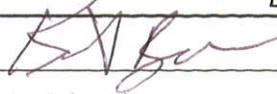


Approved by:		
	General Manager	Radiation Safety Officer

STANDARD OPERATING PROCEDURE
15.RPP.08
RADIATION WORK PERMITS

1.0 OBJECTIVE

To define the circumstances in which a Radiation Work Permit (RWP) is required and address the requirements for planning, issuing, modifying, and terminating RWPs at the Clean Harbors Deer Trail (CHDT) landfill or other job sites.

2.0 SCOPE

This standard operating procedure (SOP) shall be used at the discretion of the CHDT Radiation Safety Officer (RSO) or designee to initiate job- or task-specific requirements to mitigate potential worker exposures. Examples of where an RWP may apply include areas posted as Radiation Areas due to high exposure rates; areas with airborne radioactivity; or areas with radioactive material that presents a high or unique contamination concern.

3.0 POLICY

RWPs will be used where necessary to maintain worker exposures as low as reasonably achievable (ALARA) by presenting job- or task-specific information regarding exposure rates, airborne radioactivity concentrations, or contamination levels.

4.0 RESPONSIBILITIES

Responsibilities of the CHDT RSO, CHDT management, and other Clean Harbors staff are defined in the Radiation Protection Plan (SOP 15.RPP.01).

5.0 GENERAL PROCEDURE

5.1 Initiation and Briefing

Upon identification of a radiation or radioactivity hazard, the CHDT RSO will initiate a RWP using the RWP form included as Attachment 1 as a starting point. If necessary, the form may be modified or additional sheets may be added as necessary to provide additional information to workers.

The RWP form will be prepared by the CHDT RSO and reviewed by the CHDT general manager (or designee). Both the CHDT RSO and general manager will sign the RWP after any comments have been resolved.

The CHDT RSO or designee will provide a briefing to affected workers prior to the start of activities to be performed under the RWP. All workers working under the RWP will be required to sign the Briefing Sign-In form (Attachment 2) before any work is performed.

5.2 Work Activities

The RWP will be posted in a visible area for affected workers to periodically review over the course of activities. The CHDT RSO will monitor activities and if necessary revise the RWP. If revisions are performed, an additional briefing will be performed and Briefing Sign-In form generated.

5.3 Termination

Upon completion of activities performed under the RWP, the CHDT RSO may terminate the RWP. Originals of all associated information collected during the RWP activities, including survey and monitoring data, field notes, briefing sheets, and other materials, will be filed and maintained to document the RWP.

6.0 REFERENCES

None.

Radiation Work Permit (RWP)



RWP Number:

15.RPP.08,
Rev.0,
Attachment 1

Work Description: <input type="checkbox"/> General <input type="checkbox"/> Specific	Work Location			
	Est. Start Date/Time			
	Requested By			
	Request Date			

Hazardous Conditions			Surveys			
Radionuclides Present	Radiation Levels	Other (Safety, etc.)	Type	Number	Date	By

REQUIRED PERSONNEL PROTECTIVE CLOTHING AND EQUIPMENT

Head/Eyes	Feet/Legs	Body
Hard Hat <input type="checkbox"/>	Safety Work Shoes <input type="checkbox"/>	Cotton Coveralls <input type="checkbox"/>
Safety Glasses <input type="checkbox"/>	Disposable Boot Covers <input type="checkbox"/>	Tyvek Coveralls <input type="checkbox"/>
Monogoggles <input type="checkbox"/>	Tyvek Booties <input type="checkbox"/>	Polypropylene <input type="checkbox"/>
Face Shield <input type="checkbox"/>	Rubber Boot Covers <input type="checkbox"/>	Water Proof Coveralls <input type="checkbox"/>
Other (Specify): <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>	Other (Specify) <input type="checkbox"/>
Respiratory	Hands	Miscellaneous
Full-face (Negative Pressure)* <input type="checkbox"/>	Cotton Liners (optional) <input type="checkbox"/>	Tape Gloves & Boots to Coveralls <input type="checkbox"/>
Powered Air Purifying* <input type="checkbox"/>	Latex Gloves <input type="checkbox"/>	Safety Belt With Lanyard <input type="checkbox"/>
* Specify Cartridge or Canister Type Below	Rubber Gloves <input type="checkbox"/>	Hearing Protection <input type="checkbox"/>
Other (Specify): <input type="checkbox"/>	Leather Work Gloves <input type="checkbox"/>	Face Shield <input type="checkbox"/>
	Cotton Work Glove <input type="checkbox"/>	Other (Specify): <input type="checkbox"/>

Special Instructions and Requirements	Dosimetry		
		Indiv.	Group
	TLD Badge		
	Extremity TLD		
	Other (Specify):		
	Lapel Air Sampler		
	IH Monitoring		
		Indiv.	Group
	Expiration Date/Time		

Approvals	Date	Termination	Date
CHDT HP/RSO		CHDT HP/RSO	
Site S & H Officer		Reason:	

