

# CHPRC RADIOLOGICAL HAZARD SCREENING FORM<sup>1</sup>

|                           |                  |                         |
|---------------------------|------------------|-------------------------|
| <b>RHSF No.:</b>          | <b>Rev.:</b>     | <b>RWP<sup>2</sup>:</b> |
| <b>Work Document No.:</b> | <b>AJHA No.:</b> |                         |

**Title:**

**Job Description:**

**Job Location/Work Area:**

| <b>Part A -- High Hazard Radiological Work Screening Criteria</b>   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Will the estimated collective dose exceed 2,500 person-mrem?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will predicted airborne radioactivity concentrations exceed 1,000 DAC or result in an integrated exposure of over 400 DAC-hours to any worker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will work area removable contamination be greater than 1,000 times Table 2-2 values?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will there be entry into areas where whole body dose rates are >1 rem/hr?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. RadCon Organization determines High Hazard level review is warranted? <sup>3</sup>   | <input type="checkbox"/> | <input type="checkbox"/> |

*If the answers to all the above questions are "NO," then the work is not HIGH HAZARD radiological work. Continue with Part B.*

*If any of the above questions were answered "YES," then the work is designated as HIGH HAZARD radiological work. Skip Part B and C.*

| <b>Part B -- Medium Hazard Radiological Work Screening Criteria</b>  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 1. Will the estimated collective dose exceed 500 person-mrem but be less than or equal 2,500 person-mrem?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Will predicted airborne radioactivity concentrations exceed 100 DAC or result in an integrated exposure of over 40 DAC-hours to any worker? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Will work area removable contamination be greater than 100 times Table 2-2 values but less than or equal to 1,000 times Table 2-2 values?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will there be entry into areas where whole body dose rates are greater than 100 mrem/hr but less than or equal to 1,000 mrem/hr?            | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is there a potential for release of radioactive material that exceeds Table 2-2 values outside a CA, HCA, or ARA?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. RadCon Organization determines Medium Hazard level planning and review is warranted? <sup>3</sup>   | <input type="checkbox"/> | <input type="checkbox"/> |

*If all of the above Part B questions were answered "NO," then the work is not MEDIUM HAZARD radiological work. Continue with Part C.*

*If any of the answers to Part B questions are "YES," then the work is designated as MEDIUM HAZARD radiological work. Skip Part C.*

| <b>PART C -- Low Hazard Radiological Work Screening Criteria</b>  | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| 1. Will proposed work activity benefit from Radiological Controls identified/incorporated into the work instructions? | <input type="checkbox"/> | <input type="checkbox"/> |

*If the above Part C question is answered "NO," then the work is designated as LOW HAZARD radiological work.*

*If the above Part C question is answered "YES," then the work is designated as LOW HAZARD WITH SPECIFIC CONTROLS radiological work.*

| <b>PART D -- FINAL RADIOLOGICAL HAZARD DESIGNATION</b> |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> HIGH HAZARD Radiological Work | <input type="checkbox"/> MEDIUM HAZARD Radiological Work | <input type="checkbox"/> LOW HAZARD WITH SPECIFIC CONTROLS Radiological Work | <input type="checkbox"/> LOW HAZARD Radiological Work |

**PART E - COMMENT/JUSTIFICATION TO MODIFY HAZARD/LOW HAZARD WITH SPECIFIC CONTROLS INSTRUCTIONS**

| <b>PART F -- ADMINISTRATION</b>                                   |         |      |
|---|---------|------|
| Radiological Work Planner (Signature)                             | Printed | Date |
| Project/Facility RadCon Manager Approval <sup>3</sup> (Signature) |         | Date |

1 Refer to PRC-PRO-RP-40109 for completion of this form.  
2 RWP is not required to be listed on the RHSF but should be provided when available.  
3 RCM concurrence is required for selecting hazard screening criteria based solely on RCO determination (for Medium and High hazard) and for modification of hazard screening levels.