

CH2M HILL Plateau Remediation Company
RADIOLOGICAL HAZARD SCREENING FORM¹

RHSF No.: Click here to enter text.	Rev.: Rev	RWP²: RWP
Work Document No.: Click here to enter text.	JHA No.: JHA No.	
Title: Click here to enter text.		
Job Description: Click here to enter text.		
Job Location/Work Area: Click here to enter text.		

Part A – HIGH HAZARD RADIOLOGICAL WORK SCREENING CRITERIA	Yes	No
1. Will the estimated collective dose exceed 2,500 person-mrem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will predicted airborne radioactivity concentrations exceed 1,000 DAC or result in an integrated exposure of over 400 DAC-hours to any worker?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will work area removable contamination be greater than 1,000 times Table 2-2 values?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will there be entry into areas where whole body dose rates are >1 rem/hr?	<input type="checkbox"/>	<input type="checkbox"/>
5. RadCon Organization determines High Hazard level review is warranted? ³	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answers to <u>all</u> the above questions are "NO," then the work is <u>not</u> HIGH HAZARD radiological work. Continue with Part B.</i>		
<i>If <u>any</u> of the above questions were answered "YES," then the work is designated as HIGH HAZARD radiological work. Skip Part B and C.</i>		

Part B – MEDIUM HAZARD RADIOLOGICAL WORK SCREENING CRITERIA	Yes	No
1. Will the estimated collective dose exceed 500 person-mrem but be less than or equal 2,500 person-mrem?	<input type="checkbox"/>	<input type="checkbox"/>
2. Will predicted airborne radioactivity concentrations exceed 100 DAC or result in an integrated exposure of over 40 DAC-hours to any worker?	<input type="checkbox"/>	<input type="checkbox"/>
3. Will work area removable contamination be greater than 100 times Table 2-2 values but less than or equal to 1,000 times Table 2-2 values?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will there be entry into areas where whole body dose rates are greater than 100 mrem/hr but less than or equal to 1,000 mrem/hr?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is there a potential for release of radioactive material that exceeds Table 2-2 values outside a CA, HCA, or ARA?	<input type="checkbox"/>	<input type="checkbox"/>
6. RadCon Organization determines Medium Hazard level planning and review is warranted? ³	<input type="checkbox"/>	<input type="checkbox"/>
<i>If <u>all</u> of the above Part B questions were answered "NO," then the work is <u>not</u> MEDIUM HAZARD radiological work. Continue with Part C.</i>		
<i>If <u>any</u> of the answers to Part B questions are "YES," then the work is designated as MEDIUM HAZARD radiological work. Skip Part C.</i>		

PART C – LOW HAZARD RADIOLOGICAL WORK SCREENING CRITERIA	Yes	No
1. Will proposed work activity benefit from Radiological Controls identified/incorporated into the work instructions?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If the above Part C question is answered "NO," then the work is designated as LOW HAZARD radiological work.</i>		
<i>If the above Part C question is answered "YES," then the work is designated as LOW HAZARD WITH SPECIFIC CONTROLS radiological work.</i>		

PART D -- FINAL RADIOLOGICAL HAZARD DESIGNATION			
<input type="checkbox"/>	HIGH HAZARD Radiological Work	<input type="checkbox"/>	MEDIUM HAZARD Radiological Work
<input type="checkbox"/>	LOW HAZARD WITH SPECIFIC CONTROLS Radiological Work	<input type="checkbox"/>	LOW HAZARD Radiological Work

PART E - COMMENT/JUSTIFICATION TO MODIFY HAZARD/LOW HAZARD WITH SPECIFIC CONTROLS INSTRUCTIONS
Click here to enter text.

PART F – ADMINISTRATION						
Radiological Work Planner:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Click here to enter text.</td> <td style="width: 20%; border: none;">Click to enter date</td> </tr> <tr> <td style="border: none; text-align: center;">_____ Print First and Last Name</td> <td style="border: none; text-align: center;">_____ Signature</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">_____ Date</td> </tr> </table>	Click here to enter text.	Click to enter date	_____ Print First and Last Name	_____ Signature		_____ Date
Click here to enter text.	Click to enter date					
_____ Print First and Last Name	_____ Signature					
	_____ Date					
Project/Facility RadCon Manager Approval³:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border: none;">Click here to enter text.</td> <td style="width: 20%; border: none;">Click to enter date</td> </tr> <tr> <td style="border: none; text-align: center;">_____ Print First and Last Name</td> <td style="border: none; text-align: center;">_____ Signature</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: center;">_____ Date</td> </tr> </table>	Click here to enter text.	Click to enter date	_____ Print First and Last Name	_____ Signature		_____ Date
Click here to enter text.	Click to enter date					
_____ Print First and Last Name	_____ Signature					
	_____ Date					

1 Refer to PRC-PRO-RP-40109 for completion of this form.
2 RWP is not required to be listed on the RHSF but should be provided when available.
3 RCM concurrence is required for selecting hazard screening criteria based solely on RCO determination (for Medium and High hazard) and for modification of hazard screening levels.

