

AP-012-01 - Radiation Work Permit

RADIATION WORK PERMIT			
Job Supervisor: Al Craig/Mike Plonski		Date: 2/23/2017	RWP #: 10-1007.00-3
Location of Work: Former UNC Manufacturing Facility, New Haven, CT			
Description of Work: Remedial Support Surveys, Final Status Surveys.			
SUMMARY OF RADIOLOGICAL CONDITIONS			
LOCATION	CONTAMINATION LEVELS	RADIATION LEVELS	AIRBORNE CONCENTRATIONS
Throughout Building 3H/6H	$< 1,000 \alpha / 1,000 \beta\text{-}\gamma$ Removable $< 5,000 \alpha / 5,000 \beta\text{-}\gamma$ Total	$< 10 \mu\text{Rem/hr}$ Area above background $< 500 \mu\text{Rem/hr}$ contact	$< 1\text{E-}14 \text{ uCi/ml}$ effluent $< 2\text{E-}11 \text{ uCi/ml}$ breathing zone
REQUIRED RADIOLOGICAL CONTROLS			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Coveralls</div> <div style="width: 33%;"><input type="checkbox"/> Glove Liners</div> <div style="width: 33%;"><input type="checkbox"/> BZ/Lapel Air Sampler</div> <div style="width: 33%;"><input type="checkbox"/> Hood</div> <div style="width: 33%;"><input type="checkbox"/> Plastic Shoe Covers</div> <div style="width: 33%;"><input type="checkbox"/> Lab Coat</div> <div style="width: 33%;"><input type="checkbox"/> Surgeon's Cap</div> <div style="width: 33%;"><input type="checkbox"/> Rubber Shoe Covers</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Pre-Job Meeting</div> <div style="width: 33%;"><input type="checkbox"/> Surgeon's Gloves</div> <div style="width: 33%;"><input type="checkbox"/> Tape Gloves to Sleeves</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Continuous HP Coverage</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Rubber Gloves</div> <div style="width: 33%;"><input type="checkbox"/> Plastic Suit</div> <div style="width: 33%;"><input type="checkbox"/> TLD/OSL</div> <div style="width: 33%;"><input checked="" type="checkbox"/> Trained Radiation Worker(s)</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> </div>			
Special Instructions: Level D Modified PPE also includes work boots, hard hats, and safety glasses. Add coveralls and rubber shoe covers in excavations.			
YOUR SIGNATURE INDICATES THAT YOU HAVE READ AND UNDERSTAND THE RADIOLOGICAL CONDITIONS AND CONTROLS.			
NAME	SIGNATURE	NAME	SIGNATURE
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Approved by (print name) </div> <div style="width: 45%;"> _____ Signature </div> <div style="width: 10%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ Re-approved by (print name) </div> <div style="width: 45%;"> _____ Signature </div> <div style="width: 10%;"> _____ Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> _____ RWP Terminated by (print name) </div> <div style="width: 45%;"> _____ Signature </div> <div style="width: 10%;"> _____ Date </div> </div>			

RADIATION WORK PERMIT ADDITION SHEET

NAME

SIGNATURE

NAME

SIGNATURE

Reviewed by (print name)

Signature

Date _____