



# Fermilab

## WORK PERMIT AND NOTIFICATION FORM

(Follow Instructions on the Other Side)

### Project/Activity General Information:

Building Name or Site Location: C0 ENCLOSURE Project # \_\_\_\_\_

Job/Description:

The electricians from Arlington Electric shall modify existing 2" copper sq bus. This will require @ 6 cuts, and the brazing of 8 joints, 2 adapters, and 2 flags. Must of this work shall be performed in the C0 enclosure, for the Lambertson magnet.

Division/Section Supervising Work: BEAMS Landlord Division/Section: BEAMS

Task Manager/Construction Coordinator: JAMES RANSON Phone #: 3216 Pager #: 0782

Subcontractor: T&M ARLINGTON ELECTRIC Phone #: \_\_\_\_\_ Pager #: 0207

Est. Starting Date: 01/13/03 COMPLETION DATE 12/31/03

### Systems Affected / Notification Required: (Check all that apply- Follow notification list on back)

- | Yes                      | No                                  |   |
|--------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Any Utility System (e.g., Gas, CW, ICW, DWS, LCW, Sanitary Sewer) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Electrical System   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | HVAC  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Fire Protection System  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Tele-Communication  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Data- Communication System  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | FIRUS System  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roof Systems  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Parking Lot, Hardstand, Road or Turf                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Other (Specify): _____  |

### Permits Required: (Check all that apply)

- | Yes                                 | No                                  |   |
|-------------------------------------|-------------------------------------|---|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Welding, Cutting, Brazing (Fermi Fire Dept.)          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Fire Protection System Disablement (FESS)             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Confined Space Entry (ES&H Manual 5063)               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Electrical Hazard Analysis / Work Permit (FESHM 5042) |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Potable Water Permit (ES&H Manual 8050)               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Radiological Work Permit (Landlord Div./Sec. RSO)     |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Excavation Permit (FESHM 7030)                        |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Environmental Permits                                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Sanitary Sewers (ES&H Manual 8025)                    |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other (Specify) _____                                 |

### Training Required: (Answer All)

- | Yes                                 | No                                  |                                |
|-------------------------------------|-------------------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Oxygen Deficiency Hazard (ODH) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | Radiation Worker               |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | GERT                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Confined Space                 |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Respiratory Protection         |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other (Specify) _____          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | Other (Specify) _____          |

Special Precautionary Note: \* any items stated as scrap are Group II, must remain on site.

### Signatures

Task Manager/Construction Coordinator: JAMES RANSON Date: 12/03/02

Building Manager [Signature] Date 12-3-02

Landlord Div/Sec SSO [Signature] \* mae Date 12/16/02 12/13/02

**Project Hazard Analysis Form**

This form is to be completed by the construction subcontractor or Fermilab Task Manager for acceptance prior to the Notice to Proceed. In addition, this form is to be maintained at the site where the work is being performed. This is a dynamic document, which requires modifications as the project moves from start to finish.

Job Title BRAZING FOR 4" BUSS

Contract Number \_\_\_\_\_

Job Location CO SERVICE BUILDING AND ENCLOSURE

**Subcontractor**

**Fermilab**

Company Arlington Elect.

Project Manager JAMES RANSON

Project Manager N/A

Phone 3216

Phone \_\_\_\_\_ Page \_\_\_\_\_

TM/CC \_\_\_\_\_

Superintendent Jeff Dement

Phone 3216 Page 0782

Phone \_\_\_\_\_ Page 207

ES&H Rep. Dave Cathey

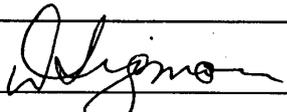
ESH Rep. \_\_\_\_\_

Phone 8362 Page 613/867-6055

Phone \_\_\_\_\_ Page \_\_\_\_\_

Other

Reviewed by BD/SSO: \_\_\_\_\_

<input checked="" type="checkbox"/>	Accepted		Date <u>12-3-02</u>
<input type="checkbox"/>	Accepted as noted	_____	Date _____

*pa*

Phase of Work	Safety Hazard	Precaution/Safety Procedures
<p>Scope of work: The electricians from Arlington Electric shall modify existing 2" copper sq bus. This will require @ 6 cuts, and the brazing of 8 joints, 2 adapters, and 2 flags. Must of this work shall be performed in the C0 enclosure, for the Lambertson magnet.</p>		<p>The Fermi-Lab Task Manger shall require the Arlington electric foreman to observe and enforce all safety rules and shall furnish a copy of these rules to each employee who is covered by these rules.</p>
<p>LOTO.</p>	<p>Energy control procedures.</p>	<p>Apply the lockout and tag-out devices. Verify the isolation and de-energization of the machine or equipment. The task manager shall consult with the area RSO once the job is scheduled and prior to commencing work for information on current radiological and ODH conditions and requirements. Before lockout and tag-out devices are removed and energy is restored to the machine or equipment, the worker must take steps to ensure that non-essential item have been remove and that the machine or equipment components are intact and capable of operation properly. Make sure that locks and tags are removes <b>ONLY</b> by those employees who attached them.</p>

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<p>Loading/unloading of reels/cable/wire/ jack stand/ tools, conduit and other materials and equipment from pickup truck.</p>	<p>Hand injuries/pinching. Back and hand injuries.</p>	<p>Prior to any lifting or strenuous activity, stretch your muscle to avoid strains. Do not attempt to lift or move any material or equipment if there is doubt in your mind about your ability to do so. Work shall not be performed in areas, the work area, or access to the work area, if rendered unsafe as a result of open and or unguarded stairwells, shafts or decks, etc., on open construction. Wear gloves when handling materials with sharp or rough surfaces. Always wear eye and face protection when operation machines that presents potential eye or face injury from physical, chemical or radiation agents. Approved safety boots shall be worn on all job-sites and projects. Examine each tool for damage before use. Insure that all tools, ladders, and equipment are safe and in good working order. Deposit your waste material and rubbish in containers provided. Do not litter floor areas. Smoking is not permitted on jobsites, except in designated areas.</p>
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<p>Brazing</p>	<p>Climbing/back and hand injuries. Dust and eye injuries. Falling objects with trips hazards.</p>	<p>The task manager shall consult with the area RSO once the job is scheduled and prior to commencing work for information on current radiological conditions and requirements.</p> <p>All welding and cutting equipment including goggles, helmets and other approved protective devices shall be periodically inspected and properly maintained.</p> <p>Only properly qualified persons shall do welding or cutting.</p> <p>When working with welding equipment, approved goggles or helmets, gloves and other approved protective devices shall be worn.</p> <p>A fire extinguisher shall be immediately available at all locations where welding and cutting equipment is in use.</p> <p>Deposit your waste material and rubbish in containers provided.</p> <p>Do not litter floor areas.</p> <p>Smoking is not permitted on jobsites, except in designated areas.</p> <p>When installation is completed, Pick-up surplus material, tools and debris to prevent tripping hazards.</p>
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