

## Summary Report of Occurrences Reviewed From September 8 – 12, 2008

**Summary:** 22 occurrences at 15 sites reviewed during this period.

### Significant Occurrences (3)

#### Near Miss – 2 occurrences at 1 site

- **SC –Lawrence Berkeley National Laboratory (Significance Category 3).** On September 3, the air brake system on an LBNL shuttle bus failed. After making a complete stop at a traffic light to pick up some passengers, the driver heard the air brake make a noise and suddenly the bus started going downhill at about 40 miles per hour. The bus driver deployed the emergency brake but it failed to slow down the bus as it ran through two red lights. The bus driver was able to turn the bus onto a side street, and use the uphill incline of that street to slow down the bus enough for a passenger to get off and place a wheel chock under the rear wheel to stop the bus. There were no injuries and only minor damage to three vehicles.
- **NA –Sandia National Laboratories (Significance Category 4).** On September 10, at the Explosive Components Facility, an explosive device (RP-95 Explosive Foil Initiator) was unexpectedly initiated during a ring-down exercise. The device being tested was believed to be inert. No personnel injuries or equipment damage resulted. The work has been paused.

#### Radiological Control – 1 occurrence at 1 site

- **EM – Savannah River Site (Significance Category 4).** On September 5, while exiting Laboratory B-119 after troubleshooting a clogged valve on an Auto-Sampler Purge Unit for a Gas Chromatograph Mass Spectrometer, two researchers caused the portal monitors to alarm. Radiation Control Technicians detected contamination on both workers, with a maximum of 100,000 dpm beta-gamma/100cm<sup>2</sup> detected on the hands of one researcher and a maximum of 80,000 dpm beta-gamma/100cm<sup>2</sup> detected on the right forearm of the second researcher. Both had smaller amounts of contamination on their clothing. There was no spread of contamination outside of the original laboratory. A cursory survey of the lab found a ChemWipe contaminated to 200,000 dpm beta-gamma/100cm<sup>2</sup>. The room air sample filter probed non-detectable and general area floor smears were also non-detectable. A PHA of the ChemWipe revealed cesium-137 contamination. The lab was barricaded to prevent further entry. Both researchers were sent for whole body scans, which were negative.

**Other Occurrences (19).** See Table (Note: The Table includes the occurrences listed above).

Occurrence Category	Number of Occurrences				Number of Sites
	E&E	NNSA	SC	DOE Total	
Injury - Industrial Hygiene/Occupational Safety	1	0	0	1	1
Near Miss	0	1	2	3	3
Authorization Basis	1	2	0	3	3
Radiological Concerns	2	1	0	3	3
Environmental	0	1	1	2	2
Fire Safety	0	0	0	0	0
Shipping/Quality Assurance	0	1	0	1	1

Occurrence Category	Number of Occurrences				Number of Sites
	E&E	NNSA	SC	DOE Total	
Criticality Concerns	1	0	0	1	1
Industrial Operations	0	0	0	0	0
Conduct of Operations	1	4	0	5	3
Electrical Safety	0	0	0	0	0
Vehicle Accident	0	0	0	0	0
Equipment Failures	0	2	0	2	1
Safeguards and Security	0	0	0	0	0
Suspect & Counterfeit Parts	1	0	0	1	1
Other	0	0	0	0	0
<b>Total</b>	<b>7</b>	<b>12</b>	<b>3</b>	<b>22</b>	

### Secretarial Office Summary

National Nuclear Security Administration	12 occurrences	(6 sites)
Office of Environmental Management	6 occurrences	(5 sites)
Office of Nuclear Energy	1 occurrence	(1 site)
Office of Science	3 occurrences	(3 sites)