

PENETRATION PERMIT

Permit # SLAC 002

JOB DESCRIPTION:

Mount install

JOB LOCATION:

NEH

UTILITIES AFFECTED:

None

START: 2/13/08 FINISH: 4/13/08 ~~6-1-08~~ 7-1-08

Contractor Performing Penetration

- Construction drawing reviewed
 YES NO N/A Attached YES NO
- Owner As-built drawings requested and reviewed
 YES NO N/A Attached YES NO
- Marked location of existing utilities
 YES NO N/A Attached YES NO
- The permit checklist is complete and attached to the penetration permit.
 YES NO N/A
- Is the penetration in New material YES NO
Existing material YES NO **IF YES SLAC PERMIT IS REQUIRED**
- Is the work in or around a RCA
 YES NO **IF YES SLAC PERMIT IS REQUIRED**

CONTRACTOR FIRST LINE SUPERVISOR:

Catherine Leocq
Name

[Signature]
Signature

2/13/08
Date

DESIGNATED COMPETENT PERSON

MICHAEL GARDNER
Name

[Signature]
Signature

2/13/08
Date

TURNER CONSTRUCTION PERMIT APPROVAL/AUTHORIZATION TO PROCEED

Permit has been reviewed on-site at the location of this proposed penetration

PROJECT SUPERINTENDENT:

[Signature]
Name

[Signature]
Signature

2/13/08
Date

PROJECT SAFETY MANAGER

Andrew Leove
Name


[Signature]
Signature

2/13/08
Date

IN THE EVENT THAT THE PLANNED CONDITIONS CHANGE, THE WORK WILL BE PAUSED AND RE-EVALUATED BY THE PROJECT SUPERINTENDENT AND PROJECT SAFETY MANAGER.

② For Penetrations Going Through New Installations

SCANNED

	YES	NO
<input type="checkbox"/> Is the penetration going through a new installation? <i>(If so the Turner Penetration permit must be completed only)</i>	✓	
<input type="checkbox"/>  Is the work in or around an RCA? <i>(If so a SLAC penetration permit must accompany the Turner Penetration Permit and be submitted to SLAC for review)</i>		✓
<input type="checkbox"/> Has the penetration been accurately detailed on a locators drawing?		N/A
<input type="checkbox"/> Has scanning of the proposed penetration(s) location(s) been accomplished? <i>(Example: GPR)</i>		N/A
<input type="checkbox"/> Has the layout of the penetration been reviewed and compared to the construction drawings? List drawing Numbers: P 2601 E 2651	✓	
<input type="checkbox"/> Has the layout of the penetration been compared to as-builts provided by the client? List drawing Numbers:		N/A
<input type="checkbox"/> Does the location of the proposed penetration lie near any utilities? <i>(Is so how close? 4' _____)</i>	✓	
<input type="checkbox"/> Has this permit been submitted to Turner for review?	✓	
<input type="checkbox"/> Has the penetration location(s) been laid out at the proposed location(s) in the field?	✓	
<input type="checkbox"/> Has a walkthrough with a Turner representative been completed?	✓	
<input type="checkbox"/> If penetration goes through new material into existing material, must complete page 1.		✓

Penetration Safety: Penetration Permit

Work Request # (if applicable): _____ Date Permit Submitted: _____

General Information

Area/location	Date(s) work will be performed	Job description (location of penetration, material to be penetrated, tools, etc)
BTH T04H LH TO DUMP DUMP MAZE X-RAY TUNNEL		DRILL HOLES IN WALL + FLOOR IN X-RAY TUNNEL BTH, LH HALL, DUMP + DUMP MAZE
Responsible line manager or designee Name/Organization)	Phone #	Other information (e.g., depth of penetration, etc)
CATHERINE LECOGR	650-926-2335	3" HOLES MAX: FOR INSTALLING OF SURVEY MONUMENTS.

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?	_____	_____
Electrical tools equipped with GFCIs or double insulated?	_____	_____
GFCIs tested?	_____	_____
Appropriate PPE specified (see page 3) and obtained?	_____	_____
PPE inspection(s) up to date?	_____	_____
Penetration is within a radiologically controlled area or a radioactive material management area? If yes, complete the "Radiation Safety" portion of the form.	_____	_____
Penetration is part of accelerator shielding (for example: the Accelerator Housing Structure, End Station A Hall, Klystron Gallery Floor)? If yes, complete the "Radiological Safety" section of the form.	_____	_____
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: <u>MICHAEL ROGERS</u>	Date: <u>5-15-2008</u>	

Complete "Hazards and Required Controls" section.

Penetration Safety: Penetration Permit

Class 2 Penetration Checklist

Greater than 2 inches into solid material

	Yes	N/A
Reviewed historical records, engineering plans, and drawings?	<input checked="" type="checkbox"/>	_____
Area responsible person/designee, customer/requester, or other personnel consulted?	<input checked="" type="checkbox"/>	_____
Visually inspected proposed location of penetration?	<input checked="" type="checkbox"/>	_____
Checked other side of walls, under floors, or through false ceilings for hazards?	<input checked="" type="checkbox"/>	_____
De-energized and locked/tagged-out energy sources as required?	_____	<input checked="" type="checkbox"/>
NDT used to determine if additional hazards exist? <i>If yes, list results under "Hazards."</i>	_____	<input checked="" type="checkbox"/>
NDT used to determine wall reinforcement?	_____	<input checked="" type="checkbox"/>
Electrical tools equipped with GFCI 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"/>	_____
Short drill bits used or equipment marked to limit penetration depth?	<input checked="" type="checkbox"/>	_____
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>	_____	<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: <u>MICHAEL ROGERS</u>	Date: <u>5-15-2008</u>	

Complete "Hazards and Required Controls" section.

Penetration Safety: Penetration Permit

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):

NO

Hazards specific to the tools that will be used:

NONE

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

NONE

Other hazards:

NO

Controls

Procedural requirements:

TOOL INSPECTION, GFCI TESTED

Types and classification of PPE:

GLOVES SAFETY GLASSES REF. VEST, BOOTS

Other controls:

VACUUM

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

Penetration Safety: Penetration Permit

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.

[Signature] DATE: 5/15/08
Responsible line manager/designee signature

Additional Authorization for Class 2

[Signature] DATE: 5/15/08
Area responsible person (e.g. area or building manager)

Nal Tompkin (for FEE, NEH, and XRT) 5/15/08