

Part A: Source Hazard Assessment Record

| I. Source Identification | | | |
|--|---|---|-------------------------|
| Department: NSLS | Building: 725 | Room or Area (location of source): X21A3 | |
| Identifier/ Name of Source: Oxford High Field, 13 Tesla, Split Pair Superconducting Magnet | | | |
| Status of Source Usage (check all that apply): <input 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 checked="" type="checkbox"/> Intermittent use <input type="checkbox"/> One-time use <input type="checkbox"/> Other: 2-3 weeks each cycle 3 cycles/year | | | |
| Check or Describe Use or Process: | | | |
| <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 type="checkbox"/> Permanent magnet | |
| <input checked="" 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): | | | |
| 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 + ... + 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] | | | |
| Maximum Exposure Potential surveyed applicable to worker exposure (mT): 600 mT @ contact, 60 mT@1 foot; 0.5 mT @8 feet | | | |
| 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 ≥ 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 type="checkbox"/> Flux Density ≥ 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 ≥ 60 mT (600 Gauss) - Whole Body. No potential to exceed the 8 hours TWA. | | | |
| 2b. <input checked="" type="checkbox"/> Flux Density ≥ 60 mT (600 Gauss) - Whole body. Potential to exceed the 8 hours TWA. Controls must be used. | | | |
| 3a. <input type="checkbox"/> Flux Density ≥ 600 mT (6000 Gauss) - Limbs. No potential to exceed the 8 hours TWA. | | | |
| 3b. <input type="checkbox"/> Flux Density ≥ 600 mT (6000 Gauss) - Limbs. Potential to exceed the 8 hours TWA. Controls must be used. | | | |
| 4a. <input type="checkbox"/> Flux Density ≥ 2T (ceiling) - Whole Body. No potential to exceed the BNL ceiling. | | | |
| 4b. <input type="checkbox"/> Flux Density ≥ 2T (ceiling) - Whole Body. Potential to exceed the BNL ceiling. Controls must be used. | | | |
| 5a. <input type="checkbox"/> Flux Density ≥ 5T (ceiling) - Limbs. No potential to exceed the BNL ceiling. | | | |
| 5b. <input type="checkbox"/> Flux Density ≥ 5T (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):

This source is used to study field-induced effects in condensed matter systems

Samples will typically be inserted with the magnet at 0 Tesla, but samples may have to be aligned at highest magnetic field contact location. Extremities shall be used for this operation. NO CONTACT allowed with torso to the surface of the magnet.

Individuals operating the magnet will be listed on Experimental Safety Approval Forms or be resident members of the beamline Participating Research Team. All will have taken Beam Line Operator Safety Awareness for this beamline.

Area must be carefully cleared of all loose ferromagnetic objects prior to operation of the magnet.

For a description of the Oxygen Deficiency Hazard review, see NSLS General Review # 000400.

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

Exposures to higher fields (60 mT or above) will typically be extremities only; ~5 -10 minutes/hour (<2 hours/day)

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 checked="" type="checkbox"/> Working when de-energized |
| <input 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:

Inform adjacent beamline of operation schedule

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:

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: Lori Stiegler & Christie Nelson

Date: 10/20/08

Reviewed by ES&H Coordinator: Lori 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.