

<b>CH2M HILL Plateau Remediation Company</b> <b>RADIOLOGICAL WORK PERMIT</b>		<b>Project/Activity</b>		
<b>General</b> [ ] <b>Job Specific</b> [ ]	<b>Tech. Document Number</b>	<b>Location Code</b>	<b>RWP Number</b>	Page 1 of ____
<b>Start Date</b>		<b>End Date</b>	<b>Responsible Organization</b>	
<b>Job Location</b>				
<b>Job Description and Type of Area:</b> [ ] RA [ ] HRA [ ] VHRA [ ] CA [ ] HCA [ ] URMA [ ] ARA [ ] SCA [ ] RBA				
<b>Primary Isotope(s):</b> [ ] MFP [ ] MAP [ ] Cs [ ] Sr [ ] H-3 [ ] U [ ] Pu Other:				
<b>Radiation Emitted</b> [ ] Alpha [ ] Beta [ ] Photons [ ] Neutrons	<b>Estimated Dose Rates</b> General Area: mrem/h Maximum Contact: mrem/h		<b>Contamination Levels</b> Beta-gamma: dpm/100cm <sup>2</sup> Alpha: dpm/100cm <sup>2</sup>	
			<b>Radiological Worker Training Req.</b> I [ ] II [ ]	
<b>Internal Dosimetry Requirements</b> [ ] Annual Whole Body Count: [ ] WB (3 min) [ ] WC (10 min) [ ] Chest Count: [ ] CA (Am-241, Pu-239) [ ] CU (U-235, Th-234) [ ] CC (All) [ ] Urinalysis: Isotopes to test for (if any): _____				
<b>RADIOLOGICAL PROTECTION REQUIREMENTS</b>			<b>SPECIAL INSTRUCTIONS (SI)</b>	
<b>RCT Coverage</b>		<b>Dosimetry</b>		
Continuous		HSD – TLD		
Intermittent		HCND – TLD		
Start of Job		Pocket Dosimeter		
End of Job		Electronic Dosimeter		
Self Survey (if qualified)		Finger Rings		
RCT Survey Required		Time Keeping		
Auto. Survey Device		Entry Control System		
See SI No.		PNAD		
<b>PROTECTIVE EQUIPMENT</b>				
Coveralls		Shoe Covers		
Lab Coat		Canvas Boots		
Waterproof Suit		Rubber Overshoes		
Gortex Suit		Rubber Boots		
Cap		Full Face Respirator		
Hood		PAPR		
Surgeon's Gloves		Supplied Air Respirator		
Leather Gloves		SCBA		
Canvas & Surgeon's Gloves		Undressing Assistance		
Waterproof Gloves		Air Sampling Required		
No Personal Outer		Lapel Sampling		
Modesty Clothing		ARM Required		
See SI No.		See SI No.		
<b>ALARA Review:</b> YES [ ] NO [ ] <b>Pre-Job Briefing:</b> YES [ ] NO [ ] <b>Post-Job ALARA Review Required:</b> YES [ ] NO [ ]				
<b>Print First and Last Name</b>		<b>Signature</b>		<b>Phone Number</b>
<b>Date</b>				
<b>RWP Prepared by:</b>				
_____				
<b>Line Management:</b>				
_____				
<b>RC Management:</b>				
_____				
<b>Other:</b>				
_____				
<b>Acknowledged By:</b>				
_____				
<b>RWP Change Approvals</b>				
_____				

CH2M HILL Plateau Remediation Company  
**RADIOLOGICAL WORK PERMIT ADDENDUM**

RWP Number: