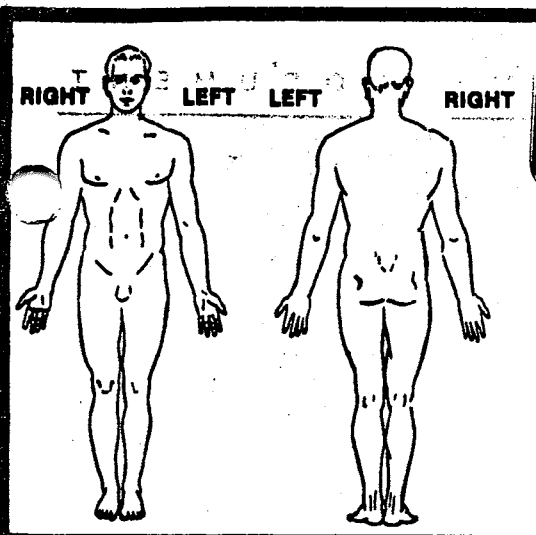
- Print neatly with black pen or type.
- Describe what happened and why.
- Describe corrective action taken.
- List total number of man hours lost.
- List cost of materials.
- Use complete sentences.
- In signature areas on this form, print your name, then sign.



Rockwell International
ROCKY FLATS PLANT

OMB 1/20/87
No Aus
2-4-87

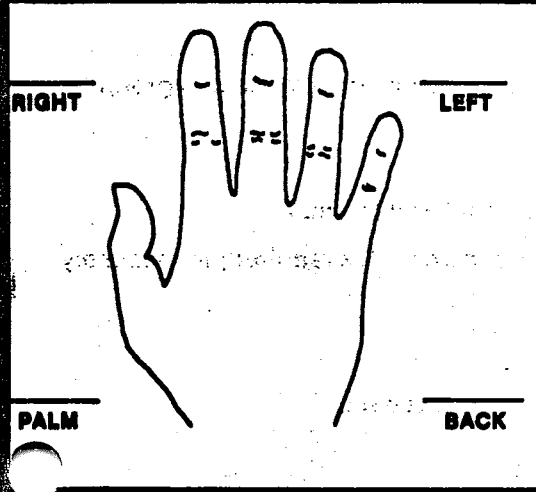
RADIATION MONITORING ACCIDENT REPORT



NAME _____
EMPLOYEE # _____
BUILDING 221
DATE 12/02/86
TIME OF OCCURENCE 2145
SENT TO MEDICAL AT _____ HRS

DISTRIBUTION 771-12-02

HP	Orig.
BLDG. SUPT.	<u>NLU</u>
DIRECTOR	<u>Bader</u>
IMM. SUPER	<u>Hammond</u>
IND. SAFETY	<u>Kissel</u>
MEDICAL	<u>1</u>
BODY COUNTER	<u>J. P. Leigh</u>



FOR: _____ WOUND COUNT ~~_____~~ DECONTAMINATION _____ WOUND TREATMENT _____

DESCRIPTION OF WOUND:

PUNCTURE _____ LACERATION _____ BURN _____ ABRASION _____

CONTAMINATION LEVELS: 5000 cpm Right
side of Mouth 500 cpm
Stomach

INSTRUCTIONS
ON BACK

WOUND COUNT RESULTS _____

RADIATION MONITORING FINDINGS:

LOCATION: Room No. 148 Glove Box No. 19120 Other SA

DESCRIPTION OF FINDINGS: Condition and Cause
5000 cpm Right side of Mouth 500 cpm on Stomach
Decontaminated in Bldg to 250 cpm

Albert J. Asti Jr | Albert J. Asti Jr | 15103-221 | John Ray | 1503175
MONITOR NAME (print) Signature Employee # RADIATION MONITOR SUPERVISOR Employee #

INVESTIGATION REQUIRED YES _____ NO X BY: [Signature]

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

RESPONSIBLE SUPERVISOR'S FINDINGS: _____

CORRECTIVE ACTION: _____

RESPONSIBLE SUPERVISOR _____ / _____ EMPLOYEE # _____ DATE _____
RF 46988 (12/84) Print Name Signature