

ES&H Manual

DOCUMENT ID:

3310 Appendix T2 Operational Safety Procedure Form

Click for OSP/TOSP Instructions

| Serial Number: | (Assigned by ESH&Q Document Control x7277) | | | | | | |
|---|--|-------------------------------|--|--|--|--|--|
| X OSP TOSP *Attach the Task Hazard Analysis (THA | A) related to this procedure | Click For Word Doc | | | | | |
| Issue Date: (No more than three years from Issue Date except TOSP who Title: FDC package test stand | Expiration Date: sich is three months from issue date) | | | | | | |
| Location: EEL 126 | | | | | | | |
| Risk classification (See ESH&Q Manual Chapter 3210 Appendix T3 | Without mitigation measures (3 or 4): | 1 | | | | | |
| Risk Code Assignment.) | With mitigation measures in place (0, 1, or 2): | 0 | | | | | |
| Document Owner(s): Benedikt Zihlmann | Date: | | | | | | |
| Sunnlamar | ntal Technical Validations: | | | | | | |
| Hazard Reviewed (per ES&H Manual 2410-T1): | Subject Matter Experts Signature: | Date: | | | | | |
| Detector High Voltage | Sampeon Segundari | | | | | | |
| | ert Manzlak | | | | | | |
| | | | | | | | |
| American Cinnertons | | | | | | | |
| Approval Signatures: Print Division Safety Officer: J. Gomez | Signature Signature | Date: | | | | | |
| Department or Group Head: E. Chudakov | | | | | | | |
| Safety Warden of Area: Marc Mcmullen/Brian Kross | | | | | | | |
| Other Approval(s): Bert Manzlak | | | | | | | |
| <u></u> | | | | | | | |
| D | ocument History: | | | | | | |
| Revision: Reason for revision or update: | Ser super | rial number of seded document | | | | | |
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Distribution: Copies to: affected area, authors, Division Safety Officer, ESH&Q Document Control **After expiration:** Forward original and log sheet of trained personnel to ESH&Q Document Control.

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|-------------------|-----------------|---------------|----------------|-----------------|------|--------|
| ESH&Q Division | Harry Fanning | 10/05/09 | 01/01/10 | 10/05012 | 0 | 1 of 5 |



ES&H Manual

DOCUMENT ID:

3310 Appendix T2 Operational Safety Procedure Form

| Serial Number: | |
|-----------------------|--|
| | |

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1. Purpose of the Procedure

Test operation and performance of FDC cathode strip wire chambers

2. Scope – include operations, people, and/or areas where procedure applies

Take cosmic ray data with FDC in test stand and analyze data.

3. **Description of the Facility:** (include floor plans and layout of a typical experiment or operation)

Two planes of trigger scintillator with tracking chambers and FDC package between.

- 4. Authority and Responsibility:
 - 4.1 Who has authority to implement/terminate

Benedikt Zihlmann

4.2 Who is responsible for key tasks

Benedikt Zihlmann

5. Who analyzes the special or unusual hazards (See <u>ES&H Manual Chapter 3210 Appendix T1 Work Planning, Control, and Authorization Procedure</u>)

Benedikt Zihlmann, Lubomir Pentchev and worker

- 6. Personal and environmental hazard controls including:
 - 6.1 Shielding

Plexilgass shielding around detector High Voltage

6.2 Interlocks

N/A

6.3 Other

Signs and markings of High Voltage

7. Monitoring systems

N/A

| ISSUING AUTHORITY | APPENDIX AUTHOR | APPROVAL DATE | EFFECTIVE DATE | EXPIRATION DATE | REV. | Page |
|-------------------|-----------------|---------------|----------------|-----------------|------|--------|
| ESH&O Division | Harry Fanning | 10/05/09 | 01/01/10 | 10/05012 | 0 | 2 of 5 |



ES&H Manual

DOCUMENT ID:

3310 Appendix T2 Operational Safety Procedure Form

| Serial Number: | |
|-----------------------|--|
| | |

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8. Ventilation

High ceiling, air conditioning

9. List of safety equipment (i.e: personal protective equipment or special tools)

Plexiglass shielding

10. Associated administrative procedures

N/A

11. Operating guidelines

Only qualified persons operate test stand

12. Notification of Affected Personnel (How and Who)

N/A

13. List of steps required to execute the procedure from start to finish.

See attachment

14. Back out procedures, i.e., steps necessary to restore the equipment/area to a safe level.

See attachment

15. Special environmental control requirements:

N/A

16. Environmental Impacts (See EMP-04 Project/Activity/Experiment Environmental Review

N/A

17. Abatement Steps – Secondary Containment, or Special Packaging requirements

N/A

18. Training requirements

Meet with Benedikt Zihlmann

19. Unusual/Emergency procedures e.g., Injury, Fire, Loss of power

General work place requirements, call 4444, call 911, call fire department in case of fire, exit

| ISSUING AUTHORITY | APPENDIX AUTHOR | APPROVAL DATE | EFFECTIVE DATE | EXPIRATION DATE | REV. | Page |
|-------------------|-----------------|---------------|----------------|-----------------|------|--------|
| ESH&Q Division | Harry Fanning | 10/05/09 | 01/01/10 | 10/05012 | 0 | 3 of 5 |

| lofforson Lab |
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| Jefferson Lab |
| Thomas Jefferson National Accelerator Facility |

ES&H Manual

DOCUMENT ID:

3310 Appendix T2 Operational Safety Procedure Form

| Serial Number: | |
|-----------------------|--|
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20. Instrument calibration requirements, e.g., safety system/device recertification, RF probe calibration

N/A

21. Inspection schedules

N/A

22. References/Associated Documentation

See attachment

23. List of Records Generated (Include Location / Review and Approved procedure)

N/A

Authorized/Trained Individuals

| Print Name/Signature | Date |
|----------------------|------|
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| ISSUING AUTHORITY | APPENDIX AUTHOR | APPROVAL DATE | EFFECTIVE DATE | EXPIRATION DATE | REV. | Page |
| ESH&Q Division | Harry Fanning | 10/05/09 | 01/01/10 | 10/05012 | 0 | 4 of 5 |

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ES&H Manual

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3310 Appendix T2 Operational Safety Procedure Form

| Serial Number: | |
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