EVENT INVESTIGATION REPORT

AOP-015 Entry at SY-Farm Annulus Exhauster

Event Investigation Report Number: EIR-2015-033

Event Investigation Team Lead

9/21/2015
Date

PER Responsible Manager

9/28/15
Date

PER No. WRPS-PER-2015-1670

Investigation Summary

On Friday, August 14, 2015 four (4) Instrument Technicians (IT) were working on loop calibrations in SY Farm. The ITs arrived at SY Farm change trailer at approximately 0800. At about 0815 hours they exited the change trailer and proceeded into SY farm to begin calibrations in and around the annulus exhauster CAM cabinet. Shortly after beginning work, personnel noted the smell of “body odor”. After working at the CAM cabinet for approximately 30 minutes one IT developed a headache. When a second IT developed a nose-bleed all personnel exited the farm. Farm exit occurred at approximately 0850.

Once the ITs arrived at the SY change trailer they notified the Central Shift Manager who initiated an AOP-15 entry for SY Farm. In response to AOP-15, all work in SY Farm was secured and the farm evacuated. Affected ITs were evaluated at HPMC and returned to work without restriction at 1025 hours.

At 1315, an MSA employee supporting a sampling job on tank SY-103 (a separate, but collocated work activity) requested medical evaluation at HPMC. This employee was in the farm when the ITs exited and exited per AOP-15. The MSA employee was evaluated and released to work without restriction.

Industrial Hygiene (IH) responded to the shift office after receiving the Central Shift Managers (CSM) radio call announcing entry of AOP-015 for SY Farm. IH discussed location and sampling plan with CSM and then dispatched IHTs to take samples. IH sampling results were returned at 1510, reporting samples at or below background levels. AOP-015 was exited at that time based on sampling results.

Weather Information At 0830 when the ITs first reported the smell winds were out of the NW with an average wind speed of 5 mph. General weather station conditions for the time period of interest are shown below. Personnel in the field observed local wind direction indicators (wind socks) showing erratic wind directions and speeds in the immediate work area.

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<th>Date/Time [PST]</th>
<th>Avg wind Speed</th>
<th>Wind Direction</th>
<th>Max Wind Speed</th>
<th>Avg Temp</th>
<th>Pressure</th>
<th>Humidity</th>
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<td>196.7</td>
<td>22.8</td>
<td>90.4</td>
<td>29.06</td>
<td>21</td>
</tr>
</tbody>
</table>

Event Timeline

07/13/2015

~0800  Work crew arrives at SY Farm

~0815  Workers enter farm and proceed to SY Annulus CAM cabinet

~0830  Annulus CAM Cabinet is opened and workers notice smell like “body odor”

~0850  ITs have symptoms and decide to exit the work area.

~0855  ITs Notify Central Shift Office of symptoms and odors, shift manager initiates AOP-15

0858:   IH and IHTs report to Shift Office to respond to AOP-015

0859:   CSM briefs IHT’s and IH on AOP-015 and affected employees.

0901:   IH1 talks with field IH for SY farm.

0903:   IHTs leave to get SCBA for response.

0904:   IH1 discusses response with field IH.

0905:   Field IH arrives at SY Change Trailer to gather information. Wind was 3-5 mph N→S

0908:   IH1 leave CSM to work on response.

0909:   IHTs receive SCBA and head to HPMC to pick up Odor response cards. Plan to meet Field IH at change trailer for further instruction.

0915:   Field IH responds to HPMC to obtain event information.

0933:   Field IH briefs entry IHT’s of location of incident

1000:   IHTs enter into SY Farm.

1020:   IHTs exit SY Farm. DRI readings while sampling were 3 ppm NH3 and 0 ppb VOC. Winds were SE→NNW at 5-10 mph.

1025: All employees returned to work without restrictions.

1315: Notified that an MSA requested to be seen at HPMC.

1510: SOEN Notification “Sample analysis for AOP-015 event has been completed and the results are at or below background levels. Exiting AOP-015. CSM”

Immediate Actions Taken

1. Personnel exited the area in a controlled manner and reported to HPMC for evaluation.
2. Shift management was notified and AOP-015 was entered.
3. The other work crew working in the SY Farm (sampling crew) was told to evacuate the farm, informed of the potential for vapors, and offered HPMC services
4. The farm was posted and controlled as a VCZ.
5. Initiated EIR-2015-033
6. Air samples were collected in the area and analyzed.

Compensatory Measures

No compensatory measures were identified as a result of the Fact Finding

Discussion of Potential Causes

Based on a review of the following, the source of the odors encountered by the Instrument Technicians was not able to be definitively determined.

- Review of information and investigative IH monitoring and sampling of the area. All bag samples came back at or below background levels. DRI sample readings taken during sample bag filling showed a maximum value of 3 ppm ammonia.
- Prevailing employee opinion, particularly those on the ST Team, is that the source of the odors in this work location is the exhaust from the stack brought into the breathing space by slow wind speed and erratic wind direction rather than being carried up and dispersed.
- A review of collocated work activities indicated the only potential odor causing activity was the sampling activity at SY-103.
- Input from affected workers described the odor as “Body Odor”.

Preliminary Extent of Condition Review

The AOP-015 entry was specific to SY Farm. With no fugitive emission sources detectible and the potential cause being unknown the preliminary extent of conditions is bound to the area in SY Farm.

Discussion of Barriers That Could Have Impacted the Cause

Impacting barriers is unknown because the cause of the odors was not able to be definitively determined.
Conditions Adverse to Quality

1. Ongoing problems with other contractor notifications. The Central Shift Office logbook indicated that the primary MSA POC was notified of MSA employees being affect and taken to HPMC at 1325 hours, 8-14-2015. A follow up email with the MSA POC indicated that he had not been contacted about this incident (See Attachment 5).

Recommendations/Proposed Corrective Actions

1. Reevaluate methods of documenting interactions/notifications with other Hanford contractors. Evaluate changes to the AIA.

Attachments (As they apply):

1. Photos
2. Odor Response Card
3. Personal Statements
4. Industrial Hygiene Area Surveillance
5. Logbook entry/email on MSA notification
Exhauster Pads, 241-SY-Farm
Overlay Positional Map

Attachment 2
Odor Response Cards

2. Send this card to the Central Shift Office.

Was an HT present? [ ]

Possible source

Your symptoms (if any)
- Headache
- Dizziness
- Headed
- Nausea
- Cough
- Fatigue
- Drowsiness
- Weakness
- Sore/Inflamed Throat
- Difficulty Breathing
- Metallic
- Smokey
- Watery/irritated
- Other

Date and time odor was noticed
8/11/15
Time: 8:257

Name of others in or near the affected area

Location of odors (mark area on map and wind direction)

Describe the odor
- Sweet
- Sour
- Musty
- Earthy
- Burning Solution
- Ammonia
- Other

Name and the work you were performing

Contact CSM complete below bulleted information and map.

8/11/15
8:257
Odor Response Card

Odors Detected with NO
Immediate symptoms

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

Odors Detected WITH
Symptoms

4. Notify Immediate Supervisor.
5. Contact CSM
   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 wind
     direction)
   * Describe the odor
   * Name of others 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.
2. Contact CSM

3. Complete below bulleted information and map.

4. Date and time odor was noticed: 

Your name and the work you were performing: 

Location of odor (mark area on map and wind direction): 

Name of others in or near the affected area: 

Was an IHT present?: 

Describe the odor: sweet, sour, musty, earthy, metallic, smoky, rotten, gthon, other. 

Possible source: cleaning solution, ammonia, other. 


Your symptoms (if any): 

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

Other:

Possible source:

Déscribe the odor

Was an IHT present?

Name of others in or near the affected area

Location of odors (mark area on map and wind direction)

Your name and the work you were performing.

Date and time odor was noticed

I, Contact CSM,

Complete below bullet information and map.

Odor response card
2. Send this card to the Central Shift Office.

- Eyes/Trouble with vision
- Hearing/Numbness/Paralysis
- Rash/Irritation
- Fatigue/Dizziness/Weakness
- Sore/Burning throat/Difficulty breathing
- Watery/Irritated

Your symptoms (if any):

Possible source:

Description of odor (if present):

Were an odor present?

Was an odor present?

Name of others in or near the affected area:

Location of odors (mark area on map and wind direction):

Date and time odor was noticed:

Contact CSM:

Complete below: are you [insert information] and map.
<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Notify Immediate Supervisor.</td>
</tr>
<tr>
<td>2.</td>
<td>Notify Central Shift Manager.</td>
</tr>
<tr>
<td>3.</td>
<td>Complete map return to Central Shift Office as soon as practicable.</td>
</tr>
<tr>
<td>4.</td>
<td>Odors Detected With Immediate Response Card.</td>
</tr>
<tr>
<td>5.</td>
<td>Odors Detected With Immediate Response Card.</td>
</tr>
<tr>
<td>6.</td>
<td>Provide information on the back of this card immediately to the Central Shift Office.</td>
</tr>
</tbody>
</table>

1. Contact CSM. [Redacted] complete below bulleted information and map.
   - Date and time odor was noticed: 8-14-15
   - Your name and the work you were performing
   - Location of odors (mark area on map and wind direction)
   - Name of others in or near the affected area
   - Was an IHT present? Yes
   - Describe the odor: [Blank]
      - Cleaning Solution
      - Ammonia
      - Other: [Blank]
   - Possible source: [Blank]
   - Your symptoms (if any): [Blank]
      - 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: [Blank]

2. Send this card to the Central Shift Office. Revised 2/9/15
1. Notify immediate supervisor.
   Odor detected with NO.

2. Contact Central Shift Manager.

3. Provide information.
   Odor detected by as soon as.
   Central shift office to.

4. Notify immediate supervisor.


6. Provide information on the affected area.
   Name of others in area.
   Describe the odor.
   Direction.
   Location of odors (mark)
   Notice.
   Time and time odor was.

7. Send this card immediately to the Central Shift Office.
INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: AOP 15 5y Form
PER Number (if known): ______________________________ Date of Event: __/__/____

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.

- Clouds from the Exhauster or Possibly the Annular Exhauster Cabinet caused symptoms.

- 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).

  There was a light swirling wind.

- What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.

  We were performing maintenance on the Annular Exhauster Cabinet. Reported something odd. Nothing started bleeding so we decided to leave the area.

- List any known concerns with procedures, practices, or training.

  None

- 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: 8/4/15, 11:57 AM
INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: APR-15, SY Farm, Tank Vapors

PER Number (if known) __________________________ Date of Event: 8/14/15

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.

Sample: P-22 Loop Calibration - about 08:15 left SY Change Trailer opened Analyte stack sample cabinet doors and I smelled B.O. (Tank deodor) I stepped back and looked at the wind sock on A Train stack and saw it swirled and at a light speed about 2-3 mph then left the farm for more MTE.

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). Are group was working on SY Analyte stack calc. (Sample cabinet) Operators were taking room projects. I was working on SY-102 sample platform as I left the wind was still swirling, when the rest of the crews came in to the change trailer and talked about symptoms APR-15 was called by shift manager.

What were you doing immediately prior to, during, and after the event/condition? Including your action(s) in response.

Standing ten feet south of 241-SY VTA Sample Cabinet left to get more MTE

List any known concerns with procedures, practices, or training.

N/A

List any other information you may have.

N/A

Additional facts you wish to provide.

N/A

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

Name: __________________________ Date & Time of Statement/Interview: 8/14/15 10:30

Page 1 of 1

INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: Vapour event 8/14/15 8:30 AM
PER Number (if known): Date of Event:

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.

Was Calibrating instrument on Ammonia and pressure switch on ammonia compressor. Unit was open to air. When ammonia compressor was shut down headache and felt weak. I got more weak after about 40min. The calibration was done from Autolab. There was a lot of smoke in air from local fires and also capacitor from Tando in Sy Farm

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). Temps was hot. Slight breeze with smoke in air from fire.

✔ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.

Calibration of ammonia stack equipment and pressure switch on ammonia. RWPTF100 in while air respirator protection.

✔ List any known concerns with procedures, practices, or training.

Unable to calibrate instrument on cell cabinet.

✔ 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.

8/14/15 10:51

Name: [signature]

Drew G time of Statement/Interview

Page 1 of 1
INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: Vapor Exposure
PER Number (if known) ___________________________ Date of Event: 8/14/15

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.

During calibrations in SY we smelled odors. I started to get a headache another instten had a bloody nose and we exited the farm.

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).

Wind was changing directions.

What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.

Smelled odors while walking around.

Exhausts.

List any known concerns with procedures, practices, or training.

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.

6/14/15 10:30
Date & Time of Statement/Interview

Page 1 of 1
INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: SY-Farm odor event AOP-15/Unsecured work area AOP-20

PER Number (if known):________ Date of Event: 08/14/2015

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.

At 0840 I received a phone call from the central shift office that there was an odor event in SY Farm with symptoms. We placed our work area in a safe configuration and exited the farm. AOP-20 was later declared for the SY-103 drill string work area not being configured to safely handle anticipated weather conditions (wind). We entered the farm with Central Shift office permission with IH monitoring and SCBA to configure our work area. Work area was configured and shift office was informed.

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).

SY-Farm primary ventilation was running with a light breeze from the west.

What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.

We had completed removing the drill string from SY-103 riser 19. The drill string break down glove bag was certified and we had begun to break down the drill string.

List any known concerns with procedures, practices, or training.

none

Names of others who may have additional information.

Additional facts you wish to provide.

After we exited the farm I asked members of my crew if any of them had symptoms, smelled any odor or would like to have follow up at HRMC. They all responded in the negative.

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

Page 1 of 1
INITIAL EVENT INVESTIGATION PERSONAL STATEMENT

Event/Subject: SY-Farm odor event AOP-15
PER Number (if known): Date of Event: 08/14/2015

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.

At about 1315 the Boiler Maker MSA employee on OT1 from our SY-103 drill string pull job called and informed me he would like to go to HPMC due to the SY AOP-15 that occurred when we were in the farm. I informed the shift office, the shift office agreed to inform the MSA point of contact, after we were done by a provider, had a blood draw and released to work without restriction.

◆ 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).

◆ What were you doing immediately prior to, during, and after the event/condition? Including your Action(s) in response.

◆ List any known concerns with procedures, practices, or training.

◆ Names of others who may have additional information.

◆ Additional facts you wish to provide.

reported he did not have a specific symptoms. He stated he is not normally a tank farm worker and that he was generally uncomfortable with the situation and wanted to be checked at HPMC.

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

09/14/2015
Date & Time of Statement/Interview

Attachment 4
Industrial Hygiene Sampling Plan

6. Summary of IH Monitoring and Sampling Date
   a. Monitoring

<table>
<thead>
<tr>
<th>AGENT</th>
<th>@ODOR</th>
<th>@SOURCE</th>
<th>EXPOSITION LIMIT</th>
<th>REPORTING LIMIT</th>
</tr>
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<tbody>
<tr>
<td>Ammonia</td>
<td>0 ppm</td>
<td>N/Appm</td>
<td>25 ppm OEL/35 ppm STEL</td>
<td>&gt;0 ppm</td>
</tr>
<tr>
<td>Total VOCs</td>
<td>0 ppm</td>
<td>N/Appm</td>
<td>2 ppm AL</td>
<td>&gt;0 ppm</td>
</tr>
<tr>
<td>Mercury</td>
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<td>N/Appm</td>
<td>0.025 mg/m³ OEL</td>
<td>0.000016 mg/m³</td>
</tr>
<tr>
<td>Nitrous Oxide</td>
<td>0 ppm</td>
<td>N/Appm</td>
<td>25 ppm AL</td>
<td>&gt;0 ppm</td>
</tr>
</tbody>
</table>

Hg and N2O were verbally received

b. GCMS Sample Results: Pending

c. Sampling
   - Source: [ ] Yes [X] No
   - Area: [X] Yes [ ] No
   - Personal: [ ] Yes [X] No

7. Weather Conditions at Time of Event
   - Wind Direction & Speed: Winds were swirling at 2-5 mph
   - Barometric Pressure (steady/rain/falling)
8. **Recommendations/Conclusions:**

9. **Other:** Responding IHT could not pull a bag sample from the Annulus CAM cabinet due to system configuration (door closed) and not having authorization to open it.

   IHT took three bag samples. One near the CAM cabinet, one North of the A-Train Exhauster and one General Area.

   The IT's were working in and around the Annulus CAM cabinet. Two of the employees were smelling odors for 20 or so minutes before symptoms set in.

10. **IH Monitoring/ Sample Survey Reports:**

    | IH Author | Phone | Date   |
    |-----------|-------|--------|
    | (Print)   |       | 8/14/15 |
    | (Sign)    |       |        |

<table>
<thead>
<tr>
<th>S&amp;H Program Mgmt.</th>
<th>Phone</th>
<th>Date</th>
</tr>
</thead>
<tbody>
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<td>(Print)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Sign)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Left you a voicemail too...I was contacted last Friday about a rigger that had reported a hyper-extended knee. That injury had actually happened on Thursday but he didn’t report it until Friday. The shift office notified me and also had notified the rigger’s management at MSA. I did not receive a phone call about anyone at MSA being involved in a vapor event. Please give me a call if you have any questions.

Thanks...

I am trying to confirm that the WRPS shift office notified you Friday, 8-14, that a MSA employee went to AMH after an odor event in SY farm.