

**HAZARD SURVEY  
for  
BLDG. 366**

Date Revised: October 7, 2005

**Approved:** \_\_\_\_\_  
Emergency Management Officer

**Date:**

**Approved:** \_\_\_\_\_  
Area Emergency Supervisor

**Date:**

*H. Weerts*

**Approved:** \_\_\_\_\_  
Division Director

**Date:** 10/7/2005

**Preliminary Hazard Survey for Building** 366

Area Emergency Supervisor Kenneth Wood 40372

Alternate(s) Frank Skrzecz 40669

2. Hazard Survey Approved by

*Loren E. Puro*

Division Director (s)

Date 3-25-02

3. General Building use. Mark all that apply. Describe the building uses, marking as many as apply. If necessary, provide a brief discussion here or on page 5 to adequately describe building use. Examples include: Satellite Waste Accumulation Areas, Pilot Scale Projects, hazardous material storage, above and under ground storage tanks, Special Nuclear Materials, student area, computer facility, etc.

- Office
- Process
- Laboratory/Fabrication Facility
- Construction/Demolition
- Warehouse/Storage

Fabrication area/Satellite accumulation area/accelerator/radioactive sources/Staff Shop - machines/Pilot scale projects - ongoing

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4.  **Y**  **N** Classified materials are present in the building

12. Workplace conditions

The following matrix lists equipment or conditions that may be in your building and would indicate the possibility of a potential workplace hazard. Check all that apply. Also consider if any biohazards are associated with your building.

Electrical	Kinetic Energy	Potential Energy	Radiation	Thermal	Other
electrical lines X	vehicles/ fork lifts/ dollies X	pneumatics  X	x-ray	boilers Steam X	routine outdoors weather X
high voltage X	fans X	hydraulics X	laser X	furnaces X	power tools X
transformers  X	belts/ gears  X	pressure tanks, cylinders, bottles X	UV High-Bay lighting	welding/cutting  X	animals insects sometimes X
diesel generator	motors  X	vacuum system  X	RF  X	chemistry labs - bunsen burners, etc.	asbestos steam pipe insulation X
capacitors at AWA X				steam X	herbicides/ pesticides X
battery bank	Fork Lift Charging Station				

bug juice in summer

(Add to this matrix as necessary)

13. Do you have any of the following

- Y  N  Glove boxes or hot cells
- N  Eye washes or emergency showers
- N  Chemical storage cabinets
- N  HEPA filters - AWA's vacuums for collection of dust
- N  Air monitoring systems -
- N  Hood (chemical fume) - tested

14 List types of personnel protective equipment used in the building

Safety hats/safety gloves/gloves of many different types/aprons/face shields/dust masks/etc. Best available for present hazards.  
\*Personnel all trained - practice of ISM ongoing in our group.

10 List by room number locations of sealed sources in the building.

~~C<sub>137</sub> at ATLAS Instrumentation~~

CO<sub>60</sub> and C<sub>137</sub> at top of ZEUS Tomb/Storage Area

See attached inventory list

11. Hazardous Materials

The Chemical Management System serves as the primary indicator of chemicals within the building. This information is only a "snapshot" and may vary. Please review the attached printout for the building and assure its accuracy. Make any changes necessary and return the document to EQO. You will be notified when you a corrected version is available. A copy of the corrected report must be attached to the Hazard Survey.

Information you need to have in the building plan includes:

Name of chemical or product

CAS# (if available)

Location (be as explicit as possible)

Hazard category - reactive; health; fire and explosion; physical/chemical

Amount in lbs.

**Note: Remember to include radioactive materials in your list.**

Radiation test sources can be found in the HEP Division WPP.  
Chemical inventory exists in the Site Chemical Tracking System.

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7. Occupant Status

Describe the occupancy of the building. First consider typical population - number of people that spend at least half their time in the building. How many of this population are on the first floor?

10-12 Total                      First Floor Only                      X High Bay Building

Y (N) Indicate if the building has personnel with identified special needs - sight, hearing, mobility impairments; special medical needs; permanent or temporary; etc.

Describe aspects or situations which bring increased numbers of people to the building. Meetings in auditorium facilities, sporting or cultural events, open house, social occasions, etc.

Visiting Collaborators/Project Meetings

Open House

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. How large is the building? Describe structural characteristics of building. How many floors above grade? How many basements? Are there tunnels connecting this building to others? Identify the buildings connected by any tunnels. Are there vaults in the building that require special security considerations? Attach a "foot print" drawing to the hazard survey.

1 # of floors above grade                      See attached layout  
# of basements                      Description: Steel building with various  
Y (N) tunnels                      smaller interior buildings - High Bay  
with 35-ton overhead crane

Y (N) vaults  
Y (N) high bays

What is the total square footage? 22,878 sq-ft

9. List by room number all radiological controlled areas in your building.

Although this changes - 3/AWA Accelerator/ATLAS Instrumentation  
Room ZEUS Tomb and Storage Area above Tomb / MINOS MAPPER

\_\_\_\_\_  
\_\_\_\_\_

5. Special Use Buildings. Does your building include any of the following? Mark all that apply.

- |  |   |
|--|---|
| <input type="checkbox"/> nuclear facility                              | <input type="checkbox"/> hazardous waste        |
| <input type="checkbox"/> radiological facility                         | <input checked="" type="checkbox"/> accelerator |
| <input checked="" type="checkbox"/> utility (water, steam, electrical) | <input type="checkbox"/> thermal/cryogenic      |
| <input type="checkbox"/> TSD facility                                  | <input type="checkbox"/> pressure differential  |

Does your building have areas that are controlled by cyber-locks, keypad access, or bar code readers? Identify locations and type of control. Are the locations marked to identify by name that can provide access in an emergency?

Bar Code Readers / Current postings at all entrance/exit doors.

Key box for Fire Department and Security - outside of bldg.

6. Off site hazards such as hazardous materials move on the following transportation corridors. These off site hazards may impact all of ANL-E or individual buildings on the site depending on such things as weather conditions.

- |                        |                                       |
|------------------------|---------------------------------------|
| Interstate 55          | NICOR Pipeline                        |
| Lemont Avenue          | Burlington Northern/Santa Fe Railroad |
| Cass Avenue            | I & M Canal/Illinois River            |
| National Gas Pipelines |                                       |

Other than hazardous materials or weather conditions, list any other off site hazards that you are aware of that may impact your building:

None

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# Search of Inventory on 10/06/2005

Nuclide	Decay Corrected Activity		Division	Building	Room	Source ID	Custodian Name	SPM Batch Nbr	Lendable	HP Instr Source
	(microcuries)									
Co-60	9.23E+01		HEP	366	366	DUPNT-ANL1-ANL1	Patrick De Lurgio	NA	<input type="checkbox"/>	<input type="checkbox"/>
Cs-137	4.47E+03		HEP	366		ISOP-3011-VV576	Patrick De Lurgio	NA	<input type="checkbox"/>	<input type="checkbox"/>
Sr-90	5.71E+01		HEP	366	See Comments	ANL-126-126	Patrick De Lurgio	NA	<input type="checkbox"/>	<input type="checkbox"/>
Sr-90	5.81E+02		HEP	366	See Comments	ICN-312-127	Patrick De Lurgio	NA	<input type="checkbox"/>	<input type="checkbox"/>