

Part A: Source Hazard Assessment Record

I. Source Identification			
Department: NLSL	Building: 725	Room or Area (location of source): U7A	
Identifier/ Name of Source: GMW Magnet Systems			
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 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		
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): 0.5 mT at 12" from magnet			
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 checked="" 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 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):

Users may stand near the magnet during experiments. The area is configured so that whole body exposure > 0.5 mT is not likely.

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

Exposure could be up to 12 hours/day for 2 weeks. Magnet is used at least 4 times/year

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 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

yes no

V. Initial Assessment

Completed by: L. Stiegler & D. Fischer

Date: 10/28/08

Reviewed by ES&H Coordinator: L. Stiegler

Date: 10/28/08

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.