

Call 7 8:15-80 Add 1/2/86



Rockwell International
ROCKY FLATS PLANT

DISTRIBUTION
HEALTH PHYSICS Del Fodge
AREA SUPT. D.E. STURGEON
BLDG. SUPT. D.E. STURGEON

REPORT # 321-05-02
BLDG MO NO

RADIATION MONITORING REPORT

BODY COUNTER _____

DATE 05/22/86

POSSIBLE INHALATION _____

DIRECTOR C.W. WEIDNER

TIME OF OCCUR. 1500

PROCEDURE VIOLATION

D.O.E. J. STEARNS

IMMED. SUPER D. Castro

IND. SAFETY J. RAPOZA

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM basement GLOVE BOX # _____ OTHER _____ GLOVE # _____
INSTRUMENT WORKING ? _____ SAAM # _____ SAAM C/M _____

FILE 321

OTHER J. Wieg

PERSONNEL INVOLVED

NAME	NO.
[REDACTED]	[REDACTED]
NAME	NO. _____
NAME	NO. _____
NAME	NO. _____

SKIN CONTAMINATION LEVELS	RESP. WORN?	BODY COUNT?	BODY COUNT RESULTS
<u>NONE</u>	<u>NO</u>	<u>N/A</u>	<u>N/A</u>

[REDACTED] WAS IN THE 371 HOT AREA, DOING WORK. NO WORK PERMIT, NO MONITORING COVERAGE, NO PROTECTIVE CLOTHING. AND THEN HE CARRIED HIS SAMPLES INTO A COLD AREA WITH OUT GOING THRU RADIATION MONITORING FRIST. NO SAFETY SHOES, NO SAFETY GLASSES NO SUREGON'S GLOVES WORN WHILE DOING MAINT'S WORK IN THE HOT AREA

LARRY D HANKINS 6-2-86 508252 Tom J. Waldz 508173
MONITOR'S SIGNATURE EMPLOYEE # RADIATION MONITORING SUPERVISOR EMPLOYEE #

INVESTIGATION REQUIRED YES NO _____ BY: Who ???

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

RESPONSIBLE SUPERVISOR'S FINDINGS

This form received by me on 8-18-86. Discussion with [REDACTED] indicates that his assignment on the day in question was to obtain gas samples from a port protected for radiation contamination, using techniques established by the labs and routinely applied throughout the plant-site. He was dressed in personal clothing at the time, but WAS wearing company-provided safety glasses, ear-plugs, and a respirator in position (straps around neck). After the sample was obtained, the containers were taken to the Radiation Monitor's office for survey prior to transfer to the laboratory in Building 559 (in accordance with established plant procedure). The perceived situation reported by Mr. HANKINS was not totally correct, although, his concern for safe operations is appreciated.

CORRECTIVE ACTION: [REDACTED] has been performing this task in fully protective clothing since the above incident, and will continue doing so, also will contact R.M. for assistance during the operation.

RESPONSIBLE SUPERVISOR SIGNATURE Keith Gossaint EMPLOYEE # 507568 DATE 8-19-86
Total Man Hours None Cost of Materials None

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.