

EVENT INVESTIGATION REPORT

**AOP-015 for Odor at Gate 8 Corridor
EIR-2016-022**

06/08/2016

PER Responsible Manager

Date

PER No. WRPS-PER-2016-0865

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Investigation Summary

On May 3, 2016, at approximately 1330 hours, a Waste Services Health Physics Technicians (HPT 1) performing a radiation survey on a flatbed truck in the parking lot at the Gate 8 Corridor, between AN/AZ farms (~20ft from 217AZ Tent), reported smelling a “musty odor” and experienced symptoms of “irritation in nasal passage.” The work crew completed delivery of empty waste boxes and reported back to building 616. At this point, the HPT 1 notified management they had encountered a musty odor and was now experiencing a burning sensation in their nasal passage. The Waste Supervisor contacted the shift office at ~1430 hours to report the odor and notified the Central Shift Manager (CSM) that HPT 1 was being taken to HPMC for evaluation. HPT 1 was released from HPMC without restriction. The work crew was comprised of five members: two HPTs, two Nuclear Chemical Operators (NCOs), and one Teamster. Only the two HPTs experienced the odors. The second HPT did not notice any odors until being asked if they smelled it by HPT 1, HPT 2 described the musty odor as faint and reported no symptoms.

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

Weather Information

Weather Conditions at Time of Event:	1330 reported from Station 6
Wind Direction & Speed:	Out of the East @ 5mph
Barometric Pressure (steady/rising/falling):	29.24in Hg and falling
Temperature:	86 F
Humidity:	16%

Area Map and Worker Locations



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Industrial Hygiene Technicians (IHTs) direct reading instrumentation (DRI) of the external area of Gate 8 while the second IHT pulled two Tedlar bag samples. The readings from field instrumentation for Bag 1, which was pulled at the GATE 8 corridor, were 0.4 ppm Nitrous, 40 ppb Volatile Organic Compounds (VOCs), 12 ng/m³ Mercury (Hg), and 0 ppm Ammonia (NH₃). Bag 2 was pulled in the general area of the gravel parking lot near AN and AY/AZ Farms, 0.30 ppm Nitrous, 130ppb VOCs, 9 ng/m³ Hg, and 0 ppm NH₃.

AGENT	@ODOR	@SOURCE	EXPOSURE LIMIT	REPORTING LIMIT
Ammonia	0ppm	ppm	25ppm OEL/35ppm STEL	>0 ppm
Total VOCs	0ppm	ppm	2 ppm AL	>0 ppm
Mercury	N/A	mg/m ³	0.025 mg/m ³ OEL	0.000016 mg/m ³
Nitrous Oxide	N/A	ppm	25 ppm AL	>0 ppm

Event Timeline**05/03/2016**

- 1330: HPT with Waste Services experienced: “musty odor with burning nostrils”
- 1425: Waste Services workers complete work and return to Building 616
- 1425: HPT reports slight burning in nasal passage to supervisor. Supervisor escorted HPT to HPMC and begins notifying Central Shift Office.
- 1430: Central Shift Office (CSO) notified of odor event.
- 1510: Shift Office Event Notification (SOEN) message sent: Entering AOP-15 for odor at gate 8 corridor
- 1514: Central Operations & Maintenance Services (COMS), Industrial Hygiene (IH), IH, Health and Safety Manager, IHT Supervisor arrive at CSO.
- 1517: Briefed by CSO: 1 Waste Services HPT reported symptoms occurring at ~1330 hours at gate 8 corridor with delayed response to shift office.
- 1521: Shift NCO reports to CSO: Road blocks in place.
- 1528: PO IHTs report to CSO. Deployed by CSM to obtain SCBA and then monitor the area near gate 8 corridor and collect minimum of one bag sample. Concentrate efforts near the Satellite Accumulation Area (SAA).
- 1534: IH programs supervisor contacted S&H manager to confirm technician available to run HAPSITE after hours.
- 1535: CSO and S&H personnel arrange overtime for IHT coverage.

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- 1536: CSO request odor response card be sent to CSO.
- 1544: Odor response card arrives at CSO.
- 1550: IHTs call IHT lead to request direction to get through barricades from previous AOP-015 event. Directed to traverse around the barricades.
- 1615: HPT from 1330 released from HPMC without restriction.
- 17:20 IHTs completed field DRIs and transporting Tedlar bags to central IH lab for HAPSITE analysis.

Compensatory Measures

No compensatory measures were identified.

Preliminary Extent of Condition Review

With no fugitive emission sources detectible and the potential cause being unknown, the preliminary extent of conditions is bound to the area outside of the Gate 8 corridor. Earlier in the day, a separate AOP-015 was entered at 0849 hours in the area of 4th and buffalo. The description of odors in that event were described as “body odors,” “chlorine,” and “sharp and pungent.” No fugitive emissions were identified in this event and the IH readings 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 readings were reported as below action limits.
2. DRI reported 0 ppm ammonia, 0 ppm VOCs.
3. Two bag samples were brought to 2704HV/H104 for Hapsite Screening as part of an AOP-015 response. One sample was taken along the fence line of the Gate 8 Corridor. The other was taken from the parking area.
4. Workers interviewed believe the “musty” smell was coming from AX-Farm and are potentially the result of tank waste vapors.
5. Bag samples showed evidence of trace amounts of diesel components. (See Attachment 4)
6. Herbicide spraying was taking place directly East of AX farm from 1245 to 1400 hours and could have contributed to odors in the area.

Discussion of Barriers That Could Have Impacted the Cause

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

Recommendations/Proposed Corrective Actions

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

Attachments (as they apply):

1. Odor Response Cards
2. Personal Statements
3. GCMS Readings and IH Synopsis.
4. Supervisor Event Report

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Attachment 1: Odor Response Cards

ODOR RESPONSE CARD - 241-AN FARM

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

- Date and time odor was noticed 5/3/16 1330
- Your name and the work your were performing HPT-Surveys
- Location of odors (mark area on map and wind direction) Northside of 702AZ-Corridor 8 (out-to) 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: _____
- Possible Source Don't know
- 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-AN 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 your 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.

AN-FARM

Wind Direction
N
W E
S

241-AN FARM (FEET)

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ODOR RESPONSE CARD - 241-AN FARM

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

- Date and time odor was noticed 5/3/16 @ 1:30 pm
- Your name and the work you were performing /Surveying Flatbed truck
- Location of odors (mark area on map and wind direction) between AX + AN Farm outside gate 8
- 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: _____
- Possible Source AX Farm
- 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: Irritation in nasal passage

2. Send this card to the Central Shift Office.

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ODOR RESPONSE CARD - 241-AN 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-AN FARM (REV 1)

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Attachment 2: Personal Statements

INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject: <u>AOP-15 at Gate 8</u>	Date of Event: <u>5/4/16</u>
PER Number (if known): _____	
INSTRUCTIONS: <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>	
<ul style="list-style-type: none"> ❖ In your own words, write down the facts as you understand them about what happened during the issue/event/condition being evaluated. <div style="margin-left: 20px;">We were bringing some waste boxes from building 616 to gate 8. Other HPT noticed odor before I did.</div> ❖ 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). <div style="margin-left: 20px;">Normal conditions - gate 8 was posted as it always is - nothing stood-out to me</div> ❖ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response. <div style="margin-left: 20px;">Prior to the event - just surveying the trailer bed - noticed a light - musty smell. Didn't take any actions - it smells over there sometimes!</div> ❖ List any known concerns with procedures, practices, or training. <div style="margin-left: 20px;">No concerns</div> ❖ Names of others who may have additional information. <div style="margin-left: 20px;">I'm sure that you will hear from the others</div> ❖ Additional facts you wish to provide. 	
<small>Note: If additional sheets are used, sign, date, and record time on each page.</small>	
Name: _____ <small>(print/sign)</small>	<u>05/04/16 1530</u> <small>Date & Time of Statement/Interview</small>

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INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject: <u>AOP-015 AT GATE 8</u>	Date of Event: <u>5/3/16</u>
PER Number (if known): _____	
INSTRUCTIONS:	
<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.	<u>Unknown</u>
❖ 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).	<u>Warm, no breeze, no alarms</u>
❖ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.	<u>Working - driving forklift.</u>
❖ List any known concerns with procedures, practices, or training.	<u>None</u>
❖ Names of others who may have additional information.	
❖ Additional facts you wish to provide.	
Note: If additional sheets are used, sign, date, and record time on each page.	
<u>5/3/16 1530</u> Date & Time of Statement/Interview	

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INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject: <u>AOP-015 AT GATE 8</u>	Date of Event: <u>5/2/16</u>
PER Number (if known): _____	
INSTRUCTIONS:	
<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.	<u>UNKNOWN</u>
❖ 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).	<u>WARM, NO BREEZE, NO ALARMS -</u>
❖ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.	<u>DELIVERED (2) empty 9'x5'x5' BOXES TO GATE 8 AREA. AS FAR AS I'M CONCERNED - NOTHING ABNORMAL TO REPORT.</u>
❖ List any known concerns with procedures, practices, or training.	<u>NONE</u>
❖ Names of others who may have additional information.	_____
❖ Additional facts you wish to provide.	<u>NONE</u>
Note: If additional sheets are used, sign, date, and record time on each page.	
Name: _____ <small>(print/sign)</small>	_____ <u>05-03-16 1530 Hrs.</u> Date & Time of Statement/Interview

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INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject: <u>Gate 8 Delivery</u>	Date of Event: <u>5-3-16</u>
PER Number (if known): _____	
INSTRUCTIONS:	
<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. <i>I was with the 616 NCO for delivery of Two 9x5x5 waste boxes to Gate 8. We arrived about 5 min before the Truck, when the Truck arrived each box was removed with the Forklift labeled and located inside gate 8. We closed the gate and left.</i>
❖	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). <i>Sunny, no wind, no other activities, no alarms</i>
❖	What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response. <i>I was unaware of anyone noticing and odor on anything unusually</i>
❖	List any known concerns with procedures, practices, or training. <i>NONE</i>
❖	Names of others who may have additional information.
❖	Additional facts you wish to provide. <i>NONE</i>
<small>Note: If additional sheets are used, sign, date, and record time on each page.</small>	
Name: _____	<u>5/3/16 1618</u> Date & Time of Statement/Interview
<small>(print/sign)</small>	

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INITIAL EVENT INVESTIGATION PERSONAL STATEMENT	
Event/Subject:	AOP 15 Gate #8
PER Number (if known):	Date of Event: 5-3-16
INSTRUCTIONS:	
<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. unloaded 2 Boxes outside Gate #8
❖	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). Delivered Boxes from north so not to use Buffalo St.
❖	What were you doing immediately prior to, during, and after the event/condition?, Including your Action(s) in response. Driving Truck with Boxes to Gate #8 After unloading turned Boxes over to 616 operators to put them down Gate #8 corridor.
❖	List any known concerns with procedures, practices, or training. NONE
❖	Names of others who may have additional information.
❖	Additional facts you wish to provide. Someone said something about a smell. I could smell something but it was light.
Note: If additional sheets are used, sign, date, and record time on each page.	
	5-3-16 15:45 Date & Time of Statement/Interview

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INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: AOP-015 at GATE 8

PER Number (if known): _____ Date of Event: 5/3/16

INSTRUCTIONS:
 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.

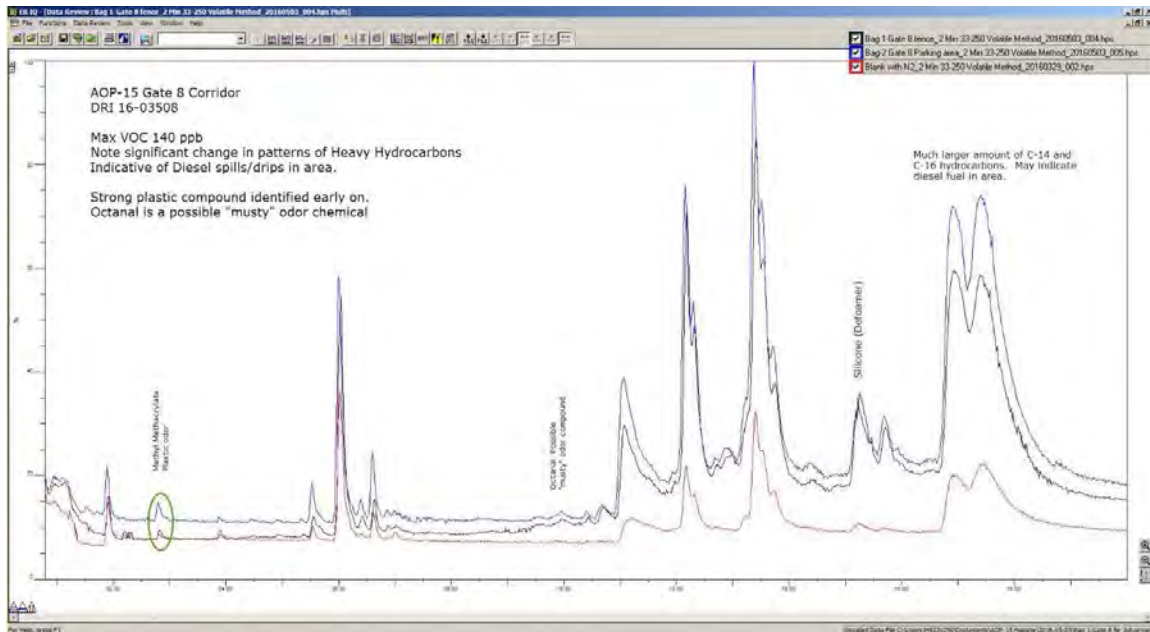
- ❖ In your own words, write down the facts as you understand them about what happened during the issue/event/condition being evaluated.
 I was supporting delivery of Empty waste Containers to Gate 8 Corridor. I was ~~supper~~ located between AN + AX Farm outside Gate 8 Corridor. At this location A ~~nuisance~~ ^{nuisance} odor from the farm was noticed. ~~A MUSTY~~ smen that caused me nasal irritation. Decided to go to HPMC for check up.
- ❖ 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).
 I noticed people working in AX Farm. Not sure what the work included.
- ❖ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.
 I was waiting to survey a flatbed truck parked outside gate 8 corridor. Exposure happened at this time. I moved away from odor + questioned others around me if they noticed it. ~~one other said they did~~. we left the area.
- ❖ List any known concerns with procedures, practices, or training. Initially said AS
 NONE
 no. ^{one individual said they did notice it. She had no symptoms + did not go to HPMC.}
- ❖ Names of others who may have additional information.
 NONE
- ❖ Additional facts you wish to provide.
 NONE

Note: If additional sheets are used, sign, date, and record time on each page.

Name: _____ Date & Time of Statement/Interview: 5/4/16 0940

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Attachment 3: GCMS Readings and IH Synopsis.



“Both chromatograms are overlaid along with a blank pure N2 bag blank to differentiate the bag outgassing peaks. The odor reported was ‘musty’. Upon inspection it is clear that there is evidence of diesel fuel spills/drips in this area. The heavy hydrocarbon background is shifted much to the C-14 and C-16 peaks. Other differences from the bag peaks include a change in the methyl methacrylate content. While normally present from the bag alone, there was a doubling or tripling of the <1ppb background. The ACGIH TLV is 50 ppm for methyl methacrylate. Methyl methacrylate has a moderately strong odor. It is irritating to eyes and mucous membranes at >OEL concentrations. It is a monomeric constituent of many acrylic plastics. One of the compounds identified, Octanal, does have a slight waxy musty odor. At higher concentrations the more citrus/floral components dominate. It can be used as a food additive up to 1% (10,000 ppm). The sample results are non-ambiguous only for the diesel components. “

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Attachment 4: Supervisor Event Report

TANK FARM		EVENT REPORT		1. Case No.	
Due to Safety within 48 hours of reported event.					
2. Employee Name		3. HID No.	4. Job Title/Occupation RCT		
5. Experience on This Job/Equipment <input type="radio"/> < 3 months <input type="radio"/> 3-12 months <input checked="" type="radio"/> Over 12 months					
6. Witness Names					7. Date Reported 5/3/16
8. Date of Event 5/3/16	9. Location of Event: (Room/Bldg./Area/Facility) Gate 8		10. Time of Event 1330	11. Time Employee Began Work 1330	
12. Manager, Supervisor or Foreman Name(s)/Phone Number		13. Division and Department Waste Operations services		14. Cost Center 2LD00	15. Dept. I.D. (8 DIGIT)
10. Company/Contractor WRPS		17. Other Contractor Name		18. ARRA Funded Worker <input type="radio"/> Yes <input checked="" type="radio"/> No	
19. (Check all the Event Types that apply)					
<input type="checkbox"/> Injury/Illness		<input type="checkbox"/> Spill		<input type="checkbox"/> Property Damage: Est. Cost \$ _____	
<input type="checkbox"/> Potential Exposure		<input type="checkbox"/> Fire		Property ID No. (if applicable) _____	
<input type="checkbox"/> Near Miss		<input type="checkbox"/> Excavation		<input type="checkbox"/> Motor Vehicle Accident: Est. Cost \$ _____	
<input type="checkbox"/> Lock and Tag		<input type="checkbox"/> Radiation Contamination		Vehicle ID No. _____	
<input type="checkbox"/> Electrical		<input type="checkbox"/> Operator of Equipment/Vehicle		Vehicle License Plate No. _____	
<input checked="" type="checkbox"/> Other Odor					
20. Activity in progress at time of accident (i.e., what employee's work assignment was the day of injury). Waste operations personnel were delivering empty containers to gate 8 area. RCT was performing surveys.					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">MANAGER / SUPERVISOR</div> <div> 21. Events - Describe the event sequentially, beginning with initiating events and ending with nature, extent of injury/damage (i.e., laceration left index finger), and treatment provided. (Attach a separate sheet for any additional information.) During the delivery of empty waste boxes to gate 8, RCT 1 smelled a musty smell as described by them. RCT 2 stated that they could smell a light musty smell. After completing the delivery all personnel reported back to building 616. At ~1430 RCT 1 notified Operations manager that they had smelled something during the work and now their nose had a slight burning/tingling sensation. Supervisor escorted RCT 1 to HPMC for evaluation and RCT 1 was returned to work with out restrictions. </div> </div>					
22. INJURY/ILLNESS ONLY					
Was a work restriction placed on employee as a result of this incident? <input type="radio"/> Yes <input checked="" type="radio"/> No					
Does the work restriction preclude the employee from work activities he/she regularly performs at least once a week? <input type="radio"/> Yes <input checked="" type="radio"/> No					
Please explain: <u>N/A</u>					
Was employee wearing PPE? <input checked="" type="radio"/> Yes <input type="radio"/> No What Type? <u>GHA PPE</u>					
Was a JHA performed on this job? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If vehicle accident, was the employee wearing seat belt? <input type="radio"/> Yes <input type="radio"/> No					
Did the injury/illness require additional medical treatment beyond that provided by HPMC? <input type="radio"/> Yes <input checked="" type="radio"/> No					
If yes, name and address of medical provider (i.e., physician's or chiropractor's name) <u>N/A</u>					
If hospitalized overnight, name and address of hospital <u>N/A</u>					

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EVENT REPORT (continued)			Page 2 of 2
MANAGER/SUPERVISOR	23. Accident Causes	<p>A. Conditions (Causing and/or Contributing to Event) Warm, No Breeze, and No alarms</p> <p>B. Employee Actions (Contributing to Event) Dropping off waste container at gate 8</p> <p>C. Factors influencing A. or B. None at this time</p> <p>D. Apparent Cause Code</p>	
	24. Prevention - Actions Taken (Describe measure taken to prevent a similar event. See instructions for further guidance.)	None	
	25. Prevention - Actions Recommended (Describe corrective actions that are planned. See instructions for further guidance.)	Developing a plan to deliver waste containers to RMA 158 instead of gate 8 and also pickup containers from RMA 158. PER #: <u>N/A</u> Planned Completion Date: <u>N/A</u>	
EMPLOYEE	26. In detail explain what happened	See attached personal statement (Site Form # A-6003-098).	
	27. Any recommendations on how to prevent this type of event?	Look at an alternate place to pick up and deliver waste containers for AX farm.	
SAFETY	28. Safety Professional	<input checked="" type="checkbox"/> The corrective actions identified in this event report are appropriate to prevent recurrence. <input type="checkbox"/> Corrective actions are completed or tracked to closure in ESTARS. Comments: Work being performed was determined to fall under the GHA.	
	29. I wish to file a worker's compensation claim for this event at this time.	Employee Initials	
	At this time, I do not wish to file a worker's compensation claim for this event. I understand I can change my mind and complete an application for benefits for this event within the limitations below.	Employee Initials	
	30. Signatures		
	_____ Manager/Supervisor/Foreman	Date: <u>5/4/16</u>	Initials: _____
	_____ Employee	Date: <u>5/4/16</u>	Initials: <u>5/4/16</u>
	_____ Injury & Illness Coordinator	Date: _____	WC Claim Number _____
	Level 2 Manager: _____	Date: <u>5/4/16</u>	WC Claim Number _____

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