

**EVENT INVESTIGATION REPORT**

**AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo  
EIR-2016-021**

\_\_\_\_\_  
Event Investigation Team Lead

06/08/2016

\_\_\_\_\_  
Date

\_\_\_\_\_  
PER Responsible Manager

06/08/2016

\_\_\_\_\_  
Date

PER No. WRPS-PER-2016-0856

**EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo****Investigation Summary**

On May 3, 2016, at approximately 0849 hours, an Industrial Hygiene Technician (IHT) reports odors at the corner of 4<sup>th</sup> and Buffalo on the west side of the street with a symptom of metallic taste in his mouth. The IHT had a Direct Reading Instrument (DRI) that showed no readings. At 0904 hours, two Health Physics Technicians (HPTs) in support of the same job reported symptoms of headaches, throat and nose irritation, and nausea. Both of the HPTs were immediately taken to HPMC for evaluation, one of these HPTs was sent to Kadlec by ambulance due to high blood pressure and dizziness (at 1600 hours, this HPT was released without restriction). The IHT that first identified the odor continued taking readings in support of the AOP-015 entry. Later that evening, the IHT reported symptoms of chest tightness, headache, and fatigue and reported to Kadlec for evaluation (he was later released and checked back in through HPMC). At 0924 hours two AMEC laborers were taken to HPMC for evaluation. Both workers were on the west side of Buffalo across from A-Farm. The laborers reported the smell as “body odor” and “strong and sharp pungent.” They experienced symptoms of tingling and burning nose, mild headache, and mild sore/burning throat (both AMEC laborers were released without restriction).

Additionally, six laborers located in the electrical/carpenter shops due west of A-farm, as well as three laborers located at MO1142, later reported odors, but no symptoms. Odor descriptions were as follows: chlorine and dog feces.

*No Fact Finding Meeting was held in support of this event investigation report.*

**Weather Information**

Wind indication flags in the area were limp. Station 6 shows winds at ~3 mph with maximum wind gusts to 6 mph in varying directions.

<b>15-Minute Data Station #6 (200E) 5-3-2016</b>					
<b>Date</b>	<b>Time (PST)</b>	<b>Wind Dir</b>	<b>Wind Speed</b>	<b>Peak Gust</b>	<b>Avg Temp</b>
5/3/2016	7:00:00 AM	303.5	4.8	6.6	59.5
5/3/2016	7:15:00 AM	316.8	4.6	6.6	60.6
5/3/2016	7:30:00 AM	323.2	4.3	6.2	61
5/3/2016	7:45:00 AM	334.6	3.8	5.3	62.7
5/3/2016	8:00:00 AM	319.1	3.5	5.1	64.1
5/3/2016	8:15:00 AM	321.6	3.3	5.3	65.7
5/3/2016	8:30:00 AM	334.7	2.6	5.3	67.5
5/3/2016	8:45:00 AM	226.7	2	3.9	68.3
5/3/2016	9:00:00 AM	30.5	2.9	5.3	69.3
5/3/2016	9:15:00 AM	18.3	2.9	6	70
5/3/2016	9:30:00 AM	53.6	3	5.5	70.8
5/3/2016	9:45:00 AM	336.6	2.3	5.3	72.9
5/3/2016	10:00:00 AM	65	3.2	6	73.4

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**Area Map and Worker Locations**



**Event Timeline**

**05/03/2016**

0849: IHT reports odors at the corner of 4<sup>th</sup> and Buffalo on the west side of the street with a symptom of metallic taste in his mouth. He had a DRI and shows no readings. IHT Supervisor will be transporting him to HPMC for evaluation. Industrial Safety, Department of Energy Facility Representative (DOE FR) and EHSQ Deputy Director notified.

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- 0851: Entering AOP-015 for odors with symptoms on the corner of 4<sup>th</sup> and Buffalo. Dispatched Central Shift Office (CSO) personnel to place road blocks on 4<sup>th</sup> and Buffalo and post the area restricted access.
- 0904: Rad Con Supervisor is taking two WRPS project HPTs, HPT 1 and HPT 2, to HPMC for evaluation. They were with the IHT from 0849 entry and are experiencing headache, throat and nose irritation, and nausea. Industrial Safety, EHSQ Deputy Director, and DOE FR notified.
- 0915: 242-A Shift Manager (SM) is securing K-2 building ventilation and clearing 242-A court yard as a precaution due to odors in the area.
- 0922: Retrieval/Construction Safety and Health (R/C S&H) Manager reports wind indication flags in the area are limp and a strong onion/body odor smell that is coming in and out. Station 6 shows winds at 3mph with maximum wind gusts to 5mph. IHT with DRI had a hit of 10ppb Volatile Organic Compounds (VOCs) near the 244AR stack with an action level of 2ppm.
- 0924: AMEC Safety Rep reports that two AMEC laborers, AMEC Laborer 1 and AMEC Laborer 2, are being taken to HPMC due to the AOP-015 event. They were both on the west side of Buffalo across from A-Farm. AMEC Laborer 2 reported body odor smell with symptoms of a mild headache and mild sore/burning throat. AMEC Laborer 1 reports a sharp pungent odor with symptoms of tingling and burning nose. Industrial Safety notified.
- 0938: R/C S&H Manager reports a chemical smell coming from A-Farm area and an onion/body odor smell around 242AR with wind indication flags limp.
- 0945: CSO personnel dispatched to move AOP-015 boundary north of 244AR to a more northern position on Buffalo.
- 1009: Rad Con Supervisor reports that HPT 1 from 0904 entry is being sent to Kadlec via ambulance from HPMC due to high blood pressure and dizziness. SOEN sent, Industrial Safety, EOC Shift Office, WRPS Chief Operating Officer, EHSQ Deputy Director, and DOE FR notified.
- 1011: R/C S&H Manager reports odors are also around the 2737E building with no DRI hits. Directed R/C S&H Manager to clear the 2737E building and CSO personnel dispatched to move AOP-015 boundary to the north of 2723E.
- 1017: IHT Supervisor escorted IHT to HPMC for evaluation. IHT had remained at 4<sup>th</sup> & Buffalo event scene with R/C S&H Manager monitoring area until additional IHT resources arrived. After evaluation, IHT was released to return to work with no restrictions at 1126 hours.
- 1040: R/C S&H Manager reports he has deployed and [sic] area RAE by the 244AR Stack.
- 1105: R/C S&H Manager had IHTs pull a stack sample from 702AZ for investigation of potential AOP-015 odor source and found 28ppm Ammonia. This is well below readings obtained during retrieval operations.

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- 1107: R/C S&H Manager reports that the area RAE placed at the 244AR stack has multiple readings of 0.9 and a high of 1.1ppm VOCs. IHTs are going to perform DRI readings to validate area RAE readings. Production Operations Safety and Health (Prod Ops S&H) Manager and DOE FR notified.
- 1136: Rad Con Supervisor reports that HPT 2 was returned to work with no restrictions excluding ACES restriction. Rad Con Supervisor is in route to Kadlec for HPT 1. Shift Office Event Notification (SOEN) sent, Industrial Safety, DOE FR, and EHSQ Deputy Director notified.
- 1141: R/C S&H Manager reports that DRI readings taken to confirm area RAE readings from 1107 hour entry show that the area RAE had drifted and readings were not valid. They are deploying another area RAE. Prod Ops S&H Manager and DOE FR notified.
- 1215: AMEC Safety Rep reports that AMEC Laborer 1 and AMEC Laborer 2 from 0924 hour entry were released to return to work with no restriction with exception of being deactivated in ACES. SOEN sent, DOE FR, Tank Farm Projects Manager, and Industrial Safety notified.
- 1229: R/C S&H Manager is coordinating with construction personnel to be escort by IHTs to retrieve personal items and vehicles within the AOP-015 boundary. All readings as of late have been at zero on the DRIs and bag sample results are ~3 hours out. Contacted Prod Ops S&H Manager and he concurs.
- 1255: 242-A SM with concurrence from Central Shift Manager (CSM) is restoring access to the 242-A court yard to perform environmental preventive maintenance.
- 1303: 242-A SM reports that the K-2 ventilation system has been restarted.
- 1307: IHT Supervisor reports the IHT from the 0849 hour entry was released to return to work with exception of being deactivated in ACES. SOEN sent, DOE FR, Industrial Safety, and EHSQ Deputy Director notified.
- 1334: Initiated event investigation EIR-216-021, "AOP-015 Entry on Buffalo." Problem Evaluation Request (PER) is WRPS-PER-2016-0856. SOEN sent and DOE FR notified.
- 1730: Notified Shift Operations Manager
- 1736: Left voicemail for DOE FR.
- 2120: R/C S&H Manager reported that IHT (from 0849) reported worsening symptoms potentially related to the AOP-015 event at 4<sup>th</sup> and Buffalo this morning. He has congestion and trouble breathing. His supervisor told him to report to Kadlec and he will meet him there.
- 2130: Notified DOE FR

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- 2132: Notified Emergency Operations Center (EOC) shift office
- 2137: Notified Industrial Safety
- 2146: Notified EHSQ Deputy Director
- 2340: IHT Supervisor reported that he is leaving Kadlec and IHT will remain there. He will update the CSO with any new information.

**05/04/2016**

- 0100: IHT Supervisor reported that IHT was released from Kadlec and he will check back in through HPMC.
- 0104: Notified DOE FR

**Compensatory Measures**

*No compensatory measures were identified.*

**Preliminary Extent of Condition Review**

The AOP-015 entry was specific to the parking lot area west of Buffalo between 204AR and 244AR. With no fugitive emission sources detectible and the potential cause being unknown, the preliminary extent of conditions is bound to the parking lot area. On February 25, 2016, an AOP-015 was entered for this same general location. During this prior event, there were no direct readings from the multiRAE Pro above 50ppb and all bag samples came back at or below background levels.

**Discussion of Potential Causes**

Based on a review of the initial information, the source of the odors encountered was not able to be definitively determined.

1. Review of information and investigative IH monitoring and sampling of the area. All samples came back at or below background.
2. DRI had a hit of 10ppb VOCs near the 244AR Stack with an action level of 2ppm
3. A stack sample from 702AZ for investigation of potential AOP-015 odor source and found 28ppm Ammonia. This is well below readings obtained during retrieval operations.
4. RAE placed at the 244AR stack has multiple readings of 0.9 and a high of 1.1ppm VOC's
5. Workers interviewed believe the "chlorine-like" smell was coming from A-Farm and are potentially the result of tank waste vapors.
6. Herbicide spraying was taking place on 9<sup>th</sup> street directly north of MO1142 from 0830 to 1100 hours.

**Conditions Adverse to Quality**

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1. During the AOP-015 response to restrict access to the affected area, a WRPS employee was given conflicting information from two separate individuals as to where he should wait while readings were being taken by IH. The WRPS employee felt the command and control of the scene was less than adequate. See PER WRPS-PER-2016-1050.

**Discussion of Barriers That Could Have Impacted the Cause**

Impacting barriers are an unknown. The cause of the odors was not able to be definitively determined.

**Recommendations/Proposed Corrective Actions**

There are no proposed corrective actions as the cause of the odors was not able to be definitively determined.

**Attachments (as they apply):**

1. Aerial Map & Worker Locations
2. Odor Response Cards
3. Personal Statements

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Attachment 1: Aerial Map & Worker Locations



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Attachment 2: Odor Response Cards

**ODOR RESPONSE CARD - 241-A FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 5/3/2016 approx - 8:50 am
- Your name and the work you were performing Walking
- Location of odors (mark area on map and wind direction) \_\_\_\_\_
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? No
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: Body Odor
- Possible Source Unknown
- Your symptoms (if any)  <sup>M.I.D</sup>Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  <sup>M.I.D</sup>Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: \_\_\_\_\_

**2. Send this card to the Central Shift Office.**

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**ODOR RESPONSE CARD - 241-A FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 5/3/16 Approx: 8:50 am - walking
- Your name and the work you were performing \_\_\_\_\_
- Location of odors (mark area on map and wind direction) \_\_\_\_\_
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? No
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: sharp odor, pung.
- Possible Source unk
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: burning nose

**2. Send this card to the Central Shift Office.**

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**ODOR RESPONSE CARD - 241-C FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 5-3-16 0705
- Your name and the work you were performing proj job
- Location of odors (mark area on map and wind direction) M01142
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? NO
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: chlorine
- Possible Source unknown
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: None

**2. Send this card to the Central Shift Office.**

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**ODOR RESPONSE CARD - 241-C FARM**

Odors Detected with *NO* Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED], complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-C FARM

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**ODOR RESPONSE CARD - 241-C FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 5-3-16 7:00 AM
- Your name and the work you were performing PVE JOB 1
- Location of odors (mark area on map and wind direction) MO 1142
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? N/O
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: chlorine
- Possible Source ?
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: \_\_\_\_\_

**2. Send this card to the Central Shift Office.**

**ODOR RESPONSE CARD - 241-C FARM**

**Odors Detected with NO Immediate symptoms**

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

**Odors Detected WITH Symptoms**

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED], complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-C FARM

EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 9:30 5-3-16
- Your name and the work you were performing (MATERIAL HANDLING)
- Location of odors (mark area on map and wind direction) ELECTRIC SHOP
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? NO
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: CHLORINE
- Possible Source P?
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: NO SYMPTOMS

**2. Send this card to the Central Shift Office.**

**ODOR RESPONSE CARD - 241-A FARM**

**Odors Detected with NO Immediate symptoms**

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager [REDACTED] Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

**Odors Detected WITH Symptoms**

4. Notify Immediate Supervisor.
5. Contact CSM [REDACTED] complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-A FARM

Wind Direction

N
W    E
S

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**ODOR RESPONSE CARD - 241-A FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed Last several weeks
- Your name and the work you were performing Painter
- Location of odors (mark area on map and wind direction) Beside H<sub>2</sub>O shop and carp. shop.
- Name(s) of others in or near the affected area I work by myself
- Was an IHT present? No
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: \_\_\_\_\_
- Possible Source Chlorine?
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: \_\_\_\_\_

**2. Send this card to the Central Shift Office.**

**ODOR RESPONSE CARD - 241-A FARM**

**1. Contact CSM, Complete below bulleted information and map.**

- Date and time odor was noticed 5-3-16 10:00AM
- Your name and the work you were performing Electrical
- Location of odors (mark area on map and wind direction) Electrical Shop
- Name(s) of others in or near the affected area \_\_\_\_\_
- Was an IHT present? NO
- Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: Chlorine
- Possible Source N/A
- Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: \_\_\_\_\_

**2. Send this card to the Central Shift Office.**

EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

Odors Detected with *NO* Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED], complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-A FARM

Wind Direction

N

W
E

S

**ODOR RESPONSE CARD - 241-A FARM**

1. **Contact CSM, Complete below bulleted information and map.**
  - Date and time odor was noticed 05/13/2016 11:00 Am
  - Your name and the work you were performing Electrical Shop
  - Location of odors (mark area on map and wind direction) Electrical Shop
  - Name(s) of others in or near the affected area \_\_\_\_\_
  - Was an IHT present? NO
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  Cleaning Solution  Ammonia  Other: Chlorine
  - Possible Source \_\_\_\_\_
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  Other: \_\_\_\_\_
2. **Send this card to the Central Shift Office.**

EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

Odors Detected with *NO* Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager: [REDACTED] Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED] complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-A FARM

Wind Direction

N

W
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S

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**ODOR RESPONSE CARD - 241-A FARM**

1. **Contact CSM, Complete below bulleted information and map.**
  - Date and time odor was noticed 5-3-16 / 9:15 AM
  - Your name and the work you were performing ELECTRICAL
  - Location of odors (mark area on map and wind direction) ELECTRICAL SHOP No Wind
  - Name(s) of others in or near the affected area \_\_\_\_\_
  - Was an IHT present? No
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  Cleaning Solution  Ammonia  Other: CHLORINE
  - Possible Source \_\_\_\_\_
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  Other: \_\_\_\_\_
2. **Send this card to the Central Shift Office.**

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**ODOR RESPONSE CARD - 241-A FARM**

Odors Detected with *NO* Immediate symptoms

- Notify Immediate Supervisor.
- Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
- Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

- Notify Immediate Supervisor.
- Contact CSM, [REDACTED]. ELECT SHOP  
complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
- Provide information on the back of card.
- Send this card immediately to the Central Shift Office.

Wind Direction

N
W      E
S

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**ODOR RESPONSE CARD - 241-A FARM**

- Contact CSM, Complete below bulleted information and map.**
  - Date and time odor was noticed 5/3/16
  - Your name and the work you were performing shop work
  - Location of odors (mark area on map and wind direction) electrical shop no wind
  - Name(s) of others in or near the affected area \_\_\_\_\_
  - Was an IHT present? no
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  Cleaning Solution  Ammonia  Other: chlorine
  - Possible Source \_\_\_\_\_
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  Other: \_\_\_\_\_
- Send this card to the Central Shift Office.**

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EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

**Odors Detected with NO Immediate symptoms**

- Notify Immediate Supervisor.
- Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
- Complete map, return to Central Shift Office as soon as practicable.

**Odors Detected WITH Symptoms**

- Notify Immediate Supervisor.
- Contact CSM, [REDACTED], complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
- Provide information on the back of card.
- Send this card immediately to the Central Shift Office.

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**ODOR RESPONSE CARD - 241-A FARM**

- Contact CSM, Complete below bulleted information and map.**
  - Date and time odor was noticed 5/3/11 9-10 AM
  - Your name and the work you were performing installing light fixtures
  - Location of odors (mark area on map and wind direction)
  - Name(s) of others in or near the affected are:
  - Was an IHT present? NO
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  Cleaning Solution  Ammonia  Other: Dog poo
  - Possible Source
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  Other:
- Send this card to the Central Shift Office.**

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EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

Odors Detected with *NO* Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED], complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

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**ODOR RESPONSE CARD - 241-C FARM**

1. Contact CSM, Complete below bulleted information and map.
  - Date and time odor was noticed 5.3.16
  - Your name and the work your were performing EXISTING PREJOB
  - Location of odors (mark area on map and wind direction) MO 1142
  - Name(s) of others in or near the affected area \_\_\_\_\_
  - Was an IHT present? NO
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  Cleaning Solution  Ammonia  Other: CHLORINE
  - Possible Source ?
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  Other: \_\_\_\_\_
2. Send this card to the Central Shift Office.

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EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-C FARM**

Odors Detected with NO  
Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED].  
Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected WITH Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM [REDACTED].  
complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-C FARM

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**ODOR RESPONSE CARD - 241-A FARM**

1. **Contact CSM, Complete below bulleted information and map.**
  - Date and time odor was noticed 9:30 AM
  - Your name and the work you were performing Gathering Material at Electrical Shop
  - Location of odors (mark area on map and wind direction) Electrical Shop
  - Name(s) of others in or near the affected area \_\_\_\_\_
  - Was an IHT present? No
  - Describe the odor  Sweet  Sour  Musty  Earthy  Metallic  Smoky  Rotten  Onion  
 Cleaning Solution  Ammonia  Other: Chlorine
  - Possible Source ?
  - Your symptoms (if any)  Headache  Dizziness/Light-Headed  Nausea  Cough  
 Fatigue/Drowsiness/Weakness  Sore/Burning Throat  Difficulty Breathing  
 Watery/Irritated Eyes/Trouble with Vision  Tingling/Numbness/Paralysis  Rash/Itching  
 Other: No symptoms
2. **Send this card to the Central Shift Office.**

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EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

**ODOR RESPONSE CARD - 241-A FARM**

Odors Detected with *NO* Immediate symptoms

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager, [REDACTED]. Provide the bulleted information below.
3. Complete map, return to Central Shift Office as soon as practicable.

Odors Detected *WITH* Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM, [REDACTED]. complete below bulleted information and map.
  - Your name and the work you were performing
  - Your symptoms (if any)
  - Date and time odor was noticed
  - Location of odors (mark area on map and the wind direction)
  - Describe the odor
  - Name of other in or near the affected area
  - Was an IHT present?
  - Possible source
6. Provide information on the back of card.
7. Send this card immediately to the Central Shift Office.

241-A FARM

Wind Direction

	N	
W		E
	S	

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EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo

Attachment 3: Personal Statement

INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject: <u>AOP-015 Event at 4th and Buffalo Ave</u>	
PER Number (if known): _____	Date of Event: <u>05/03/16</u>
<b>INSTRUCTIONS:</b>	
<i>To be used for obtaining personal statements or interviews in support of investigation and analysis of abnormal events and issues. Personal statements and results of interviews will not be issued with the Investigation Report/PER.</i>	
❖	In your own words, write down the facts as you understand them about what happened during the issue/event/condition being evaluated. See attached
❖	Facility/Work Area conditions as you knew them prior to, during, and after the event/condition (e.g., weather, equipment malfunctions, alarms, other on-going work in the vicinity). Prior to and during the event the facility and work area was unchanged from the location I was near 244AR. Personnel passed on foot and in vehicles during my time on location.
❖	What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response. Prior to the event I was located at MO-149, during the event I was located at 244AR and Buffalo AVE. Prior to the event ending I made my way back to MO-149.
❖	List any known concerns with procedures, practices, or training. There was no command and control structure on scene. The direction of AOP-015 was not followed.
❖	Names of others who may have additional information.
❖	Additional facts you wish to provide.
Note: <i>If additional sheets are used, sign, date, and record time on each page.</i>	
Name: <u>(print/sign)</u>	<u>05/03/2016 11:38</u> Date & Time of Statement/Interview

**EIR-2016-021: AOP-015 Entry at the Intersection of 4<sup>th</sup> & Buffalo**

On 05/03/16 I was traveling in a vehicle from 4th street onto Buffalo en-route to the 244AR building parking area. I was a passenger in the vehicle and as we approached the 244AR building I notice two individuals standing on the side of the road. The driver in my vehicle waved to the individual on the road side and he waved back, it later turned out the individual was [redacted] and an IHT. After we parked and had started our walk-down (approximately 6-8 minutes [redacted] stepped from the buffalo street side of 244AR and waved us up to his general area. At this point he notified us there was an AOP-015 event in progress and the main area of concern was in the general area that we had parked our vehicle. At this point the access to the area was still not controlled as vehicles passed and employees continued to walk through the affected areas. It was during this time that we asked the IHT on scene what readings if any had been noted. His response was that he had yet to find anything but continued to survey the area. During this time [redacted] continued to talk on the radio and cell phone but offered little information on what we should do or where we should go. The assumption by me at this point was that [redacted] was the on scene commander and we should take direction from him. After another 10 minutes passed we finally asked [redacted] for permission to leave. He said it would be fine so we walked back to our vehicle still parked at 244AR parking area. As we left and headed up Buffalo Ave toward 4<sup>th</sup> we were stopped by operations personnel telling us the road was blocked ahead and to hold tight until further information was available. So here we are stuck in the middle of the event and cannot go one way or the other do in part to being told conflicting information. After what seemed like forever (maybe another 10 minutes) we were allowed to turn around and exit the area heading away from 4<sup>th</sup> Ave.

05/04/16

11:32