

## DEFENSE NUCLEAR FACILITIES SAFETY BOARD

January 30, 2015

**TO:** S. A. Stokes, Technical Director  
**FROM:** P. Fox and D. Gutowski Hanford Site Representatives  
**SUBJECT:** Hanford Activity Report for the Week Ending January 30, 2015

**Plutonium Finishing Plant (PFP).** A CAM alarm occurred in PFP room 232 while workers were downsizing a piece of duct in a glovebag. A second CAM alarmed a short time later. Operators took appropriate actions. Follow-up checks of the glovebag did not identify a definitive cause for the release. Although the workers were wearing respiratory protection, a lapel monitor worn by one worker indicated a potential for a small uptake. The worker and three others in the immediate vicinity were assigned to a bioassay program. Contamination surveys performed after the event did not show any new or abnormally high contamination levels.

**Tank Farms.** The AY/AZ tank farms have been in an LCO related to ventilation operability for several weeks due to insufficient negative pressure measurements because of AY-102 construction work. During most of this period, the ventilation fans were running, but were not operable per the definition in TSRs. Last weekend, the system was fully shutdown due to a problem with a condensate pump. Also, a worker discovered that a valve in the ventilation flow path from tank AZ-102 was in an unexpected closed position. The contractor has resolved these and other problems allowing the ventilation system to be restored. However, the system is still inoperable and they remain in the LCO due to pressure readings. LCO-required readings have not detected the presence of any flammable gas in any of the tanks' headspaces.

A site rep observed workers attempt to obtain sludge samples from single-shell tank C-105. The workers performing the evolution were well prepared, however the support provided was not adequate for the number of concurrent activities in C Farm. This resulted in confusion and errors that affected other work activities in the farm. The errors included a mix-up in respiratory protection equipment between two workers and a missed radiological survey during breathing air bottle change out for another worker. As a result of those errors, management paused work in the farm.

**100K West Basin.** A worker was struck on the side of a head by the power cord for a hoist in use to move debris in the basin. During the critique, attendees noted that there is a step in the work instruction that requires workers to verify the presence of a safety lanyard designed to prevent this event. Workers stated that they noted it was missing and informed the Field Work Supervisor, but continued work. Additionally, workers did not stop work after the incident occurred. The workers also stated that they have notified management of other equipment difficulties. But, historically, there has been little action in response to those concerns. When asked, facility managers could not clearly describe the methods used to identify and track the material condition of the facility. The site reps walked down the facility while work was in progress following the critique. No additional problems were noted related to equipment in use at the time. The site reps are reviewing the contractor's process for tracking material condition and maintenance requirements for the facility.

**Waste Treatment Plant.** A site representative walked down the Low Activity Waste (LAW) facility. He noted that orderliness and cleanliness of the LAW construction site has improved over the last two weeks.