



WORK PERMIT AND NOTIFICATION FORM

(Follow Instructions below)

Project Activity General Information:

Building Name or Sight Location: CO FIMS #: 230 Project # _____
 Job Description: Lambertson Modifacation (LCW ~~WATER~~ SYSTEM MODIFICATIONS)
Replacing Lambertsons with Dipole Magnets

Division/Section Supervising Work: _____ Landlord Division/Section: _____
 Task Manager/Construction Coordinator: John Todd Phone #: 5507 Pager #: 266-8361
 Subcontractor: SEA Mechanical Phone #: 315-474-8156 Pager #: _____
 Est. Starting Date: 1/13/2003 Est. Completion Date: 1/31/2003

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

- yes no Any Utility System (e.g., Gas, CW, ICW, DWS, LCW, Sanitary Sewer)
- yes no Electrical System
- yes no HVAC
- yes no Fire Protection System
- yes no Tele-Communication
- yes no Data Communication System
- yes no FIRUS System
- yes no Roof Systems
- yes no Parking Lot, Hardstand, Road or Turf
- yes no Other (Specify): Contractor Orientation

Permits Required: (Check all that apply)

- yes no Welding, Cutting, Brazing (Fermi Fire Dept.)
- yes no Fire Protection System Disablement (FESS)
- yes no Confined Space Entry (ES&H manual 5063)
- yes no Electrical Hazard Analysis/Work Permit (FESHM 5042)
- yes no Potable Water Permit (ES&H Manual 8050)
- yes no Radiological Work Permit (landlord Div./Sect. RSO)
- yes no Excavation Permit (FESHM 7030)
- yes no Environmental Permits
- yes no Sanitary Sewers (ES&H Manual 8025)
- yes no Other (Specify): Contractor Orientation

Training Required: (Answer All)

- yes no Oxygen Deficiency Hazard (ODH)
- yes no Radiation Worker
- yes no GERT
- yes no Confined Space
- yes no Respiratory Protection
- yes no Other (specify) Contractor
- yes no Other (specify) Contractor

Special Precautionary Note: Capture all chips and shavings resulting from use of a "sawz-sall" with a rad-vac.*

Signatures

Task Manager/Construction Coordinator: John Todd Date: 12-04-02
 Building Manager: [Signature] Date: 12-4-02
 Landlord Div/Sec SSO: J. N. L. H. Howard* Date: 12/5/02
MSB 12/4/02 12/6/02

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 CO LCW Lambertson Modification
 Contract/Change Order Number _____
 Job Location CO

Subcontractor

Fermilab

Company	<u>SEA Mechanical</u>	Project Manager	<u>John Riordan</u>
Project Manager	<u>Jose</u>	Phone	<u>8116</u>
Phone	<u>815-474-8156</u>	TM/CC	<u>John Todd</u>
Page	_____	Phone	<u>5507</u>
Superintendent	_____	Page	<u>266-8361</u>
Phone	<u>815-474-8156</u>	ES&H Rep.	<u>David Cathey</u>
Page	_____	Phone	<u>8362</u>
ES&H Rep.	_____	Page	<u>218-3445</u>
Phone	_____	Other	_____
Page	_____		

_____ Accepted _____	Date _____
_____ Accepted as noted _____	Date _____

Job Title . CO LCW Lambertson Modification

Utilizing the format below, identify hazards and safety precautions/procedures to mitigate hazards. Use as many sheets a necessary.

Phase of Work	Safety Hazard	Precaution/Safety Procedures
Electrical	Shock and System Short Fire alarm cables	Lockout Associated power Supplies standard lockout when entering tunnel Fill Out Burn Permit & Keep Posted Be Careful not to burn or destroy Protective Cable along ceiling
Height	Fall Hazard , approx. 12' at times	Sure Footing , use solid Ladders only , Fall protection plan
Cutting	Burns , Fire , Eyes Radioactive Shavings	Proper PPE Equipment, EX. Gloves, Glasses Type 3 or 4 Burn Cream Fire Extinguisher on hand, Vacuum For shavings. Rad. Tech. To Check Prior to use and After use as well as shavings themselves
Brazing	Burns , Fire , Eyes	Approved Gloves , Glasses Type 3 or 4 Fire Extinguisher,
Lifting	Possible Overexertion	Approved Gloves , Glasses Type 3 or 4 Fire Extinguisher, Use Proper Lifting Techniques Two Person Rule in Effect when lifting Pipe Radiation Training ODH Monitor, Air Pack Two person Rule In Effect
Training Required Prior to Start of Job		
1.Rad Worker Training 2. Contractor Orientation 3. ODH Training		