

JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

(Use Black Ink Only & Retain Copy For Your Records)

Mail: JCUSC, T690E

Case No. 90-148

EMPLOYEE NAME [Redacted] EMPLOYEE NUMBER [Redacted]

DEPARTMENT Radiation Protection BLDG. 371 PHONE [Redacted] SHIFT Pm

SUPERVISOR (Print) Bunny Austin / Dick DeLizza SUPV. EXT. 7060

I have previously discussed this Concern with Supervision: Yes No.

Concern (briefly) The 371 data logger is being manned by unqualified personnel whom have demonstrated the inability to react to the alarms cognitively and with the knowledgeable comprehension necessary to carry out the assignment.

[Redacted] #, Date 5-2-90 Steward Signature [Signature] Employee #, Date 11602 5-2-90

Supervision Response (within 5 working days) TO FIX THIS PROBLEM WE HAVE ASSIGNED A REGULAR APT TO MAN THE DATA LOGGER ON ALL SHIFTS.

Supervision Signature M. J. Wellings Date 5/10/90

Acc. Mgr. Direct Report Manager Signature [Signature] Date 5/10/90

NOTE: TIMELINESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.

I am satisfied with the results. I am not satisfied.

Brief reason if not satisfied: _____

Employee Signature [Redacted] Date 5-10-90
JCUSC received Safety Concern on: 5/14/90

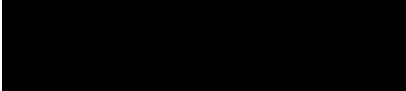
To be completed by the JCUSC Co-Chairperson(s)

Assigned to: Union: [Signature] Date _____

Company: [Signature] Date _____

- Distribution: Safety Committee (White)
Union Steward (Green)
Employee (Goldenrod)

JCUSC/PERFORMANCE ASSURANCE VERIFICATION FORM

CONCERN NO 90-148 BUILDING NO 371 INITIATOR 

STATEMENT OF CONCERN: UNQUALIFIED PERSONS - DATA LOGGER

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

THE DATA LOGGER IS BEING MANNED
By an RPT.

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 C. V. Bachof
JCUSC APPROVAL BY _____

DATE 5/7/91
DATE _____

Distribution:

JCUSC

SAFETY CONCERN WORKSHEET
(Please Print)

GENERAL INFORMATION:

(*2) Date Received: 5 / 14 / 90 (*1) Number: 90-1480
(3) Priority (H,M,L): H
(*4) Title: Unqualified persons - data logger
(5) Initiated by: [REDACTED] (6) Emp. Number: [REDACTED]
(*7) Initiation/Start Date: 5/2/90 (8) Emp. Phone No: [REDACTED]

MANAGEMENT INFORMATION:

(9*) Supervisor/Person Resp: M. J. Welling (*10) Phone: 7060
(11) Date Supervisor Answered: 5 / 10 / 90
(12) Direct Report Manager: W. L. Rands (13) Phone: 7060
(14) Bldg: 371 (15) Bldg. Manager: D. C. Smith

SAFETY NOTIFICATIONS:

(17) Date: 5 / 1 / 90
(16) Discipline: 222 Bldg: _____
(18) Area Safety Eng: 222 Bldg: _____
(19) Union Steward: 222 Bldg: _____
(20) Co. Co-Chairman: 222 Bldg: _____
(21) Union Co-Chair: 222 Bldg: _____
(22) Company Member: 222 Bldg: _____
(23) Union Member: 222 Bldg: _____

INVESTIGATION STATUS:

(25) Date Contacted Employee: / /
(*26) Investigation Comments: _____

(*27) Invest. Review/Due Date: / / (28) Status (1-5)
(29) Actions Indent. (Y or N): (30) Interim Letter Date: / /
(*31) Close Date: / / (*32) Closed By: _____

To be filled out when submitting action items

JOINT COMPANY/UNION SAFETY COMMITTEE CONCERN FORM

(Use Black Ink Only & Retain Copy For Your Records)

Mail: JCUSC, T690E

Case No. 90-149

EMPLOYEE NAME [redacted] EMPLOYEE NUMBER [redacted]
DEPARTMENT RADIATION PROTECTION BLDG. 371 PHONE [redacted] SHIFT DAYS
SUPERVISOR (Print) M. Welling SUPV. EXT. 5861

I have previously discussed this Concern with Supervision: [checked] Yes [] No.

Concern (briefly) ON 5-4-90 IN Bldg. 371 RPT AREA OFFICE A TOTALLY UNTRAINED & UNKNOWLEDGABLE STEP-OFF-PAD SALARY FOREMAN, MANNED THE DATA LOGGER SARM ALARM SYSTEM FOR APPROX. 45 MINUTES WITHOUT ANY UNDERSTANDING OF THE SYSTEM OR WHAT TO DO IN CASE OF ALARM. THIS ACT BY SUPERVISION IS A TOTAL DISREGARD OF PERSONE SAFETY & A SAFETY SYSTEM.

[redacted] 5-4-90 [Signature] 5/14/90
Employee #, Date Steward Signature Employee #, Date

Supervision Response (within 5 working days) THE PERSON IN QUESTION WAS WITH A QUALIFIED RPT FOREMAN FOR THE TIME HE WAS THERE. FOR THE LONG TERM FIX WE HAVE ASSIGNED A REGULAR RPT TO COVER THE DATA LOGGER ON ALL SHIFTS.

Supervision Signature [Signature] Date 5/10/90
Direct Report Manager Signature [Signature] Date 5/10/90

NOTE: TIMELINESS IN COMPLETING THIS FORM IS OF THE UTMOST IMPORTANCE.

I am satisfied with the results. [] I am not satisfied. [X]

Brief reason if not satisfied: A FOREMAN WAS NOT PRESENT AT ALL TIMES CREATING AN UNSAFE OPERATION

Employee Signature [Signature] Date 5-14-90

JCUSC received Safety Concern on: 5/14/90

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

Assigned to: Union: P. Dooly Date 5/14/90
Company: J.W. McGee Date 5/14/90

Distribution: Safety Committee (White)
Union Steward (Green)
Employee (Goldenrod)



**JOINT COMPANY - UNION
SAFETY COMMITTEE**

October 31, 1990

To: [REDACTED]
Radiation Protection
Building 371
Ext. [REDACTED]

From: P. W. Dooley
JCUSC
T-690-G
Ext. 5525

RE: CLOSE OUT OF SAFETY CONCERN NUMBER 90-149

This is in response to your safety concern involving a salary foreman manning the data logger SAAM alarm system. From our discussion, the untrained RPT foreman was replaced by a qualified RPT foreman the same day, and that you were satisfied with that.

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.

Phillip Dooley
P. W. Dooley
Union Safety Representative

cc:
B. T. Carr
S. Cordova
T. Fromong
L. L. Rands
R. M. Rogers
D. C. Smith
D. E. Sturgeon
E. I. Tietenberg
M. J. Welling

SAFETY CONCERN WORKSHEET
(Please Print)

GENERAL INFORMATION:

(*2) Date Received: 5/14/90 (*1) Number: 90-149 ()
(3) Priority (H,M,L): H
(*4) Title: Data Logger coverage
(5) Initiated by: [REDACTED] (6) Emp. Number: [REDACTED]
(*7) Initiation/Start Date: 5/4/90 (8) Emp. Phone No: [REDACTED]

MANAGEMENT INFORMATION:

(9*) Supervisor/Person Resp: M. J. Welling (*10) Phone: 5861
(11) Date Supervisor Answered: 5/10/90
(12) Direct Report Manager: L. H. Rands (13) Phone: 17060
(14) Bldg: 371 (15) Bldg. Manager: DC Smith

SAFETY NOTIFICATIONS:

(16) Discipline: R.M. Rogers (17) Date: 5/15/90
Bldg: 750
(18) Area Safety Eng: DE Sturgeon
Bldg: 371
(19) Union Steward: T. Fromong
Bldg: _____
(20) Co. Co-Chairman: E. Tietenberg
Bldg: T452B
(21) Union Co-Chair: S. Cordova
Bldg: T690G
(22) Company Member: J.W. McGee
Bldg: 441
(23) Union Member: P.W. Dooley

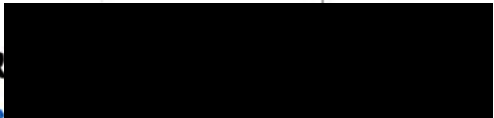
INVESTIGATION STATUS:

(25) Date Contacted Employee: ___ / ___ / ___
(*26) Investigation Comments: _____

(*27) Invest. Review/Due Date: ___ / ___ / ___ (28) Status (1-5) ___
(29) Actions Indent. (Y or N): ___ (30) Interim Letter Date: ___ / ___ / ___
(*31) Close Date: ___ / ___ / ___ (*32) Closed By: _____

To be filled out when submitting action items

JCUSC/PERFORMANCE ASSURANCE VERIFICATION FORM

CONCERN NO 90-149 BUILDING NO 371 INITIATOR 
STATEMENT OF CONCERN: DATA LOGGER COVERAGE

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

A QUALIFIED RPT HAS BEEN ASSIGNED TO DATA LOGGER AND NO RE-OCCURRENCE OF UNQUALIFIED PERSONNEL BEING ASSIGNED TO DATA LOGGER.

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 C. D. B...
JCUSC APPROVAL BY _____

DATE 4/24/91
DATE _____

Distribution: