



# BNL Static Magnetic Fields Exposure Form

## Part A: Source Hazard Assessment Record

I. Source Identification																			
Department: <b>NSLS</b>		Building: <b>725, 729</b>		Room or Area (location of source): <b>Corridor outside LINAC</b>															
Identifier/ Name of Source: <b>Klystron assembly permanent magnets</b>																			
Status of Source Usage (check all that apply): <input checked="" type="checkbox"/> In use on frequent basis <input type="checkbox"/> Planned use in the near future <input type="checkbox"/> Possible future use <input type="checkbox"/> No planned use <input type="checkbox"/> Intermittent use <input type="checkbox"/> One-time use <input type="checkbox"/> Other:																			
<b>Check or Describe Use or Process:</b> <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Accelerator magnets</td> <td><input type="checkbox"/> Nuclear Magnetic Resonance</td> <td><input type="checkbox"/> Ion pumps</td> </tr> <tr> <td><input type="checkbox"/> Beam transport magnet</td> <td><input type="checkbox"/> Magnetic Resonance Imaging</td> <td><input checked="" type="checkbox"/> Permanent magnet</td> </tr> <tr> <td><input type="checkbox"/> Detector magnets</td> <td><input type="checkbox"/> Medical device</td> <td><input type="checkbox"/> Electromagnet lifting device</td> </tr> <tr> <td><input type="checkbox"/> Super-conducting coils</td> <td><input type="checkbox"/> Electron microscope</td> <td><input type="checkbox"/> Tool Chuck/clamp</td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td><input type="checkbox"/> Magnetometers</td> <td></td> </tr> </table>					<input type="checkbox"/> Accelerator magnets	<input type="checkbox"/> Nuclear Magnetic Resonance	<input type="checkbox"/> Ion pumps	<input type="checkbox"/> Beam transport magnet	<input type="checkbox"/> Magnetic Resonance Imaging	<input checked="" type="checkbox"/> Permanent magnet	<input type="checkbox"/> Detector magnets	<input type="checkbox"/> Medical device	<input type="checkbox"/> Electromagnet lifting device	<input type="checkbox"/> Super-conducting coils	<input type="checkbox"/> Electron microscope	<input type="checkbox"/> Tool Chuck/clamp	<input type="checkbox"/> Other (specify):	<input type="checkbox"/> Magnetometers	
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II. Exposure Summary [Complete Part B: Field Strength Measurement Record or attach documentation from manufacturer]																			
Target Body Area	BNL Exposure Limits**																		
	TWA-8		Ceiling																
	(mT)	(G)	(mT)	(G)															
Cardiac Pacemaker & Ferromagnetic Objects*			0.5	5															
Whole Body (Torso or Head)	60	600	2,000 (2 T)	20,000															
Extremities (Limbs)	600	6,000	5,000 (5 T)	50,000															
*Ferromagnetic Objects (Ceiling), including medical implants and prostheses, may be affected by fields. Additional evaluation is required.																			
** TWA-8 = $(B_1 t_1 + B_2 t_2 + \dots + B_n t_n) / 480$ minutes      (See Exhibit BNL Static Magnetic Field Exposure Limits for details.) B = Flux Density [mT] t = time of exposure [minutes]																			
<b>Maximum Exposure Potential surveyed applicable to worker exposure (mT): 1000 Gauss at contact (extremities)</b>																			
III. Exposure Hazard Evaluation: Indicate worker exposure potential on the OMC Job Assessment Form or OMC Static Magnetic Field Questionnaire form.																			
Flux Density																			
1a. <input type="checkbox"/> Flux Density $\geq 0.5$ mT (5 Gauss). No potential for individuals with medical electronic devices or ferromagnetic implants/prostheses* to be exposed above 0.5 mT (5 Gauss).																			
1b. <input checked="" type="checkbox"/> Flux Density $\geq 0.5$ mT (5 Gauss). Access to > 5G for individuals with medical electronic devices or ferromagnetic implants/prostheses* is not permitted.																			
2a. <input type="checkbox"/> Flux Density $\geq 60$ mT (600 Gauss) - Whole Body. No potential to exceed the 8 hours TWA.																			
2b. <input type="checkbox"/> Flux Density $\geq 60$ mT (600 Gauss) - Whole body. Potential to exceed the 8 hours TWA. Controls must be used.																			
3a. <input type="checkbox"/> Flux Density $\geq 600$ mT (6000 Gauss) - Limbs. No potential to exceed the 8 hours TWA.																			
3b. <input type="checkbox"/> Flux Density $\geq 600$ mT (6000 Gauss) - Limbs. Potential to exceed the 8 hours TWA. Controls must be used.																			
4a. <input type="checkbox"/> Flux Density $\geq 2$ T (ceiling) - Whole Body. No potential to exceed the BNL ceiling.																			
4b. <input type="checkbox"/> Flux Density $\geq 2$ T (ceiling) - Whole Body. Potential to exceed the BNL ceiling. Controls must be used.																			
5a. <input type="checkbox"/> Flux Density $\geq 5$ T (ceiling) - Limbs. No potential to exceed the BNL ceiling.																			
5b. <input type="checkbox"/> Flux Density $\geq 5$ T (ceiling) - Limbs. Potential to exceed the BNL ceiling. Controls must be used.																			
* Medical electronic devices include cardiac pacemakers, electronic inner ear prostheses, and insulin pumps. Ferromagnetic implants/ prostheses include aneurysm clips, replacement hips.																			

**4. Describe job/task and potential for employee exposures** (e.g., type of work performed around source, method of control, time spent in fields [hours/day] and method of determining exposure):

Incidental extremity contact with magnets during maintenance or repair. At > 3", the magnetic field drops below 600 Gauss, so there is no opportunity for whole body exposure above limits. In the corridor, the exposure level is > 5 Gauss, so no entry for those with medical electronic implants or ferromagnetic implants.

**5. Frequency of exposure** (e.g., # days per year or month, # tests per year, in continuous use, etc.):

For maintenance – 1/yr, for repair ~ 2/yr for a few days each

For walking through corridor (12.5 Gauss) – daily

#### IV. Precautions / Engineering & Administrative Controls

**Precautions During Use** (check all that apply):

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Signs   | <input type="checkbox"/> Lights                    |
| <input type="checkbox"/> Barriers   | <input type="checkbox"/> Restricted access         |
| <input type="checkbox"/> Rotation of workers  | <input type="checkbox"/> Working when de-energized |
| <input checked="" type="checkbox"/> Use of nonferromagnetic tools   |  |
| <input type="checkbox"/> Physical indicator of fringe fields (e.g., use of string with paper clips or equivalent) |  |

Other:

#### Written Documentation:

- Experimental Review ([Work Planning and Control for Experiments and Operations](#) Subject Area)  
 Work Planning and Control ([Work Planning and Control for Experiments and Operations](#) Subject Area)  
 Written SOP (describe):

Other kinds of workers who may require information/written documentation/training to enter this area:

All Users, visitors and tours are informed of magnetic fields in the corridor via the Visitor/Escort form, and/or User Safety Training. People with medical electronic implants or ferromagnetic implants are asked to use a different entrance. Employees and long-term residents are evaluated by the Occupational Medical Clinic.

#### Checklist:

Employee training:  Static Magnetic Fields Web Course  Dept/Division-Specific Training

Supervisors training:  Static Magnetic Fields Web Course  Dept/Division-Specific Training

Training required to be linked to Job Training Analysis for affected workers:  yes  no

Worker evaluation required by OMC (all workers exposed to  $\geq 5G$ )  yes  no

yes  no

#### V. Initial Assessment

**Completed by:** L. Stiegler

**Date:** 10/20/08

**Reviewed by ES&H Coordinator:** L. Stiegler

**Date:** 10/20/08

Forward the original form to the Static Magnetic Fields Subject Matter Expert, copies to your ES&H Coordinator and Safety & Health Representative. Retain a copy in your files. Update and resubmit the assessment when changes occur.