

UTILIZATION OF RADIOLOGICAL WORK PERMITS

1.0 Objective

The objective of this surveillance is to verify that the laboratory has implemented an effective administrative program to control possible exposure of workers to ionizing radiation. The surveillance activities provide the basis for determining if the laboratory is issuing radiological work permits or using technical work documents and requiring its workers to comply with the protective actions specified in these documents. The surveillance provides a basis for determining if the contractor is complying with DOE requirements.

2.0 References

- 2.1 10 CFR 835, *Occupational Radiation Protection*
- 2.2 DOE/EH-0256T, *U.S. Department of Energy Radiological Control Manual, Rev. 1*
- 2.3 ODE P441.1, *Department of Energy Radiological health and Safety Policy*

3.0 Surveillance Activities

The following activities will be performed as part of this surveillance:

1. Select an active radiological work permit or technical work document for maintenance or operations activities and evaluate the effectiveness of the permit or document and laboratory personnel adherence to its requirements.
2. Select two recently closed radiological work permits and evaluate laboratory documentation.
3. Select an operations or maintenance activity being performed in a radiological area and determine if an effective radiological work permit or technical work document is being utilized to control these activities.

Surveillance Guideline
UTILIZATION OF RADIOLOGICAL WORK PERMITS

Surveillance No.: _____

Facility: _____

Date Completed: _____

Activity 1 - Review of Current Radiological Work Permit

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does the Radiological Work Permit or Technical Work Document include the following:			
• Description of work?	_____	_____	_____
• Radiological conditions in the work area?	_____	_____	_____
• Dosimetry requirements?	_____	_____	_____
• Pre-job briefing requirements?	_____	_____	_____
• Training requirements?	_____	_____	_____
• Protective clothing and respiratory protection requirements?	_____	_____	_____
• Radiological Control Technician monitoring requirements?	_____	_____	_____
• Limitations on allowable "stay time"?	_____	_____	_____
• Radiological conditions that would void the permit if encountered?	_____	_____	_____
• Special dose or contamination reduction requirements?	_____	_____	_____
• Special personnel frisking considerations?	_____	_____	_____
• Unique identifying number?	_____	_____	_____
• Date of issue and expiration date?	_____	_____	_____
• Authorizing signature?	_____	_____	_____
2. If the RWP is a general RWP, are the radiological conditions stable and well characterized?	_____	_____	_____
3. If the RWP is a general RWP, is the expiration date no more than one year from the approval date?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
4. Are restrictions on use of protective clothing, stay times, Radiological Control Technician monitoring, and dosimetry consistent with actual or anticipated radiological conditions?	_____	_____	_____
5. Do the most recent radiological surveys for the area show radiological conditions as identified in the RWP?	_____	_____	_____
6. Is the RWP posted at the access point to the radiological work area?	_____	_____	_____
7. Have workers acknowledged by signature that they have read, understand, and will comply with requirements of the RWP?	_____	_____	_____
8. Has the RWP been reviewed and approved by the Radiological Control Supervisor and the supervisor responsible for the work?	_____	_____	_____
9. Is the work being performed in accordance with the description in the RWP?	_____	_____	_____
10. Are the radiological conditions in the work area as identified in the RWP?	_____	_____	_____
11. Is sufficient monitoring performed during the work to ensure that radiological conditions remain consistent with those specified in the RWP?	_____	_____	_____
12. Are personnel in the work area using dosimetry as specified in the RWP?	_____	_____	_____
13. Do workers' training records substantiate that they have received the training specified in the RWP?	_____	_____	_____
14. Are personnel utilizing protective clothing and respiratory protection equipment specified in the RWP?	_____	_____	_____
15. Are Radiological Control Technicians present and monitoring activities as prescribed in the RWP?	_____	_____	_____

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
16. Are workers complying with special dose or contamination control provisions specified in the RWP?	_____	_____	_____
17. Are workers complying with special frisking provisions specified in the RWP?	_____	_____	_____
18. Are workers knowledgeable regarding requirements in the RWP and do they understand these requirements?	_____	_____	_____
Activity 2 - Review of Closed RWPs			
19. Did workers who performed the work as indicated in maintenance or operations records sign the RWP?	_____	_____	_____
20. Did workers who signed the RWP have the training required on the RWP?	_____	_____	_____
21. Were the radiological conditions described in the RWP accurate based on surveys performed before, during, and after the work?	_____	_____	_____
Activity 3 - Work Observation			
22. Is the work being performed under an RWP?	_____	_____	_____
23. Have workers performing the maintenance or operation activities signed the RWP?	_____	_____	_____
24. Are workers performing the maintenance or operations activities knowledgeable regarding requirements of the RWP and do they understand these requirements?	_____	_____	_____
25. Is the work being performed in accordance with the RWP?	_____	_____	_____
26. Are radiological conditions consistent with those defined	i	n	

the RWP?

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	<u>YES</u>	<u>NO</u>	<u>N/A</u>
27. If radiological conditions have changed as a result of work activities, have the Radiological Control Technicians provided instructions to workers?	_____	_____	_____
28. Are the Radiological Control Technicians' instructions being followed?	_____	_____	_____
OTHER:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTES/COMMENTS:

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PERSONNEL CONTACTED: _____

**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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Finding No.: _____

Description: _____

OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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Observation No.: _____

Description: _____

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist