| HANFORD JOB SPECIFIC BERYLLIUM WORK PERMIT(BWP) | | | | | | | |
|---|--------------|---------------------------|----------------------|-----------------|-----------------|-----------------------|--|
| 1. Hanford Job Specific Beryllium Work Permit (BWP) No.: | | | | | Rev. No.: | | |
| 2. Work Document No.: | | | | | | | |
| 3. Date Effective: 4. Date Expires: | | | 5a) Prime Contractor | | | | |
| | | 5b) Sub-Contractor | | | | | |
| 6. Location: Area: | | Building: | | Room: | Other: | | |
| 7. Work Activity Description: | | | | | | | |
| ENTRY REQUIREMENTS | | | | | | | |
| (A) Only employees who have received and are current on Beryllium Worker Training, and medically cleared by the Site Medical Provider and verified by management to perform Beryllium activities are qualified to work in a BCA or BRA. (B) Prior to work under this BWP, any open or uncovered wounds must be reported to management. Open or uncovered wounds are prohibited in a BCA/BRA. (C) A review and update/revision of the BWP shall be conducted when changes occur in the field that could impact the validity of the Job Hazard Analysis (or equivalent) and/or the Hazard Assessment the BWP supports. (D) Support personnel who are required to handle or may be required to handle potentially contaminated material (e.g., undress assistance, upset condition response, and reaching across the boundary to receive items/material) shall be Beryllium Worker trained and medically cleared to perform beryllium activities. | | | | | | | |
| BERYLLIUM CONTROL INFORMATION | | | | | | | |
| 8. Area Posting: | Berylliu | um Controlled Area | | Beryllium Regul | ated Area | | |
| Special Instructions: | | | | | | | |
| 9. Access Control | Door(s | s) 🗌 Gate(s) | | Fencing | 🗌 Rope | | |
| Special Instructions: | | | | | | | |
| 10. Engineering Controls: | 🗌 Local E | Exhaust Ventilation (LE | EV) | General Ve | entilation | U Wet Method Fixative | |
| | 🗌 HEPA | Vac Area Prior to Work | king | Containme | nt/Enclosure | □ None | |
| Special Instructions: | | | | | | | |
| 11. Respiratory Protection: | FF-AP | R OR PAPR | PAPR | - | Supplied Air | SCBA | |
| | None | E | Cartrid | ge Туре: | | | |
| Special Instructions: | | | | | | | |
| 12. Protective Clothing: | | Gloves; Type: | | | ermeable Gloves | Shoe Covers | |
| Special Instructions: | | able Booties |] Dispos | able Coveralls | Hood | Tape Openings | |
| • | | ing Zono Doroonal A/S | | Area A/S | | eter A/S | |
| 13. Air Sampling: Special Instructions: | | ing Zone Personal A/S | | Area A/S | | alei A/S | |
| 14. Surface Sampling: | Surfac | e Wine | 7 Bulk | | | | |
| Special Instructions: | | | | | | | |
| 15. IH Coverage: | | Review | Intermi | ttent | Continuous | Release/Clearance | |
| Special Instructions: | | | | lion | | | |
| 16. Decontamination of Items: | U Wet-W | /ine [|] HEPA | VAC | | | |
| Special Instructions: | | | | | | | |
| 17. Decontamination of Personnel: | HEPA | VAC Wet- | Vipe | | ess Assistance | Hand and Face Wash | |
| | | _ | mpo | | | | |
| Special Instructions: | | | | | | | |
| 18. Waste Labeling/Handling: | Contar | minated with Beryllium | | Bag/Wrap | Double Bag | Designated Container | |
| Special Instructions: | _ | | | 0 1 | | | |
| 19. Equipment Labeling/Handling: | Potent | ial Internal Beryllium Co | ontamina | tion 🗌 [| Double Bag | Bag/Wrap | |
| Special Instructions: | | | | | 0 | | |
| 20. Additional | | | | | | | |
| | | | | | | | |
| APPROVALS | | | | | | | |
| 21. Prepared By: | | | | | Date/Tim | e: | |
| 22. Approving Operations Manager | /Supervisor: | | | | Date/Tim | e | |
| 23. Approving Project Industrial Hygienist: | | | | | Date/Tim | | |