

CH2M HILL Plateau Remediation Company  
**ALARA MANAGEMENT WORKSHEET (AMW)**

RHSF No.: Click here to enter text.	Work Package /Procedure No. Click here to enter text.	AMW No.: AMW No	Rev. Rev	Date: Enter a date.
--	--	--------------------	-------------	------------------------

**PART I PRE-JOB**

Survey Number: Click here to enter text.	RWP Number: Click here to enter text.
--	---------------------------------------

Area/Facility/Location of Work Activity:  
 Click here to enter text.

Procedure/Work Package is (*check as appropriate*):

One time performance

Recurring/Continuing Pre-Approved Document

Other: Click here to enter text.

Job Title/Description of Work:  
 Click here to enter text.

Identify what triggered the completion of this AMW:

Medium Hazard Radiological Activity

High Hazard Radiological Activity

Radiological Control Organization Request

Other: Click here to enter text.

Radiological Hazard Determination Basis: (*check all that apply*)

Predicted collective dose: Click here to enter text.

Predicted airborne radioactivity concentration: Click here to enter text.

Predicted removable contamination: Click here to enter text.

Predicted whole body dose rate: Click here to enter text.

Potential release of radioactive material that exceeds Table 2-2 values outside of CA, HCA, or ARA: Click here to enter text.

Other: Click here to enter text.

Additional Comments:  
 Click here to enter text.

If there are radiological controls to be incorporated into the work instructions then check the box on the left and identify all radiological controls that are to be incorporated into the work instructions with **BOLD** lettering. These instructions/controls will be in the work document, procedure, or instructions. Additional information supporting ALARA considerations may be provided but is not required to be incorporated into the technical work document. Determine whether an ALARA Design Review has been completed for this activity. If an ALARA Design Review has been completed for this activity, ensure all radiological controls identified in that review have been included in this AMW.

**PART II RADIOLOGICAL PROTECTIVE MEASURES/CONSIDERATIONS**

Estimated Person-Hours: Click here to enter text.	Pre-job Collective Dose Estimate: Click here to enter text.
---	---

<input type="checkbox"/> Incorporate into work instruction <input type="checkbox"/> See Part IV	A. Engineered controls ( <i>confinement, containment, shielding, remote handling, source reduction</i> ): Click here to enter text.
<input type="checkbox"/> Incorporate into work instruction <input type="checkbox"/> See Part IV	B. Engineered controls for radioactive system breaches ( <i>containment, confinement</i> ): Click here to enter text.
<input type="checkbox"/> Incorporate into work instructions <input type="checkbox"/> See Part IV	C. Administrative controls: ( <i>Applicable Lesson's Learned, i.e., pre/post-job reviews, in-progress work reviews, time-keeping, walk-downs, mock-up/dry-run</i> ): Click here to enter text.
<input type="checkbox"/> Incorporate into work instruction <input type="checkbox"/> See Part IV	D. Plan for entry to and exit from the work area: Click here to enter text.
<input type="checkbox"/> Incorporate into work instruction <input type="checkbox"/> See Part IV	E. Special/Disposable PPE considerations: Click here to enter text.
<input type="checkbox"/> Incorporate into work instruction <input type="checkbox"/> See Part IV	F. Methods for reduction of source ( <i>removal, shielding, line flushing, decontamination</i> ): Click here to enter text.

CH2M HILL Plateau Remediation Company  
**ALARA MANAGEMENT WORKSHEET (AMW)**

RHSF No.:	Work Package /Procedure No.	AMW No.:	Rev.	Date:
Click here to enter text.	Click here to enter text.	AMW No	Rev	Enter a date.
<input type="checkbox"/> Incorporate into work instruction	<b>G. Pre-job collective dose estimate:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>H. Methods for minimizing dose (<i>low dose work areas, work outside radiological areas, work processes</i>):</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>I. Dosimetry requirements:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>J. Air monitoring requirements, air sampling placement considerations, airborne calculations, respiratory protection selection:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>K. Radiological Work Permit considerations for identification of action levels, void limits and expected responses:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>L. Pre-work set-up (items to be staged for use, collection of parts/tools, maximization of pre-fabrication or shop work, identify communication sources):</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>M. Special training, monitoring, etc.:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>N. Abnormal conditions, contingency plans based on anticipated difficulties, emergency response procedures or plans:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>O. Radiological Hold Points, Identification of points where signatures or second party or independent verifications are required:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>P. Temporary shielding considerations (<i>design, dose incurred from installation, maintenance, type of material</i>):</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>Q. Contamination control considerations (<i>solid barriers, fixatives, air flow considerations</i>):</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>R. Methods allowed to minimize worker discomfort:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>S. Provisions for waste minimization (<i>storage of contaminated tools, decon materials</i>):</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				
<input type="checkbox"/> Incorporate into work instruction	<b>T. Other:</b> Click here to enter text.			
<input type="checkbox"/> See Part IV				

CH2M HILL Plateau Remediation Company  
**ALARA MANAGEMENT WORKSHEET (AMW)**

RHSF No.: Click here to enter text.	Work Package /Procedure No. Click here to enter text.	AMW No.: AMW No	Rev. Rev	Date: Enter a date.
--	--	--------------------	-------------	------------------------

**PART III ADDITIONAL COMMENTS (If necessary)**

Click here to enter text.

**PART IV Not Applicable**

This particular radiological protective measure/consideration was reviewed and considered to be inappropriate or unnecessary for this work activity.  
 Click here to enter text.

**PART V AMW REVIEW SIGNATURES**

AMW Preparer Click here to enter text.	Date Click here to enter a date.
Line Management Click here to enter text.	Date Click here to enter a date.
Second Technical Review Click here to enter text.	Date Click here to enter a date.
RC Manager <sup>1</sup> Click here to enter text.	Date Click here to enter a date.

<sup>1</sup> RC Director signature may be procedurally required to document concurrence or approval for deviation from containment or confinement processes.

Note: When changes occur in the field that could impact the validity of this completed form and the AJHA it supports, this form and the AJHA it supports should be reviewed and updated as required, to reflect the field changes.

Distribution: Original - Generating Project/Activity Radiological Control organization;  
 Copy - Work Package.

Soil Work Airborne

Airborne Estimate

Dose Estimate