

Part A: Source Hazard Assessment Record

| I. Source Identification | | | |
|---|---|---|-----------------------|
| Department: NLSL | Building: 725 | Room or Area (location of source): X23B, X19A Stored in 1-123J (no field) | |
| Identifier/ Name of Source: Spectromag 4000-10 superconducting magnet (Oxford Instruments) Owned by NJ Inst. Of Technology | | | |
| 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: | | | |
| 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 checked="" 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] | | | |
| | BNL Exposure Limits** | | |
| Target Body Area | 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] | | | |
| Maximum Exposure Potential surveyed applicable to worker exposure (mT): Maximum field surveyed was ~2T at contact with north and south magnet windows. The 60 mT lines were ~ 15 inches away from these windows. The 0.5 mT line is at the outer surface of the hutch. | | | |
| 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 ≥ 2 T (ceiling) - Whole Body. No potential to exceed the BNL ceiling. | | | |
| 4b. <input type="checkbox"/> Flux Density ≥ 2 T (ceiling) - Whole Body. Potential to exceed the BNL ceiling. Controls must be used. | | | |
| 5a. <input type="checkbox"/> Flux Density ≥ 5 T (ceiling) - Limbs. No potential to exceed the BNL ceiling. | | | |
| 5b. <input type="checkbox"/> Flux Density ≥ 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): *This superconducting magnet is used for spectroscopy research inside a hutch. Personnel will approach the magnet periodically for brief intervals to adjust experimental apparatus.*

Required controls:

1. *Personnel operating this magnet shall keep their torso as far from the surface as possible. No whole body exposure greater than 14 minutes is allowed at surface of magnet window for each 8 hour day. Personnel should keep torso at least 15 inches away from magnet.*
2. *Prior to energizing the magnet in any location,*
 - a) *post magnetic field warning signs on the outside of the hutch*
 - b) *remove all ferromagnetic materials, credit cards, watches, etc.*
 - c) *conduct a full sweep of the surroundings to assure there are no loose ferromagnetic objects*
 - d) *inform adjacent beamline personnel to anticipate possible effects to their equipment*
 - e) *use non-ferromagnetic equipment for sample holders, manipulators, etc.*

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

This magnet is used approximately 7 days each cycle (3 x year)

IV. Precautions / Engineering & Administrative Controls

Precautions During Use (check all that apply):

- | | |
|---|--|
| <input checked="" type="checkbox"/> Signs | <input type="checkbox"/> Lights |
| <input checked="" 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:

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

V. Initial Assessment

Completed by: L. Stiegler & T. Tyson

Date: 10/31/08

Reviewed by ES&H Coordinator: L. Stiegler

Date: 10/31/08

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.