DATE: November 25, 1991

TO: [Redacted], Fabrication, Bldg. 440, X [Redacted]

FROM: E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. 452TB, X7620
M. F. Wood, Joint Co./Union Safety Comm., Bldg. 690TG, X5800

SUBJECT: VERIFICATION OF IMPLEMENTATION - SAFETY CONCERN NUMBER 89-037
BIO-ASSAY

The Joint Company/Union Safety Committee (JCUSC) has verified implementation of
the subject safety concern and has closed the concern. Attached is the
verification form.

Thank you for participating in the safety process.

bjm

Attachment:
As stated

cc:
L. E. Jones
K. G. Tallman
JCUSC VERIFICATION FORM

Circle One - Verified Complete / Reopen

ISP NO 09.07.91 FINDING NO 89-037 ORIGIN OF FINDING JCUSC

ACTION RESPONSIBILITY ASSIGNED TO: K. G. Talcomo

STATEMENT OF FINDING:

COMPLETE

EXPLANATION OF VERIFICATION:

1. Does the action plan address the intent of the original finding?
   Yes  No

2. Has the situation described in the finding been adequately improved or corrected?
   Yes  No

VERIFICATION DETAIL - Describe the actions taken to reach a disposition on this finding.

SEE ATTACHED VERIFICATION FORM

DATED 1-23-91

EG&G VERIFICATION BY e. t. Tutenberg Enhardt
Print Name Signature DATE 11/11/91

UNION SAFETY COMMITTEE
VERIFICATION BY C. W. Burkholz E. W. Baetz
Print Name Signature DATE 11/13/91

APPROVED BY e. t. Tutenberg Enhardt
Print Name Signature DATE 11/13/91

APPROVED BY Ted Togeler
Print Name Signature DATE 11/14/91

Distribution:

Performance Assurance - Commitments Tracking Group - T130G
Joint Company Union Safety Committee - T4528
CONCERN NO 89-037 BUILDING NO 440 INITIATOR
STATEMENT OF CONCERN: URINE SAMPLE

VERIFICATION DETAIL - Describe the actions taken to reach a conclusion on this concern.

I talked with [redacted] and he has had no further problems obtaining bio-assay sampling requests.

Check One

- Completed - Proposed actions are completed.
- Not Completed - Proposed actions are not completed, due dates for actions have passed.
- Pending - Proposed actions are not completed, but due dates for actions have not passed.
- Insufficient Data - Insufficient data in file to verify.

VERIFICATION BY [Signature] DATE 1-23-91
JCUSC APPROVAL BY

Distribution:
JCUSC
PREVIOUS MANAGEMENT PROBLEM

JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM
(Use Black Ink Only)

Employee Name: [Redacted] Employee Number: [Redacted]
Department: MODIFICATION CENTER Bldg. 440 Phone: [Redacted]

I have previously discussed this concern with my supervisor: Yes No

Concern (briefly)
5-87 to 6-88 MTCE Bldgs 883-881-865-334 - EXPOSURE TO D38 BERYLLIUM AND? IN 881 - WHY WAS THERE ONLY ONE URINE SAMPLE REQUESTED SINCE 9-24-85 AND WHY DID I GO 1 YEAR (DEC 87-DEC 88) WITHOUT A DOSIMETRY BADGE CHANGE - WHO SCREWED UP?

Employee Signature: [Redacted] Date: 16 MAR 89

Immediate Supervisor Response (within 5 working days)
Called Mary Wickman Bioassay - said she had no idea why no urine Sample must have been lost in shuffle. Kathy Onderco Dosimetry - said Ralph changed 1-24-89 also 2nd quarter 1988 and 1st quarter 1988 in 444. This all happened prior to the time that I became

Supervisor Signature (legibly please): [Redacted] Date: 3-18-89

Direct Report Manager Signature: [Redacted] Date: 3-22-89

NOTE: Timeliness in completing this form is of the utmost importance.

I am satisfied with the results. [Redacted] 23 MAR 89
I am not satisfied. Referral to the JCUSC for investigation because:

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

Assigned To: Union: S. Cordova Date: ____________
Company: J. Leigh Date: ____________

Distribution: White - Safety Committee Yellow - Supervision
Green - Employee Goldenrod - Union Steward

ATTN: NANCY JAMES T 690 - E

RF-45500 (Rev. 11/86) Destroy Previous Issues
JCUSC VERIFICATION FORM

Circle One - Verified Complete / Reopen

ISP NO 09.07.91 FINDING NO 89-037 ORIGIN OF FINDING JCUSC

ACTION RESPONSIBILITY ASSIGNED TO: K. G. TULIPEER

STATEMENT OF FINDING: COMPLETE

EXPLANATION OF VERIFICATION:

1. Does the action plan address the intent of the original finding? Yes ☐ No ☐
2. Has the situation described in the finding been adequately improved or corrected? Yes ☐ No ☐

VERIFICATION DETAIL - Describe the actions taken to reach a disposition on this finding.

SEE ATTACHED VERIFICATION FORM DATED 1-23-91.

EG&G VERIFICATION BY
Print Name Signature DATE

UNION SAFETY COMMITTEE VERIFICATION BY C. D. BUCKWORTH C. D. BUCKWORTH DATE 1-23-91
Print Name Signature

APPROVED BY
Print Name Signature DATE

APPROVED BY
Print Name Signature DATE

Distribution:
Performance Assurance - Commitments Tracking Group - T130G
Joint Company Union Safety Committee - T452B
CONCERN NO 89-037 BUILDING NO 440 INITIATOR P.A. Jacques

STATEMENT OF CONCERN: Urine Sample

VERIFICATION DETAIL - Describe the actions taken to reach a conclusion on this concern.

I talked with [redacted] and he has had no further problems obtaining Bio-assay Sampling Requests

Check One

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- Pending - Proposed actions are not completed, but due dates for actions have not passed.
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VERIFICATION BY [Signature] DATE 1-23-91

JCUSC APPROVAL BY [Signature]

Distribution:

JCUSC
CONCERN NO 29-37 BUILDING NO 440 INITIATOR

STATEMENT OF CONCERN: EMPLOYEE DID NOT SUBMIT URINE SAMPLE FOR BIO-ASSAY FOR AN EXTENDED PERIOD OF TIME.

VERIFICATION DETAIL - Describe the actions taken to reach a conclusion on this concern.

Employee has been entered into computer data base which should initiate a request for analysis on a regular basis. In addition, I talked to Mr. Ruby, the building order bookkeeper for the "cold side" of the plant. He has not been written yet so they have not incorporated the solution plant date.

COMPLETE 1-23-91

Check One

[ ] Completed - Proposed actions are completed.
[ ] Not Completed - Proposed actions are not completed, due dates for actions have passed.
[ ] Pending - Proposed actions are not completed, but due dates for actions have not passed.
[ ] Insufficient Data - Insufficient data in file to verify.

VERIFICATION BY [Signature]
DATE 3-9-90

JCUSC APPROVAL BY [Signature]
DATE 3-9-90

Distribution:
JCUSC
SAFETY CONCERN STATUS REPORT
SC # 87-37

INITIATOR: [Redacted]  BLDG: 440
EXT: [Redacted]

DATE ASSIGNED FOR REVIEW: 3-27-89

* * * * * * * * * * * * * * * * * * * * * * * * * * *

ASSIGNED TO: J. Leigh
Company Representative

ASSIGNED TO: S. Cordero
Union Representative

* * * * * * * * * * * * * * * * * * * * * * * * * * *

SAFETY DISCIPLINE NOTIFIED: OHP
DATE: 3-27-89

STATUS:

YOUR SAFETY CONCERN HAS BEEN ASSIGNED TO THE ABOVE JOINT COMPANY/UNION SAFETY COMMITTEE MEMBERS. THEY WILL BE IN CONTACT WITH YOU TO DISCUSS THIS CONCERN. CONTACT WILL NORMALLY OCCUR WITHIN TEN [10] WORKING DAYS.

cc:
J. D. Leigh - Company/JCUSC
J. L. San Pietro - Union/JCUSC
Safety Discipline - (as appropriate)

JCUSC:DOC:1.14
PERSONNEL ACTIONS - STATUS CHANGES

Policy

Complete and accurate personnel records are maintained for all employees. All personnel status changes must be documented.

Scope:

A Personnel Status Change (PSC), form RF-20210, is used to record all changes in work-related status of personnel. A Salaried Classification Change Notice (SCCN), form RF-46729, is required for salaried employees receiving a monetary adjustment. An Employee Turnaround Document (ETD), form RF-46992, is used to record all employee changes which pertain to the employee personally.

Responsibility:

When an employee transfers as the result of a job bid, Personnel Administration will initiate the Personnel Status Change.

In the case of interdepartmental transfers or growth promotions, the department is responsible for initiating the PSC and the SCCN if there is a monetary adjustment. These two forms should be forwarded to Salaried Compensation.

If an employee receives a monetary increase as a result of a job bid, the receiving manager must originate the SCCN and send it to Salaried Compensation.

Action Required:

1. PSC's

   The Personnel Administration department will originate the PSC for the following actions:

   a. Job bidding results
   b. Layoff actions
   c. Bumping (initiated by a layoff)
d. Discharge actions  
e. Formal leave of absence  
f. Recall to former classification  
g. Return to former job (within 30-day period)  
h. Transfers initiated by Industrial Relations  
i. Physically restricted - work-related over 26 weeks

The employee's manager is responsible for initiating the PSC for the following actions and obtaining the necessary signatures (line supervision as delegated in RFPM ONM 3-200 and a minimum of two signatures). The top two copies are forwarded to Employment and the third copy should be retained in the originator's file.

a. Transfers/organization codes  
b. Classification change/or promotion  
c. Leave of absence  
d. Extended absence  
e. Long-term disability  
f. Terminations  
g. Clock location change  
h. Inter-divisional transfers (outgoing)  
i. Home account/suffix change  
j. Building change, Shift change, Plant extension  
k. Hourly rate changes  
l. Shift code changes

PSC's must be in Employment a week prior to the effective date.

2. An SCCN is required for:

a. Promotions with dollars  
b. Change in scheduled merit money or date  
c. Any adjustment involving a change in base salary  
d. Request an unscheduled action

3. An ETD is required for changes to:

a. Name  
b. Address  
c. Home telephone
ACTION REQUIRED
(Contd)

APPROVALS:

1. PSC

Line supervision as delegated in RFPM ONM 3-200 (minimum of two signatures). Transfers resulting from job bidding will be approved by either the Administrator of Skilled Staffing or Professional Staffing and the Manager of Personnel Administration.

2. SCCN

Make a brief statement relative to the action. The original is received by the employee being given the monetary increase, and this is an excellent time to express written comments. A minimum of two signatures are required per final approval authority in RFPM ONM 3-200.

3. ETD

Signature of employee and immediate supervisor.

APPROVED: [Signature]
The Joint Company Union Safety Committee has investigated your Safety Concern. In a meeting with Roger Falk (Radiation Dosimetry), we were made aware of a new requirement (attached) in the Rocky Flats Policy Manual P.E.R. 3-001, dated January 27, 1989.

We spoke with Evin Ruby in the Technical Training Dept. He agreed to include in the New Bldg. Indoctrination Booklet information as to the frequency a urine analysis and dosimetry change is required per organization.

With these items implemented, we feel your Safety Concern has been resolved.

Thank you for your participation in the Safety Program. If you have any further problems with this Concern, its answer, or the implementation, please feel free to contact the Joint Company/Union Safety Committee.

J. D. Leigh  
Company Representative

S. Cordova  
Union Representative
DATE: November 25, 1991

TO: [Name Redacted], Fabrication, Bldg. 440, X

FROM: E. I. Tietenberg, Joint Co./Union Safety Comm., Bldg. 452TB, X7620
       W. Wood, Joint Co./Union Safety Comm., Bldg. 690TG, X5800

SUBJECT: VERIFICATION OF IMPLEMENTATION - SAFETY CONCERN NUMBER 89-037
         BIO-ASSAY

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the subject safety concern and has closed the concern. Attached is the verification form.

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bjm

Attachment: As stated

cc: L. E. Jones
    K. G. Tallman