EVENT INVESTIGATION REPORT

Entered into AOP-015 at ETF

Event Investigation Report Number: EIR-2015-046

	12/28/2015
Event Investigation Team Lead	Date
	12/28/15 Date
PER Responsible Manager	Daté

PER No. WRPS-PER-2015-2550

Investigation Summary

Monday December 7, 2015:

On December 7, 2015, at ~1020 hours Two (2) Pipe-Fitters, a Health Physics Technician (HPT), and a Nuclear Control Operator (NCO) were replacing pressure gauges associated with the Auxiliary Filter Canisters on the mezzanine of the process bay at 2025E. When the "sample lines" (1/4" stainless lines totaling about 6' in length) were disconnected from the pressure gauges the 4 employees noticed a strong "hair perm", "hair salon", onion, metallic odor which presented in one employee with "metallic taste in throat" and a "cough/tickle" (*See Attachment 3: Odor Response Cards*).

The workers notified management and were taken to HPMC for medical evaluation. Management contacted the Central Shift Office and described the odors location, smell description, and the symptoms experienced by one of the workers. Per procedure TF-AOP-015 "Response to Reported Odors or Unexpected Changes to Vapor Conditions" Section 2.1.1 "Odors have caused symptoms of exposure... e.g. Metallic Taste" the Central Shift Manager made the determination to enter into AOP-015 and restrict access to the area and dispatch Industrial Hygiene to sample the area.

At ~ 1050 Two (2) Industrial Hygiene Technicians arrive at the central shift office and are briefed on the background, location, and symptoms experienced by the work crew. They were then dispatched to take air samples. The following are the results and observations from their analysis (IHTs began their survey of the area at ~ 1122 hours):

- All associated valves were found closed.
- Sample lines were disconnected from pressure gauges.
- No odors were apparent.
- Only slightly elevated Volatile Organic Compound (VOC) readings could be found directly within pressure gauge inlets.
- Pressure gauges were not oil filled
- RectorsealTM Pipe thread sealant (lid closed) produced 6.330PPM VOC. Placed approximately 18in from area where open instrument lines and pressure gauges were left.
- Tedlar® bag was filled from area directly adjacent to (within 4in) open sample lines and directly above (12-18in) pressure gauges (24-36in from pipe sealant container).
- No other chemicals or open systems could be found near the event scene.

At ~1200 the four employees were released back to work without restriction. However, in accordance with TFC-BSM-HR_EM-C-04 (*Fitness for Duty, Work Suitability, and Reasonable Accommodations to Work Restrictions Section 4.1*) Management restricted ACES tank farm access to the affected employees until medical results associated with potential vapor/chemical exposure incidents have been received by the employee.

Neither bag sample taken by IH demonstrated chemical exposure hazards above site action levels or any indication that operations may not be safely resumed.

Background Information on the Filter Skid:

The Auxiliary filter canisters were left empty (filters removed) approximately 2 years ago. The system was back-flushed for 4 hours with de-ionized water prior to being placed out of service. The filter skid has historically been an area of algae accumulation with associated musty odors/smells experienced during filter changes. As a result of that history, facility personnel anticipated that odors could be present. The work package covering the gauge replacement had been approved by IH/IS. The package did not require IH monitoring and no monitoring was being performed at the time of the reported odors.

Tuesday December 8, 2015:

Two construction workers (laborer and carpenter) were on the south east corner of the process floor moving and staging equipment for the installation of a new hoist. As they staged equipment between a concrete wall and the UV oxidation system the workers identified an unknown smell. They stopped work and notified management, at which point management restricted access to the entire processing floor area, contacted the central shift office (which entered AOP-015), and sent the affected workers to HPMC for evaluation. Both construction workers were released to work without restriction. A survey of the area by IH identified a couple sheets of treated plywood as an odor source, but it didn't represent the smell type described by the workers ("hair perm"). No other odor emitting sources were identified by the direct reading instrumentation and two bag samples were taken to be analyzed by the lab.

It is important to note that although the event occurred inside of 2025E Process Bay. The building ventilation in the process floor where the original event occurred provides a minimum of four air changes per hour (*Contact facility engineer for more information*).

Neither follow up investigation of the events at ETF On December 7th or 8th demonstrated chemical exposure hazards above site action levels or any indication that operations may not be safely resumed. Plans for resumption should be made with the cognizant S&H staff to minimize the potential for further odor concerns since no clear source was identified in either instance.

*No formal fact finding meeting was held in support of this event investigation.

Event Timeline

12/07/2015

1020

Two (2) Pipe-Fitters, a Health Physics Technician (HPT), and a Nuclear Control Operator (NCO) encounter an obnoxious odor while replacing pressure gauges associated with the Auxiliary Filter Canisters on the mezzanine of the process bay at 2025E. The odor is reported to have smelled like a strong "hair perm/hair salon", onion, and metallic odor which resulted in one of the employees experiencing a metallic taste and cough/tickle in their throat.

- 1042 Effluent Treatment Facility Industrial Hygienist (ETF IH) notifies
 Production Operations Safety Manager (PO Safety Manager of odor event
 at Effluent Treatment Facility (ETF)
- Production Operations Safety Manager notifies AN-Team Industrial Hygiene Professional, ST-Team Industrial Hygiene Professional, EV-Team Industrial Safety Representative, and AY/AZ-Team Industrial Safety Representative) of possible odor event at ETF and dispatches personnel to Central Shift Office.
- 1056 "Entering AOP-015 for ETF 2025E mezzanine area, stay clear of area. CSM" SOEN E-Mail notification
- Shift Industrial Hygiene Technician 1 & Shift Industrial Hygiene Technician 2 arrive at event scene.
 - No odors were apparent.
 - Only slightly elevated Volatile Organic Compound (VOC) readings could be found directly within pressure gauge inlets.
 - Tedlar® bag was filled from area directly adjacent to (within 4in) open sample lines and directly above (12-18in) pressure gauges (24-36in from pipe sealant container).
 - No other chemicals or open systems could be found near the event scene.
- ~1200 The two Pipe-Fitters, HPT, and NCO were released back to work without restriction.

12/08/2015

- The Work Crew was briefed on the previous day's events related to an AOP-015 on the mezzanine of 2025E
- O730 Project construction was released to work on the process floor.
- 0820 Employees (Laborer and Carpenter) smelled a "hair perm" like smell and exited the work area.
- 0830 IH/IS was contacted. SOM, workers, IH/IS, facility manager sat down and discussed event.
- O835 SOM restricted access to the entire process floor. PAX announcement and barricades on door.
- 0845 Laborer and Carpenter were sent to HPMC

0945

IHTs arrived and sampled the area with DRI instrumentation. No DRI results found. Two bag samples collected and taken for analysis by GC/MS.

Compensatory Measures

- Restricted ACES tank farm access to the affected employees per TFC-BSM-HR_EM-C-04, Fitness for Duty, Work Suitability, and Reasonable Accommodations to Work Restrictions:
 - 4.1: "Following a medical examination as a result of an Abnormal Operating Procedure (AOP) TF-AOP-015 event, employees will be restricted access to all TOC hazard waste areas until medical lab results associated with potential vapor/chemical exposure incidents have been received by the employee."

Immediate Actions Taken

- 1. The four individuals who encountered the smell exited the area, notified management, and reported to HPMC for evaluation.
- 2. Management contacted the Central Shift Office and described the location, job task being performed, odor, and symptoms.
- 3. Central Shift Manager entered into AOP-015 based on the following criteria:
 - 1.1.1 "Odors have caused symptoms of exposure (e.g., headaches, irritation of skin, eyes, nose, or longs, nausea, difficulty breathing, metallic taste in mouth).
- 4. Industrial Hygiene was dispatched to take samples.

Preliminary Extent of Condition Review

A search of the Problem Evaluation Request (PER) database yielded a number of PERs regarding AOP-015 entries inside of the tank farms, but this is the first AOP-015 entry inside of the ETF facility.

Discussion of Potential Causes

- 1. The most likely potential cause in the event on December 7, 2015 is raw water and potential algae buildup inside of the system. The only other potential source identified was a can of RectorSeal™ Pipe Thread Sealant container found by Industrial Hygiene during their surveillance of the area. It is important to note that no fugitive emission sources were identified. Industrial Hygiene did not find any chemical exposure hazards above site action levels. Any discussion of potential causes is speculation.
- 2. The most likely potential cause in the event on December 8, 2015 is unknown. There was no fugitive emission source identified. Additionally, Industrial Hygiene did not find any

chemical exposure hazards above site action levels. Any discussion of potential causes is speculation.

Discussion of Barriers That Could Have Impacted the Cause

NA – Other than the use of respiratory protections there were no barriers identified that would mitigate obnoxious odors. Respiratory protection is not being considered for this job function at this time.

Recommendations/Proposed Corrective Actions

1. Given the nature of the work being conducted at ETF, consideration should be given to the idea of forming their own procedure to govern future scenarios where unexpected odors are encountered. For example, 222S Laboratory has its own process for addressing and responding to unexpected odors and spills. (See 222S-AOP-115 Response to Reported Odors or Spill Events).

Conditions Adverse to Quality

NA – No Conditions Adverse to Quality were identified.

Attachments (as they apply):

- 1. Personal Statements
- 2. Photos
- 3. Odor Response Cards from Dec 7, 2015
- 4. Odor Response Cards from Dec 8, 2015
- 5. Industrial Hygiene Sampling Results.

Attachment 1: Personal Statements

	TANK FARM	EV	ENT REPOR	· T	1. Case No.	
	TANK FARM	EV	Page 1 of 2			
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	6. Witness None Names					Pate Reported
	Date of Event 9. Location of Event: (Room/B			10. Time of Event 1		
	12-7-2015 Process Area/2025E, 12. Manager, Supervisor, or Foreman Name(s)/Ph		and Department	1000	0 6 0 Center 15. Dept	
		Radiati	on Protection		O TBI	31000
	16. Company/Contractor 17. Other Contractor Na N/A N/A	ame			18. ARRA F	unded Worker No
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	apply)	Fire	Prope	erty ID No. (if applicable))	
	Near Miss Lock and Tag	Excavation Radiation Contamination	n Motor	Vehicle Accident: Est.	Cost \$,
	Electrical	Operator of Equipment/	Mahla	le ID No		
	Other 20. Activity in progress at time of accident (i.e., who			le License Plate No.		
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V - SO						V.
V S	22. INJURY/ILLNESS ONLY Was a work restriction placed on employee as a re Does the work restriction preclude the employee fr Please explain:		regularly performs a	at least once a week?	○ Yes ○ Yes	No No
V - SO	Was a work restriction placed on employee as a re Does the work restriction preciude the employee for Please explain:	No What Type? G1		nt least once a week?	Yes	~

	EVENT REPORT (continued)	Page 2 of 2
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	NIA	
1	B. Employee Actions (Contributing to Event)	
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	C. Factors influencing A. or B.	
AGER	N/A	
1	10/14	
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SOR	Entered AOP-015	
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1	25. Prevention - Actions Recommended (Describe corrective actions that are planned. See instructions for further guidance.)	
- 1	PER #: 2015 - 2550 Planned Completion Date:	
1:	26. In detail explain what happened	
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	EVENT REPORT (continued)	Page 2 of 2
23. Accident Causes		
A. Conditions (Causing and/or C	contributing to Event)	
N/A		
B. Employee Actions (Contributing	ng to Event)	
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A N		
A C. Factors influencing A. or B. A \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
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S 24. Prevention - Actions Taken (I		, e. j
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25. Prevention - Actions Recomm	nended (Describe corrective actions that are planned. See instructions for further guid-	ance.)
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PER# 2015-255	Planned Completion Date:	
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something that smel.	led like a hair perm. Stopped work and went to HPM	C.
E M P		
L O Y		
FI	10.	
27. Any recommendations on how	w to prevent this type of event?	
/V/A		
28. Safety Professional		
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	IANE	KPARM		VENT REPOR	Κ1		Page 1 of 2
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	z. Employee Name			3. HID No.	4. Job Title/C		
	5. Experience on This	s Job/Equipment	onths 3-12 mon	ths Over 12	months		
	6. Witness None Names						7. Date Reported 12-7-2015
	12-7-2015 P	Location of Event: (Room/Ble rocess Area/2025E/	200E/ETF		10. Time of 1		ime Employee Began Work 0600
	19 Manager Supervi	isor or Foreman Name/e\/Pho		on and Department	1	14. Cost Cent 2UB00	ter 15. Dept. I.D. (8 DIGIT) TUB50000
		ctor 17. Other Contractor Nar				20200	18. ARRA Funded Worker
l	WRPS 19. (Check all the	N/A Injury/Illness	Spill	Pron	erty Damage:	Est. Cos	Yes ® No
l	Event Types that apply)	Potential Exposure	Fire		erty ID No. (if ap		51.9
l		Near Miss	Excavation	Moto	r Vehicle Accide	ent: Est Cor	2 to
ı		Lock and Tag	Radiation Contamina	tion	de ID No.	oric. Est. Ook	
		Other	Operator of Equipme	TIO VOTINOIO	cle License Plati	n No	
ł	20. Activity in progres	ss at time of accident (i.e., wha	t employee's work assi			c 140.	
	finger), and treatm ETF Personnel auxiliary fil	the event sequentially, beginnent provided. (Attach a separate (2-Pipefitters, ter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a separ L (2-Pipefitters,	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Lter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Lter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Lter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Lter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Lter gauges PI-60B	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
	finger), and treatm ETF Personnel auxiliary fil	nent provided. (Attach a sepa L (2-Pipefitters, Ler gauges PI-60B Led an odor. Worke	ratë sheet for any addit 1-HPT, 1-NCO) -206 thru 211.	ional information.) were perform While disc	ing mainte	enance a	ctivities on from gauges,
ı	finger), and treatrement of the second auxiliary fill workers smell workers smell workers smell workers and second	nent provided. (Attach a sepa L (2-Pipefitters, Ler gauges PI-60B Led an odor. Worke	rate sheet for any addit 1-HPT, 1-NCO) -206 thru 211. rs exited area	ional information.) were perform While disc and made no	ing maint onnecting tification	enance a tubing ns to s	ctivities on from gauges, upervisor.
l	finger), and treatrement of the second auxiliary fill workers smell workers smell workers smell workers and second	nent provided. (Attach a separative (2-Pipefitters, Ler gauges PI-60B. Led an odor. Worke.) GONLY n placed on employee as a res	rate sheet for any addit 1-HPT, 1-NCO) -206 thru 211. rs exited area	ional information.) were perform While disc and made no	ing maint onnecting tification	enance a tubing ns to s	ctivities on from gauges, upervisor.
	finger), and treatrice the finger of the first personnel auxiliary fill workers smell workers smell fill workers	nent provided. (Attach a separation of the content	rate sheet for any addit 1-HPT, 1-NCO) -206 thru 211. rs exited area rult of this incident? m work activities he/sh	e regularly performs	ing maint onnecting tification	enance a tubing ns to s	O Yes No
	finger), and treatrice the personnel auxiliary fill workers smell workers work restriction. Was a work restriction because explain:	nent provided. (Attach a separation of the provided in the pro	rate sheet for any addit 1-HPT, 1-NCO) -206 thru 211. rs exited area sult of this incident? m work activities he/sh No What Type?	ional information.) were perform While disc and made no	ing maint onnecting tification	enance a tubing ns to s	O Yes No

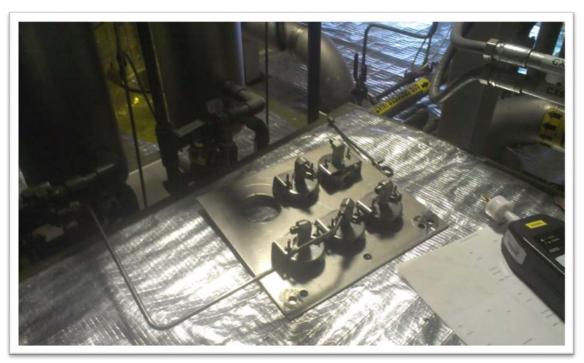
	EVENT REPORT (continued)	Page 2 of 2
	23. Accident Causes	
	A. Conditions (Causing and/or Contributing to Event)	
	۸۱/۵	
	7-7-7	
	B. Employee Actions (Contributing to Event)	
MAN	A)/A	
	Treffer.	
A	C. Factors influencing A. or B.	
AGER	A)/A	
R	79/11	
SUPERV	D. Apparent Cause Code	
ER	*	
V		
SOR	24. Prevention - Actions Taken (Describe measure taken to prevent a similar event. See Instructions for further guidance.) Entured AOP - 0 5	
Ř	Entered AOP-OX	
	25. Prevention - Actions Recommended (Describe corrective actions that are planned. See instructions for further guidance.)	
	· ·	
	701= 1=00	
	PER#: 2015-2550 Planned Completion Date:	
	26. In detail explain what happened	
	We started changing out the gauges for the aux filters when we all started s hair perm like smell. We put the job in a safe configuration and went to HP	melling a
E	side your sind emore. He pas one job in a said over-	
M		
EMPLOY		
Y		
Ė	27. Any recommendations on how to prevent this type of event?	
	Have IH present when breaching systems.	
	28. Safety Professional	
s	The corrective actions identified in this event report are appropriate to prevent recurrence.	
Ê	Corrective actions are completed or tracked to closure in ESTARS.	
SAFETY	Comments:	
Ÿ	See EIR- 2015-046	
29.	I wish to file a worker's compensation claim for this event at this time.	Employee Initials
Δ0.5	his 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	Employee Initials
rnt I	is time, too not wan to see a worker's compensation claim for this event. I dispersion than a real compete an lication for benefits for this event within the limitations below.	an grayee missis
app	Within one year and a day from the date of an injury. Within two years of the medical diagnosis of an occupational illness	
	Signatures.	
	(A-F-1)	Date
30	nager, Supervisor, Foreman Date Witness(es), as Shown on Pager L	
30	Date Witness(es) as Shown on Pager()	12-08-15
30. Ma		1Z-0g-15 Date
30. Ma	Date Witness(es) as Shown on Pager J. Shown on P	
Ma Em	Date Witness(es) as Shown on Pager() Date Occupational Safety & Health Date Occupational Safety & Health Date Occupational Safety & Date	

	TAN	NK FA	ARM		EV	ENT REP	OR	т	1	. Case	No.	
_										F	Page 1	of 2
ue	e to Safety within 2. Employee Name		ours of reported ev	rent.		3. HID No.		4. Job Title/C	Occupation			,
								NCO				
	5. Experience on T		o/Equipment	3 months (3-12 months	Over	12 m	onths				
	6. Witness None Names											ate Reported
			cation of Event: (Room							Time En	nployee	e Began Work
			or Foreman Name(s)			and Departme	ent	1000		nter 15	0600 Dept.	I.D. (8 DIGIT)
					Operati				2LX00		TLX	41000
	WRPS	ractor	17. Other Contractor N/A	Name							RRA Fi	unded Worker (a) No
-	19. (Check all the Event Types the	at [injury/Illness	Spill		F	roper	ty Damage:	Est. Co			
	apply)	\geq	Potential Exposure	Fire		F	roper	ty ID No. (if a	oplicable) _			
			Near Miss	Excavation		n	Motor \	Vehicle Accide	ent: Est Co	ost \$		
		F	Lock and Tag Electrical		of Equipment/		/ehicle	e ID No.		_		
		F	Other	Operator	o, Equipment	VOINGE		e License Plat	e No.			
1	20. Activity in progr	ess at	time of accident (i.e.,	what employee	's work assign	ment was the	day of	injury).			_	
	finger), and treat ETF Personne auxiliary f	atment el (ilte	event sequentially, be provided. (Attach as 2-Pipefitters r gauges PI-6	eparate sheet , 1-HPT, OB-206 th	for any addition 1-NCO) waru 211.	ere perfo While di) ormin sco	ng mainte	enance tubing	activ from	ritie	s on
A NA SIR I SIR I	finger), and treat ETF Personne auxiliary f	atment el (ilte	provided. (Altach a so 2-Pipefitters	eparate sheet , 1-HPT, OB-206 th	for any addition 1-NCO) waru 211.	ere perfo While di) ormin sco	ng mainte	enance tubing	activ from	ritie	s on
1	finger), and treat ETF Personne auxiliary f	atment el (ilte	provided. (Altach a se 2-Pipefitters r gauges PI-6	eparate sheet , 1-HPT, OB-206 th	for any addition 1-NCO) waru 211.	ere perfo While di) ormin sco	ng mainte	enance tubing	activ from	ritie	s on
A	finger), and treat ETF Personne auxiliary f	atment el (ilte	provided. (Altach a se 2-Pipefitters r gauges PI-6	eparate sheet , 1-HPT, OB-206 th	for any addition 1-NCO) waru 211.	ere perfo While di) ormin sco	ng mainte	enance tubing	activ from	ritie	s on
	finger), and treat ETF Personn- auxiliary fi workers sme. 22. INJURY/ILLNE: Was a work restrict	el (ilte	provided. (Attach a s Z-Pipefitters r gauges PI-6 an odor. Wor	result of this is	for any addition 1-NCO) we have 211. Led area of a control of a cont	ad information. ere perfc While di and made) prmii scom not	ng maint nnecting ification	enance tubing ns to	activ from	ritie gau viso	s on
	finger), and treat ETF Personn: auxiliary f: workers sme. 22. INJURY/ILLNE: Was a work restrict Does the work restrict Please explain: Was employee wea Was a JHA perform	ss ON lon plan plan plan plan plan plan plan pla	LY ced on employee as a preclude the employee	result of this is from work act	ncident? at Type? G1	ad information. ere perfc While di and made) prmin sconnot	ng maint nnecting ification	enance tubing ns to	activing from super	ritie gau viso	es on ges, r.

	EVENT REPORT (continued)	Page 2 of 2					
	23. Accident Causes						
	A. Conditions (Causing and/or Contributing to Event)						
	N/A						
MANA							
	B. Employee Actions (Contributing to Event)						
	N/λ						
	C. Factors influencing A. or B.						
AGER/	1/0						
	N/A						
Ü	D. Apparent Cause Code						
SUPERV							
Ÿ							
S	24. Prevention - Actions Taken (Describe measure taken to prevent a similar event. See Instructions for further guidance.) Entered AoP-15						
R	Enigen Mot 12						
	25. Prevention - Actions Recommended (Describe corrective actions that are planned. See instructions for further guidance.)						
	PER #: 2015 - 2550 Planned Completion Date:						
	26 In detail explain what happened While fitters were removing gauges, one of them said "I smell something bad.	H 20 6b-					
	same time the rest of us started to smell it. It smelled like a hair salon	and a little					
E M P	metallic. We stopped work, warned others and reported to supervisor.	metallic. We stopped work, warned others and reported to supervisor.					
P							
Ľ							
LOY							
P	27. Any recommendations on how to prevent this type of event?	-					
LOY	27. Any recommendations on how to prevent this type of event? Have IH involvement						
LOY	Have IH involvement						
LOYEE	Have IH involvement 28. Safety Professional						
LOYEE	Have IH involvement						
LOYEE	Have IH involvement 28. Safety Professional ☐ The corrective actions identified in this event report are appropriate to prevent recurrence. ☑ Corrective actions are completed or tracked to closure in ESTARS. Comments:						
LOYEE	Have IH involvement 28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS.						
LOYEE	Rave IH involvement 28. Safety Professional ☐ The corrective actions identified in this event report are appropriate to prevent recurrence. ☑ Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015-046						
LOYEE	Have IH involvement 28. Safety Professional ☐ The corrective actions identified in this event report are appropriate to prevent recurrence. ☑ Corrective actions are completed or tracked to closure in ESTARS. Comments:	Employee Initials					
LOYEE SAFETY	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015 - 046 I wish to file a worker's compensation claim for this event at this time. MA his 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	Employee Initials					
LOYEE SAFETY 29.	Rave IH involvement 28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 7015 - 046 It wish to file a worker's compensation claim for this event at this time. It wish to file a worker's compensation claim for this event. I understand I can change my mind and complete an elication for benefits for this event within the limitations below.	Employee Initials					
LOYEE SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015-046 I wish to file a worker's compensation claim for this event at this time. Whist 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 ilication for benefits for this event within the limitations below. Within one year and a day from the date of an injury Within two years of the medical diagnosis of an occupational illness	AIA					
LOYEE SAFETY 29.	28. Safety Professional ☐ The corrective actions identified in this event report are appropriate to prevent recurrence. ☑ Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015-046 I wish to file a worker's compensation claim for this event at this time. When it is 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 idication for benefits for this event within the limitations below. Within one year and a day from the date of an injury.	Employee Initials					
SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015-046 I wish to file a worker's compensation claim for this event at this time. Whist 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 ilication for benefits for this event within the limitations below. Within one year and a day from the date of an injury Within two years of the medical diagnosis of an occupational illness	Employee Initials					
LOYEE SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015 - 046 I wish to file a worker's compensation claim for this event at this time. In 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 illication for benefits for this event within the limitations below. Within one year and a day from the date of an injury Within two years of the medical diagnosis of an occupational illness Signatures. Witness(es). as Shown on Page 1 12-7-15	Employee Initials Date 12-08-15					
LOYEE SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015 - 046 I wish to file a worker's compensation claim for this event at this time. In 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 elication for benefits for this event within the limitations below. Within one year and a day from the date of an injury within two years of the medical diagnosis of an occupational illness. Signatures. Witness(es). as Shown on Page 1	M/A Employee Initials					
LOYEE SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See ETR - 2015 - 044 I wish to file a worker's compensation claim for this event 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 ilication for benefits for this event within the limitations below. Within one year and a day from the date of an injury Within two years of the medical diagnosis of an occupational illness Signatures Date Occupational Safety & Health Occupational Safety & Health	Date 12-08-15 Date					
SAFETY 29.	28. Safety Professional The corrective actions identified in this event report are appropriate to prevent recurrence. Corrective actions are completed or tracked to closure in ESTARS. Comments: See EIR - 2015 - 046 I wish to file a worker's compensation claim for this event at this time. In 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 illication for benefits for this event within the limitations below. Within one year and a day from the date of an injury Within two years of the medical diagnosis of an occupational illness Signatures. Witness(es). as Shown on Page 1 12-7-15	Employee Initials Date 12-08-15					

Attachment 2: Photos

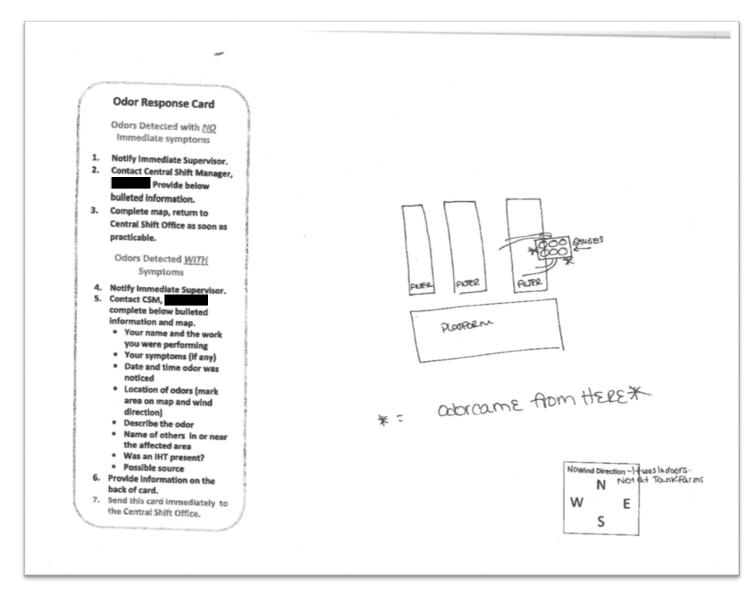






Attachment 3: Odor Response Cards From December 7, 2015

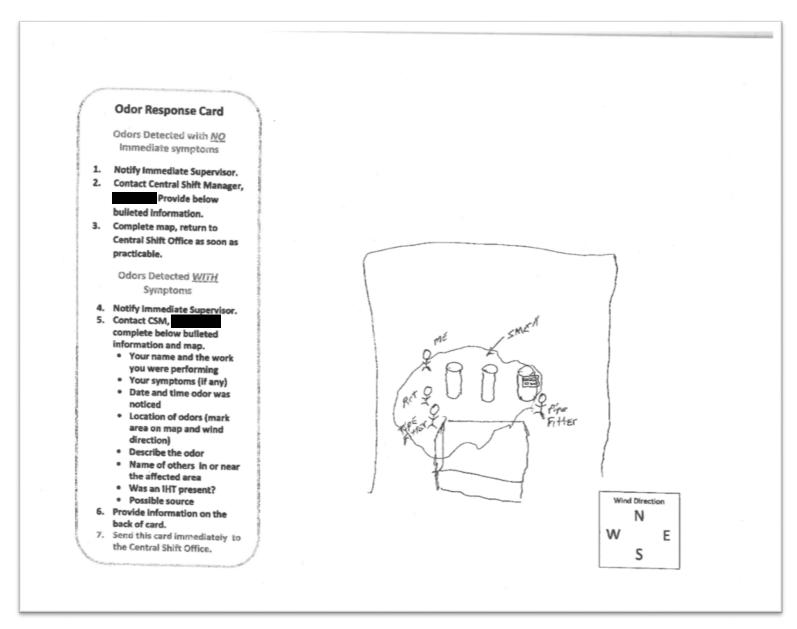
	Odor Response Card
1. Co	ontact CSM,
	Date and time odor was noticed 12-7-15 1000
	Your name and the work you were performing
	Location of odors (mark area on map and wind direction) East side of Aux File (S
,	Name of others in or near the affected area
,	Was an IHT present?NOPE
•	Describe the odor ☐Sweet ☑Sour ☐Musty ☐Earthy ☐Metallic ☐Smoky ☐Rotten ☑Onion ☐Cleaning Solution ☐Ammonia ☑Other ☑Metallic ☐Smoky ☐Rotten ☑Onion
	Possible source rotten on state water with 2 years of organic
•	Your symptoms (if any)
2. 5	send this card to the Central Shift Office.



	Odor Response Card
/	
1. Cor	ntact CSM, complete below bulleted information and map.
•	Date and time odor was noticed 12-7-2015
	Your name and the work you were performing replace gauges
	Location of odors (mark area on map and wind direction) Blog 2025 E Near Aux filter Ski
	Name of others in or near the affected area
	Was an IHT present?
	Describe the odor □Sweet □Sour □Musty □Earthy □Metallic □Smoky □Rotten ⊡Onion □Cleaning Solution □Ammonia ⊡Other_Heir Perm
	Possible source Aux filter conister
	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. Se	end this card to the Central Shift Office. Revised 2/9/15

	Odor Response Card
1. Con	tact CSM, complete below bulleted information and map.
•	Date and time odor was noticed 12-7-2015
	Your name and the work you were performing Replacing Aux. Filter Gunges
	Your name and the work you were performing Replacing Aux. Filter Gueges Location of odors (mark area on map and wind direction) Bldg 2025 & near Aux Filter SK
	Name 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 <u>Hair Perm</u>
•	Possible source filter conjeter
•	Your symptoms (if any)
2. Sei	nd this card to the Central Shift Office.

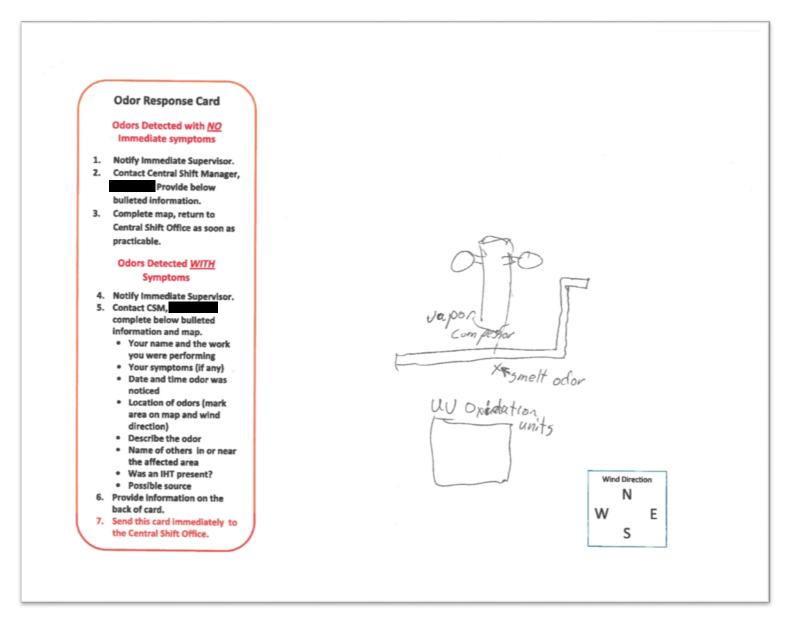
	Odor Response Card
1. C	complete below bulleted information and map.
	Date and time odor was noticed 12-7-15 1000
	Your name and the work you were performing Waste packaging
	Location of odors (mark area on map and wind direction) on Revense
	Name of others in or near the affected area
	Was an IHT present? NO
	Describe the odor □Sweet □Sour □Musty □Earthy ☑Metallic □Smoky □Rotten □Onlon □Cleaning Solution □Ammonia ☑Other Hair Salon
	· Possible source Water line for auxillary filters
	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.



Page 22 of 26

Attachment 4: Odor Response Cards from December 8, 2015

	Odor Response Card
1. Con	tact CSM,
•	Date and time odor was noticed 12-8-15 8:20 Am
	Your name and the work you were performing placing material de
•	Location of odors (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 □Onion □Cleaning Solution ØAmmonia □Other
•	Possible source did not 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 □ Hon €
2. Se	nd this card to the Central Shift Office. Revised 2/9/15



	Odor Response Card
1. (Contact CSM,
	Date and time odor was noticed /2-8-15 6820
	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?
	Describe the odor □Sweet □Sour □Musty □Earthy □Metallic □Smoky □Rotten □Onion □Cleaning Solution □Ammonia □Other
	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. Revised 2/9/15

