

Penetration Safety: Penetration Permit

Work Request # (if applicable): N/A Date Permit Submitted: 5-12-2009

General Information

Area/location	Date(s) work will be performed	Job description (location of penetration, material to be penetrated, tools, etc)
NEH Hatches 1 & 2	5-14-09	Install Survey Monumentation in concrete walls and floors. < 2" by rotary hammer drill
Responsible line manager or designee Name/Organization	Phone #	Other information (e.g., depth of penetration, etc)
Hans Imfeld AEG	3472	< 2" for concrete anchors and floor mons.

Class 1 Penetration Checklist

Hollow walls, ceilings or floors, or 2 inches or less into solid material

	Yes	N/A
Checked other side of walls, under floors, or through false ceilings for hazards?	___	<input checked="" type="checkbox"/>
Verified stud locations?	___	<input checked="" type="checkbox"/>
Non-conductive tools to be used?	___	<input checked="" type="checkbox"/>
Masonry bits and hand tools to be used for initial penetration?	___	<input checked="" type="checkbox"/>
Drill bit stops or short drill bits (2 inches or less) to be used for solid material?	<input checked="" type="checkbox"/>	___
Electrical tools equipped with GFCIs or double insulated?	<input checked="" type="checkbox"/>	___
GFCIs tested?	<input checked="" type="checkbox"/>	___
Appropriate PPE specified (see page 3) and obtained?	<input checked="" type="checkbox"/>	___
PPE inspection(s) up to date?	<input checked="" type="checkbox"/>	___
Penetration is within a radiologically controlled area or a radioactive material management area? <i>If yes, complete the "Radiation Safety" portion of the form.</i>	___	<input checked="" type="checkbox"/>
Penetration is part of accelerator shielding (for example: the Accelerator Housing Structure, End Station A Hall, Klystron Gallery Floor)? <i>If yes, complete the "Radiological Safety" section of the form.</i>	___	<input checked="" type="checkbox"/>
A Radiation Safety Work Control Form (RSWCF) is required for all penetrations that meet any of the following conditions (contact the area safety officer for more information):	___	<input checked="" type="checkbox"/>
<ul style="list-style-type: none"> • Into or through non-concrete radiation shielding • Into concrete radiation shielding, with penetration exceeding 2 inches in diameter • Into concrete radiation shielding, with penetration exceeding 6 inches deep • Into concrete radiation shielding where penetration is not re-filled with a dense material (e.g. concrete or steel) • All the way through concrete radiation shielding 		
Checklist completed by: _____	Date: _____	

Complete "Hazards and Required Controls" section.

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Class 2 Penetration Checklist

Greater than 2 inches into solid material

	Yes	N/A
Reviewed historical records, engineering plans, and drawings?	_____	_____
Area responsible person/designee, customer/requester, or other personnel consulted?	_____	_____
Visually inspected proposed location of penetration?	_____	_____
Checked other side of walls, under floors, or through false ceilings for hazards?	_____	_____
De-energized and locked/tagged-out energy sources as required?	_____	_____
NDT used to determine if additional hazards exist? <i>If yes, list results under "Hazards."</i>	_____	_____
NDT used to determine wall reinforcement?	_____	_____
Electrical tools equipped with GFCI or double-insulated?	_____	_____
GFCIs tested?	_____	_____
Appropriate PPE specified (see page 3) and obtained?	_____	_____
PPE inspection(s) up to date?	_____	_____
Short drill bits used or equipment marked to limit penetration depth?	_____	_____
Penetration is within a radiologically controlled area or a radioactive material management area. <i>If yes, complete the "Radiological Safety" section of the form.</i>	_____	_____
Penetration is part of accelerator shielding (for example: the Accelerator Housing Structure, End Station A Hall, Klystron Gallery Floor)? <i>If yes, complete the "Radiological Safety" section of the form.</i>	_____	_____
A Radiation Safety Work Control Form (RSWCF) is required for all penetrations that meet any of the following conditions (contact the area safety officer for more information):	_____	_____
<ul style="list-style-type: none"> • Into or through non-concrete radiation shielding • Into concrete radiation shielding, with penetration exceeding 2 inches in diameter • Into concrete radiation shielding, with penetration exceeding 6 inches deep • Into concrete radiation shielding where penetration is not re-filled with a dense material (e.g. concrete or steel) • All the way through concrete radiation shielding 		
Checklist completed by: _____	Date: _____	

Complete "Hazards and Required Controls" section.

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Hazards and Required Controls

May reference JHAM or AHA if hazards/controls are documented there

Hazards

Type and size of energy sources present (including results from NDT, if used):

Hazards specific to the tools that will be used:

~~Flying Debris~~, Noise

Work environment hazards (such as moisture, lead, asbestos, etc.):

~~Asbestos~~ Flying Debris

Other hazards:

Controls

Procedural requirements: use depth gauge set to <2"

Types and classification of PPE:

eye + ear protection

Other controls:

Complete the "Radiological Safety" section if appropriate, and complete the Review, Approval, and Authorization section at the end of this form.

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Radiological Safety

Radiological Survey, RP Field Operations Group, Ext. 4299

This section to be completed by RP if the penetration will be within a radiologically controlled area, radioactive materials management area, or accelerator housing. Please allow two days.

Pre-work survey required Radiological HEPA vacuum cleaner required

Additional requirements for this penetration:

Penetration does not need special requirements.

Checked by: _____ Date: _____

Review, Approval, and Authorization

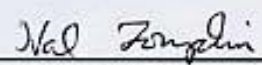
Any deviation from the scope of work identified on this permit requires re-validation of this permit. This penetration permit expires 30 days after issuance.

Class 1 & 2 Authorizations

I have discussed the hazards and controls with the workers and verified that they are trained/qualified to perform the work.

 _____ DATE: 5/13/09
Responsible line manager/designee signature

Additional Authorization for Class 2

 _____ DATE: 5/13/09
Area responsible person (e.g. area or building manager)