

1017
3-6-87

No Air

OMB 3/6/87
DISTRIBUTION



Rockwell International
ROCKY FLATS PLANT

REPORT # 107-02-08
BLDG MO NO

RADIATION MONITORING REPORT

HEALTH PHYSICS _____ Orig.
AREA SUPT. N/A
BLDG. SUPT. J. QUELLA
BODY COUNTER N/A
DIRECTOR C. BADER
D.O.E. G. LEITE

DATE 02/20/87

POSSIBLE INHALATION _____

TIME OF OCCUR. 10 LS

PROCEDURE VIOLATION _____

IMMED. SUPER B. FERGUSON
IND. SAFETY K. GRAVELLY
FILE 707
OTHER J. LEIGH

RADIATION MONITORING DESCRIPTION OF FINDINGS:

ROOM C GLOVE BOX # 60 OTHER _____ GLOVE # _____
INSTRUMENT WORKING ? _____ SAAM # _____ SAAM C/M _____

PERSONNEL INVOLVED	
NAME _____	NO. _____
NAME _____	NO. _____
NAME _____	NO. _____
NAME _____	NO. _____

SKIN CONTAMINATION LEVELS	RESP. WORN?	BODY COUNT?	BODY COUNT RESULTS
<u>1000cpm</u>	<u>Yes</u>	<u>No</u>	

Maintenance was removing a SUPPLIED AIR HOUSE.

GLOVE BECAME UNTAPED contaminating his hand

Charlene M. Wise 512526 [Signature] 506561
MONITOR'S SIGNATURE EMPLOYEE # RADIATION MONITORING SUPERVISOR EMPLOYEE #

INVESTIGATION REQUIRED YES X NO _____ BY: B. FERGUSON
THIS FORM TO BE FILLED OUT AND RETURNED WITHIN 24 HOURS TO RADIATION MONITORING SUPERVISION

RESPONSIBLE SUPERVISOR'S FINDINGS [Redacted] and a Machinist were packing a 55 gallon Waste Drum with a supplied air house. The Machinist was standing on top of the Drum packing it down with his body weight, and inadvertently stepped on [Redacted] thumbs. When [Redacted] pulled his hands out of the way, his gloves were torn, contaminating his hands. Two pair of surgeons gloves were being worn, and the skin was not broken.

Not an incident
Count as accident involves
skin contamination - B.F.
3/10/87

CORRECTIVE ACTION: Instruct Maintenance Personnel that standing on a barrel to pack it down is an unsafe act and will not be tolerated.

RESPONSIBLE SUPERVISOR SIGNATURE [Signature] EMPLOYEE # 570908 DATE 2-26-87

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.

Feb 7 87
7-6-87

3/1/87 D.M. Brandon 3/6/87



Rockwell International
ROCKY FLATS PLANT

No Air

RADIATION MONITORING ACCIDENT REPORT

NAME

[Redacted Name]

EMPLOYEE #

[Redacted Employee #]

BUILDING

707

DATE

02/20/87

TIME OF OCCURENCE

1015

SENT TO MEDICAL AT

1040 HRS

DISTRIBUTION

HP	Orig.
BLDG. SUPT.	J. QUELLA
DIRECTOR	C. BADER
IMM. SUPER	B. FERGUSON
IND. SAFETY	K. GROVELY
MEDICAL	DR. WRIGHT
BODY COUNTER	N/A
	707 - J. LEIGH

FOR: _____ WOUND COUNT

X

DECONTAMINATION

X

WOUND TREATMENT

DESCRIPTION OF WOUND:

PUNCTURE _____

LACERATION _____

BURN _____

ABRASION _____

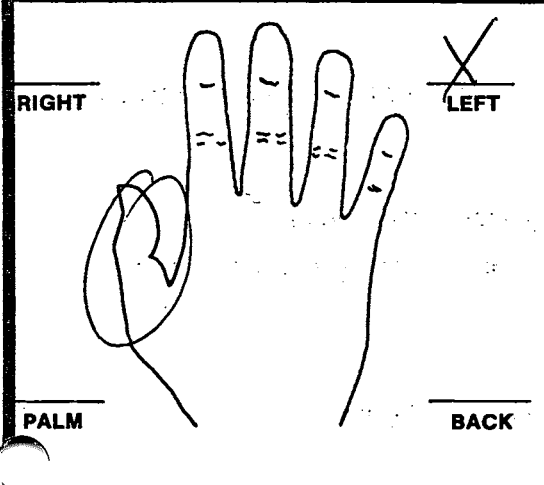
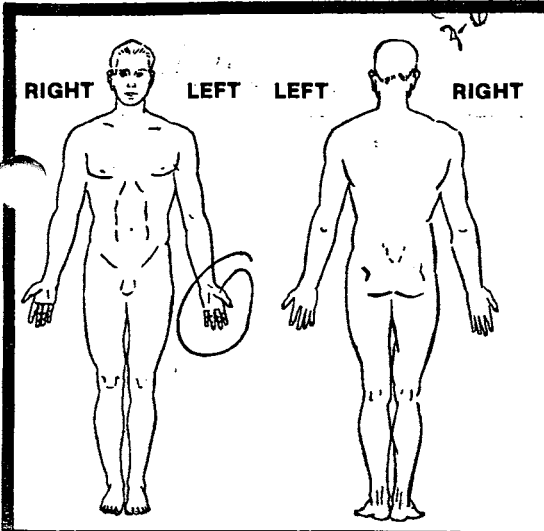
CONTAMINATION LEVELS:

500cpm ALONG

BACK OF LEFT THUMB

INSTRUCTIONS
ON BACK

WOUND COUNT RESULTS _____



RADIATION MONITORING FINDINGS:

LOCATION: Room No. MOD. C Glove Box No. 60 Other _____

DESCRIPTION OF FINDINGS: Condition and Cause

MAN BECAME CONTAMINATED REMOVING A SUPPLIED AIR HOUSE IN MODULE "C"

SEE INCIDENT REPORT 707.02.08

J. HARDEN | SAME

16421 [Signature]

1506561

MONITOR NAME (print) Signature

Employee # RADIATION MONITOR SUPERVISOR Employee #

INVESTIGATION REQUIRED YES _____ NO X BY: _____

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

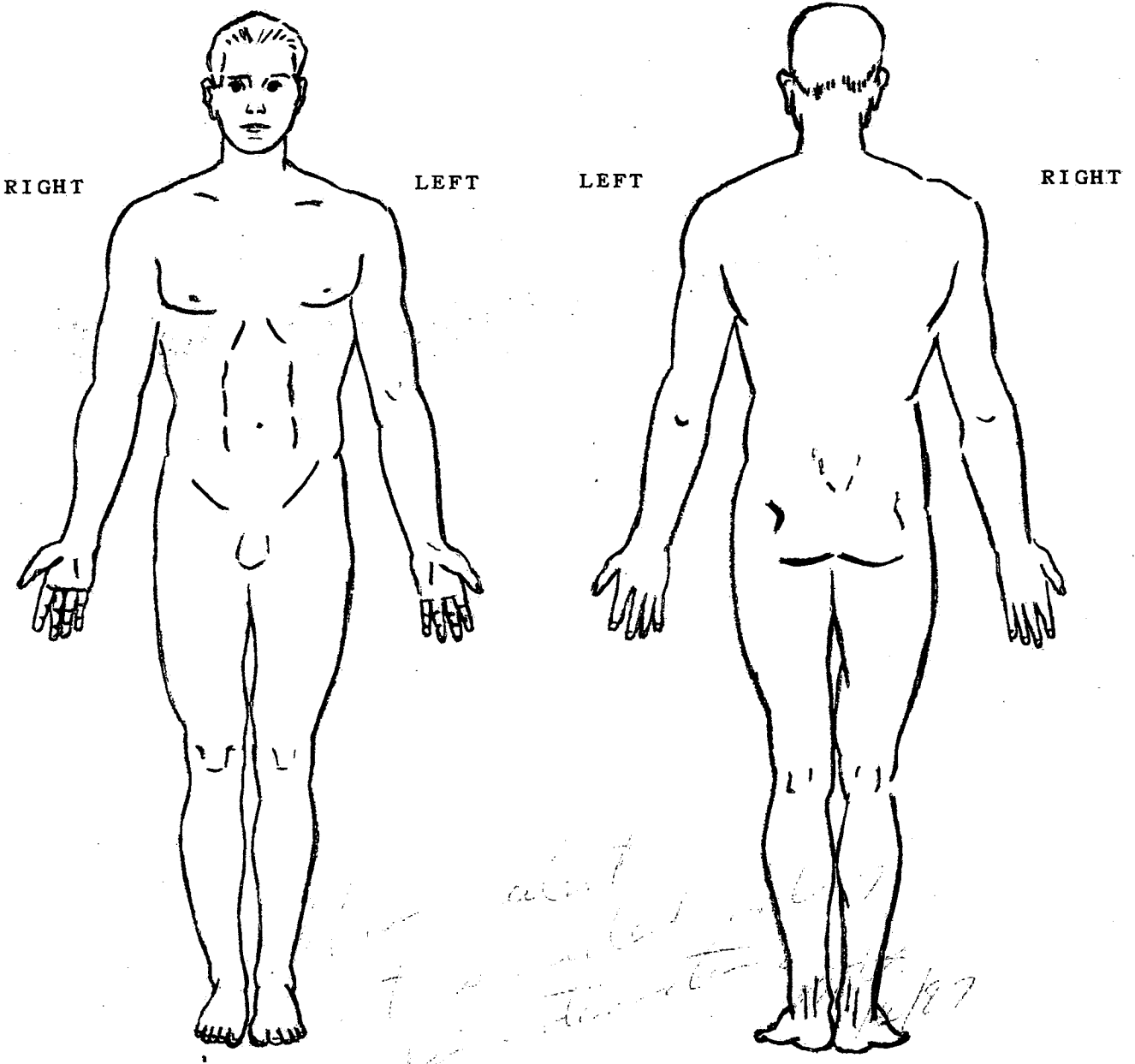
RADIO-ACTIVE SKIN CONTAMINATION REPORT
Medical Department

NAME: _____ MAN NO: _____ DATE: _____

TIME REPORTED: _____ TIME RELEASED: _____ OCCUPATION: _____

Bldg. Injured: _____ Supt. of Employee: _____ Bldg: _____

EXTENT AND AREAS OF SKIN CONTAMINATION AND INITIAL COUNT



SHOW ANY REMAINING ALPHA COUNT IN RED

ALPHA COUNT _____

MONITOR _____

MEDICAL _____

Authorized Signature

DISTRIBUTION:

WHITE Doctor's File
GREEN Supervisor

PINK Patient's File
YELLOW Health Physics