

Washington River Protection Solutions  
**EVENT SUMMARY**

Check PART 1 box to hide that section of the form. Check PART 2 box it will show that section.

**PART 1 (hide)\***       **PART 2 (show)\***

**NOTE:** This form provides timely notification to management and documents preliminary information of an event that may require a more formal investigation. Details may change upon further examination and analysis. The following is a current status of available information:

Project: Production Operations

Date: 07/20/2023

Area/Building/Location: 200E/2025EA

Approximate Time of Event: 0950

AR Number: WRPS-AR-2023-2017

Responsible Manager: [REDACTED]

EIR Number: EIR-2023-053

Event Investigator: [REDACTED] under instruction of [REDACTED]

**EVENT SUMMARY PART 1**

**Activity in Progress** (What activity was under way, include procedures and work order numbers, as applicable):

7 WRPS employees were performing administrative work/office tasks at their primary work location in 2025-EA. Routine office tasks are considered Level 4 work activities, therefore, a procedure/work order number is not applicable.

6 HMIS employees were in 2025-EA performing routine fire systems maintenance.

**Personnel Involved** (Job positions, number of personnel, identify any support organizations or subcontractors directly involved):

- 7 WRPS Employees:

- 1 ETF Area Manager
- 1 ETF Integration Manager
- 2 Work Control Planners
- 1 Industrial Hygienist (IH)
- 1 Engineer
- 1 Administrator

- 6 HMIS Employees:

- 1 Maintenance Field Work Supervisor (FWS)
- 2 Fire Systems and Maintenance firefighters
- 3 Electricians

**What Happened** (Provide a short discussion of what happened):

On 7/20/2023, at approximately 0950 hours, 7 WRPS employees reported experiencing stronger than normal odors described as "carpet/floor cleaner", "cleaning product", "sweet", "solvent", "spray adhesive", and "ammonia" while performing routine office tasks. Initially, 6 WRPS employees reported stronger than normal odors within 2025-EA, with two employees reporting experiencing symptoms of a scratchy throat and coughing. The WRPS employees reporting symptoms were directed to report to the on-site medical provider (HPMC) for precautionary medical evaluation. The four WRPS employees who reported stronger than normal odors and did not report experiencing symptoms declined precautionary medical evaluation.

Approximately 45 minutes after initial reports, an additional WRPS employee within 2025-EA reported stronger than normal odors and experiencing a burning nose and throat. The WRPS employee was transported to the on-site medical provider (HPMC) for precautionary medical evaluation.

Approximately 1.5 hours after initial reports, the Central Shift Manager (CSM) was informed 3 HMIS employees performing work within 2025-EA had also reported stronger than normal odors, but did not report experiencing symptoms. In addition to HMIS management requiring the 3 HMIS employees to report to the on-site medical provider (HPMC) for precautionary medical evaluation. However, further investigation determined this information to be a miscommunication. While 6 HMIS employees were performing fire systems maintenance in 2025-EA at the time of the event occurrence, following the WRPS employees reporting stronger than normal odors, the HMIS work crew was contacted and they stated they had not noted abnormal odors or reported experiencing any symptoms while working within 2025-EA. The 3 HMIS employees the CSM had recorded as reporting odors were contacted and it was verified they had not reported odors, experienced symptoms, or received precautionary medical evaluation from HPMC. Further, the WRPS case manager contacted HPMC and confirmed 3 HMIS employees had not been evaluated on 07/20/2023.

The 3 WRPS employees were evaluated and released to return-to-work without restriction.

Washington River Protection Solutions  
**EVENT SUMMARY (Continued)**

Project: Production Operations

Date: 07/20/2023

Area/Building/Location: 200E/2025EA

Approximate Time of Event: 0950

AR Number: WRPS-AR-2023-2017

Responsible Manager: [REDACTED]

EIR Number: EIR-2023-053

Event Investigator: [REDACTED] under instruction of [REDACTED]

**Where Did It Happen** (Description of work area and working conditions. Include information on weather conditions, PPE, Postings, etc.):

Odor was observed within the 2025-EA administrative facility, therefore, weather conditions are not applicable to this event occurrence.

Workers were wearing standard street clothes (which is considered Level D PPE) and were in a work location that is not posted as a radiological controlled area. Workers were performing work activities that do not require use of respiratory protection or a personal ammonia monitor (e.g., ToxiRAE or Ventis Pro).

**Impact to Facility** (Caused by the event or a description of known consequences):

Access was restricted to 2025-EA for approximately 3 hours. No operational impacts, impacts to facility safety status, or additional impacts to scheduled 07/20/2023 work evolutions occurred.

**Immediate Actions Taken** (List immediate actions taken to stabilize the scene or respond to the event):

- CSM initiated TFC-OPS-OPER-C-67 and restricted access to 2025-EA.
- CSM made required TFC-OPS-OPER-C-67 notifications.
- Production Operations shift Industrial Hygiene Technician (IHT) initiated TFC-OPS-OPER-C-67 response actions and monitoring per IHSP-POE-MULTI-TFCOPSOPERC67 and TFC-OPS-OPER-C-67 Attachment A- "Response Plan".
- Event Investigation EIR-2023-053, "C-67 Response to Odors at 2025EA," was initiated.

**Notifications Already Made** (Time and personnel notified):

- [1015 hours]- CSM notified by ETF Area Manager and IH that 5 workers in 2025-EA reported smelling stronger than normal odors described as similar to "carpet cleaner". 1 individual reported symptoms and transported to HPMC for precautionary medical evaluation. The remaining four individuals declined precautionary medical evaluation.
- [1021 hours]- The CSM initiated TFC-OPS-OPER-C-67, restricted access, provided radio announcement, and issued SOEN "Responding to stronger than usual odors per OPS-OPER-C-67 at 2025EA. All personnel avoid the area. 2025EA is restricted access."
- [1042 hours]- The ETF Area Manager notified CSM that 3 HMIS employees in the area also reported odors but were not experiencing symptoms. HMIS management required HMIS employees to report to the on-site medical provider (HPMC) for precautionary medical evaluation [see clarification provided within the "What Happened" section].
- [1042 hours]- CSM contacted the on-call DOE Facility Representative and informed them of TFC-OPSOPER-C-67 event initiation.
- [1056 hours]- The ETF Area Manager notified CSM one additional worker reported symptoms and was sent to the on-site medical provider (HPMC) for precautionary medical evaluation.
- [1117 hours]- CSM provided TFC-OPS-OPER-C-67, Attachment B - Initial Communication Summary email to distribution list "DL - WRPS Odor/Vapor Event Notification".
- [1314 hours]- CSM notified TFC-OPS-OPER-C-67 response actions were complete. DRI readings below action levels. The restricted access area has been downposted. All workers released to return-to-work without restriction.
- [1325 hours] - CSM issued SOEN "Response to stronger than usual odors per OPS-OPER-C-67 at 2025EA event cleared. All personnel are allowed back into 2025EA."
- [1421 hours]- CSM provided TFC-OPS-OPER-C-67, Attachment C - Follow-up Event Summary to email to distribution list "DL - WRPS Odor/Vapor Event Notification".

This event does not merit an Event Investigation meeting

This event merits an Event Investigation meeting

**Basis for Determination:**

Information gathered from interviews and documentation reviews have provided sufficient information regarding this event.

Washington River Protection Solutions  
**EVENT SUMMARY (Continued)**

Project: Production Operations Date: 07/20/2023

Area/Building/Location: 200E/2025EA Approximate Time of Event: 0950

AR Number: WRPS-AR-2023-2017 Responsible Manager: [REDACTED]

EIR Number: EIR-2023-053 Event Investigator: [REDACTED] under instruction of [REDACTED]

**Responsible Manager:**

[REDACTED] Digitally signed by [REDACTED]  
Date: 2023.07.24 15:19:12 -0700'  
\_\_\_\_\_  
Print First and Last Name Signature / Date

**CAS Manager:**

[REDACTED] Digitally signed [REDACTED]  
Date: 2023.07.24 15:19:12 -0700'  
\_\_\_\_\_  
Print First and Last Name Signature / Date

**EVENT SUMMARY PART 2**

**Key Elements of the Investigation (Key investigation points):**

To summarize the conclusions of IHIR-00076, "TFC-OPS-OPER-C-67 Response Odor Event at 2025EA", although the source of odors could not be definitively identified, direct reading instrument (DRI) monitoring performed during odor investigation and TFC-OPS-OPER-C-67 response actions did not indicate further actions were necessary with regard to a worker safety and health occupational exposure limit standpoint therefore, the area was released from restricted access.

The following considerations support the IHIR-00076 conclusion:

- (1) TFC-OPS-OPER-C-67 response actions conducted DRI monitoring around the 2025EA building including the cubicles/offices of affected workers, HVAC ventilation, lunchroom, bathrooms, and the kitchen. No significant accumulation of analytes normally attributed to the reported "cleaning" or "adhesive" odors were identified. DRI monitoring indicated peak concentrations at the lunchroom garbage of 300 ppb Volatile Organic Compounds (VOCs) with DRI equipped with 10.6 eV lamp and 0.048 ppm VOCs with DRI equipped with 11.7 eV lamp, however, these concentrations are near or below anticipated background levels.
- (2) No obvious or readily apparent source of odors [described as "carpet/floor cleaner", "cleaning product", "sweet", "solvent", "spray adhesive, and "ammonia"] were identified. The following potential sources were evaluated:
  - 2025-EA Fire System Maintenance and testing was being performed at the approximate time odors were reported by building occupants. Discussions with the HMIS FWS determined the work activities being performed at the time included testing of the fire panel alarms and pull station devices. It was confirmed no activities, such as flushing of the fire system, or use of chemical products was being performed. While noted HMIS had performed smoke testing of the fire system, this activity was completed early in the morning and did not align with when odors were reported by building occupants. Further, smoke testing does not align with the odor descriptors provided by the affected building occupants.
  - 2025-EA was recently remodeled and employees began moving back into the building on May 20th, 2023. The materials utilized during the building remodeling are not consistent with the odor descriptions reported by building occupants. Additionally, since moving back into the building, there had been no report of strong odors or employees reporting symptoms. If odors were associated with products utilized during building remodeling, stronger than normal odors would be expected to be reported following moving back into the building; not approximately two months later.
  - There was no indication building occupants were utilizing products or chemicals at the time odors were reported.
  - None of the janitorial cleaners stored or utilized within 2025-EA would be consistent with the odor descriptions provided by the affected building occupants. Additionally, building occupants did not indicate janitorial services were being performed at the time of the reported odors.
  - Previous reports of HVAC cleaning occurring in 2025-EA at the time of the reported odors was determined to not be accurate. No HVAC cleaning was occurring.

**Additional Compensatory/Remedial Measures** (any additional measures taken if different from immediate actions):

None.

**Lessons Learned or Information That the Work Force Needs Immediately:**

None. Per TFC-OPS-OPER-C-28, "Operating Experience /Lessons Learned", this event did not meet the

Washington River Protection Solutions  
**EVENT SUMMARY** (Continued)

Project: Production Operations

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AR Number: WRPS-AR-2023-2017

Responsible Manager: [REDACTED]

EIR Number: EIR-2023-053

Event Investigator: [REDACTED] under instruction of [REDACTED]

**Lessons Learned or Information That the Work Force Needs Immediately:**

criteria requiring generation of a Lessons Learned.

- An Event Investigation will be completed per [TFC-OPS-OPER-C-14](#)
- This event will be managed by another process, i.e., Operability Evaluation, Engineering Technical Evaluation, etc.
- This event does not require continuation of the Event Investigation process

**Basis for Determination:**

This event does not require continuation of the event investigation process under TFC-OPS-OPER-C-14, "Event Investigation Process." The facts, findings, and comprehensive account captured under this Event Summary and the Industrial Hygiene Event Investigation Report, IHIR-00075, TFC-OPS-OPER-C-67 Response to Odors at 2025EA" form the basis that further investigation will provide no additional information or operational benefit.

**Responsible Manager:**

[REDACTED]

Print First and Last Name

[REDACTED]

Digitally signed by [REDACTED]

Date: 2023.07.31 09:32:10 -07'00'

Signature / Date

**CAS Manager:**

[REDACTED]

Digitally signed by [REDACTED]

Date: 2023.07.31 09:39:07 -07'00'

Signature / Date

Washington River Protection Solutions  
**INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT**

<b>Event Title:</b>  TFC-OPS-OPER-C-67 Odor Event at 2025EA on 07/20/2023	<b>PER Number:</b> N/A
	<b>IHIR Number:</b> IHIR-00076

<b>Date:</b> 07/20/2023	<b>Time:</b> 1245	<b>Location:</b> 2025EA
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**Event Summary and Timeline:**

**Event Summary:**  
 At approximately 0950 on 07/20/2023 5 Workers encountered a "carpet cleaner, cleaner" or "adhesive" odor at 2025EA while performing routine office tasks. Affected workers were not wearing RPE at the time of the event. Initially one worker reported symptoms, but as additional odor response cards were submitted, 2 other individuals reported symptoms and were seen at HPMC. All other personnel who detected the odor but did not experience symptoms declined precautionary medical evaluation.

**Field Response Timeline:**

- 1007 Effluent Treatment Facility IH phone calls to CSM from ETF describing C-67 odor event.
- Earlier in the morning, Fire System Maintenance had been performed inside building. This maintenance included working on the front door fire panel, working on the duct smoke detectors, and performing a smoke test; odor initially reported as a "cleaner odor" or as an "adhesive smell"
- ETF Level 2 Facility Manager (FM) submitted odor response card
- An individual who has an odor sensitization began to have a reaction, but declined medical opting to go home instead to self treat.
- 1012 ETF Level 2 Facility Manager called Central Shift Manager to described odor
- "carpet cleaner" smell that was dissipating
- 1014 IH requested IHT supervisor to have IHTs prep 10.6eV and 11.7eV instruments
- 1019 CSM brief to IH that approximately 5 people at 2025EA were affected by stronger than normal odors. Initially affected workers declined medical. One affected worked, who is sensitive to smells and odors, opted to self treat at home. Odor Response Cards (ORCs) being completed by remaining 4.
- 1020 Instruments being prepped. IHT supervisor arrives at CSO
- 1021 SOEN alert "Responding to stronger than usual odors per OPS-OPER-C-67 at 2025EA. All personnel avoid the area. 2025EA is restricted access. CSM" is sent out
- 1025 ETF Level 2 Facility Manager called CSM to inform of work that was performed in or around the 2025EA building:
- Fire Systems Maintenance was reported to have been performed.
- 1030 CSM communicated that sensitive worker who was experiencing symptoms must report to HPMC
- 1037 ETF IH reports to CSO with ORCs
- 1038 Level 2 Facility Manager contacted CSM to inform that the sensitive worker was headed to HPMC. HMIS employees reaffirmed that HMIS did not identify odor as related to Fire Systems Maintenance smoke testing
- 1047 Shift IHTS arrived at CSM office. IH brief IHTs on the C-67 odor response situation, sampling plan was given to IHTs, and respiratory was explained it was optional but not required. IHTs were then dispatched to ETF with ETF IH.
- 1106 Review of ORCs found additional reported symptoms. Personnel contacted by CSM to report to HPMC. "Slightly scratch throat" reported
- 1120 IHTS headed to post instruments
- 1121 Instruments passed post function test
- 1159 SOEN alert "Initiated Event Investigation EIR-2023-053 "C-67 Response to Odors at 2025EA". POC: Shawna Edinger. CSM" is sent out
- 1325 SOEN alert " Response to stronger than usual odors per OPS-OPER-C-67 at 2025EA event cleared. All personnel are allowed back into 2025EA. CSM" is sent out

It was initially reported that 3 HMIS workers had reported abnormal odors and were seen at HPMC. The HMIS work crew was contacted and stated no abnormal odors were experienced or reported and none had experienced symptoms while working within 2025EA. The 3 HMIS employees the CSM had recorded as reporting odors were contacted and it was verified they had not reported odors, experienced symptoms, or received precautionary medical evaluation from HPMC. Further, the WRPS case manager

Washington River Protection Solutions  
**INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT(Continued)**

**Event Summary and Timeline:**

contacted HPMC and confirmed 3 HMIS employees had not been evaluated on 07/20/2023.

**Sampling/Monitoring Results:**

Readings reported from IHTs

- Peak reading: 300ppb VOCs on 10.6eV and 0.048ppm VOCs on 11.7eV from lunch room garbage can
- No odors other than fresh carpet odor according to IHTS

Readings were taken around the 2025EA building. Areas included in the monitoring were the cubicles/offices of affected workers, HVAC ventilation, LAN room, bathrooms, and kitchen.

**SWIHD References:**

Site Wide Industrial Hygiene Database Direct Reading Instrumentation Survey:

- #23-04725 "TFC-OPS-OPER-C-67 response at 2025EA"

**Additional Information:**

Meteorological Information from Station 6 at 0955 on 07/20/2023:

- Mixing Height - 800 m
- Stability Class - D
- Barometric Pressure and trend -29.304" falling
- Temperature - 88
- Relative Humidity - 19%
- Wind speed and Direction - NNE 1 mph

It was previously reported that there was HVAC cleaning occurring in the 2025EA building but upon further investigation there was no cleaning occurring. Fire System Maintenance testing, where smoke testing was utilized, was performed and completed that morning prior to the event occurring.

Respiratory protection equipment was not prescribed for the Initiating Event. At the time of the Initiating Event, the Affected Personnel were not wearing Respiratory Protection Equipment. Respiratory Protection Equipment was not required, nor worn, for the response actions.

2025EA has recently been remodeled and employees began moving back into the building starting May 20th, 2023. The materials used for the remodeling are not associated with the odor types that were reported. Since moving back into the building, there has been no report of strong odors of an unknown source and no employees reporting symptoms. Further, there are no janitorial cleaners within the building that would be associated with the odor types that were reported.

- AR# WRPS-AR-2023-2017

**Recommendations/Conclusions:**

Direct Reading Instrument detected no significant accumulation of analytes that are normally attributed to the "cleaning" or "adhesive" odor as was reported. Monitoring performed during response actions did not indicate further action was necessary to protect worker safety and health, and the area was released from restricted access and work was allowed to continue. Additional indoor air quality monitoring will be performed in the following days.

**Other:**

- 7 odor response cards were received from employees
- A total of 3 workers reported to HPMC for precautionary medical evaluation

**Industrial Hygienist:**

\_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

Signature / Date

Digitally signed by \_\_\_\_\_

Date: 2023.07.31 07:09:44 -07'00'

**Industrial Hygiene Level 2 Manager:**

\_\_\_\_\_

Print First and Last Name

\_\_\_\_\_

Signature / Date

Digitally signed by \_\_\_\_\_

Date: 2023.07.31 09:22:40 -07'00'

2025EA building



South wall of 2025EA near restrooms



HVAC ventilation inside 2025EA



Cubicle of one of the affected workers



2025EA kitchen/lunchroom



Garbage located in 2025EA kitchen/lunchroom



IHT performing monitoring on garbage inside 2025EA kitchen/lunchroom



2025EA Networking Room



Cubicle of one of the affected workers



Cubicle of one of the affected workers



## ODOR/VAPOR RESPONSE CARD

### Instructions:

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at [REDACTED]
3. Complete both pages of this form and include as many details as possible, including:
  - a. Approximate location, see map at right;
  - b. Wind direction, speed and description, such as stable or gusty wind;
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area;
  - e. Anything else you think is relevant.
4. Provide the completed card to your Supervisor\*, Industrial Hygiene\*, Union Safety Representative\* or the CSM.

\* If received by Supervisor, IH, or Union Safety Representative, the Supervisor/IH/Union-SR will ensure card it is provided to the CSM.

# ODOR/VAPOR RESPONSE CARD

## 1. Complete below information and map (Page 1).

- Date and time of event: 7/20/2023
- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
██████████ Work Control Planning
- Other Work Underway? Describe:  
Office work
- Location of event (mark area on map and wind direction):  
2025EA
- Name(s) of others in or near the affected area:  
IDK
- Was Industrial Hygiene present, who?  
Yes ██████████
- Describe the odor:  
 Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe):  
Spray adhesive
- Is source known/likely? Describe:  
no
- Your symptoms?  None  
 Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe):

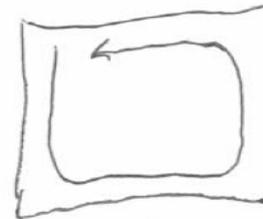
**2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.**

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No Wind

Z025 EA

## ODOR/VAPOR RESPONSE CARD

### 1. Complete below information and map (Page 1).

- Date and time of event: 7-20-2023 - 0915 hrs
- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
\_\_\_\_\_  
[REDACTED] WORK PLANNING
- Other Work Underway? Describe:  
NONE
- Location of event (mark area on map and wind direction):  
2025 EA
- Name(s) of others in or near the affected area:  
JON LIBBEY
- Was Industrial Hygiene present, who?  
[REDACTED]
- Describe the odor:  
 Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe): Sweet
- Is source known/likely? Describe:  
SOURCE IS NOT KNOWN / LIKELY SOURCE IMO - WAS AMMONIA
- Your symptoms?  None  
 Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe): \_\_\_\_\_

**2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.**

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### 1. Complete below information and map (Page 1).

• Date and time of event: 7/20/23 ~9:00am

• Check Applicable:

Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_

• Your name and the work you were performing:

 OFFICE WORK

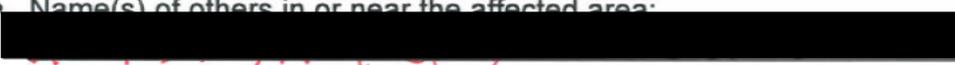
• Other Work Underway? Describe:

DON'T KNOW

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

NORTH EAST OF 2025 EA

• Name(s) of others in or near the affected area:



• Was Industrial Hygiene present, who?

NO

• Describe the odor:

Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe): \_\_\_\_\_

• Is source known/likely? Describe:

POSSIBLY CLEANING PRODUCT.

• Your symptoms?  None

Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe): \_\_\_\_\_

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- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing: \_\_\_\_\_  
computer work
- Other Work Underway? Describe: \_\_\_\_\_  
Admin. office work
- Location of event (mark area on map and wind direction): \_\_\_\_\_  
2025 EA
- Name(s) of others in or near the affected area: \_\_\_\_\_
- Was Industrial Hygiene present, who? \_\_\_\_\_  
Yes.
- Describe the odor:  
 Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe): \_\_\_\_\_
- Is source known/likely? Describe: \_\_\_\_\_
- Your symptoms?  None  
 Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe): \_\_\_\_\_

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3. Complete both pages of this form and include as many details as possible, including:
  - a. Approximate location, see map at right;
  - b. Wind direction, speed and description, such as stable or gusty wind;
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area;
  - e. Anything else you think is relevant.
4. Provide the completed card to your Supervisor\*, Industrial Hygiene\*, Union Safety Representative\* or the CSM.

\* If received by Supervisor, IH, or Union Safety Representative, the Supervisor/IH/ Union-SR will ensure card it is provided to the CSM.

# ODOR/VAPOR RESPONSE CARD

## 1. Complete below information and map (Page 1).

- Date and time of event: 7/20/23 2:00D
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
[REDACTED] - WORKING IN OFFICE
- Other Work Underway? Describe:  
FIRE SYSTEM MAINT @ 2025 EA
- Location of event (mark area on map and wind direction):  
2025 EA INSIDE
- Name(s) of others in or near the affected area:  
[REDACTED] - ALL OCCUPANTS
- Was Industrial Hygiene present, who?  
[REDACTED]
- Describe the odor:
  - Sweet
  - Sour
  - Smoky
  - Septic/Sewer
  - Musty
  - Rotten
  - Metallic
  - Onion
  - Earthy
  - Ammonia
  - Citrus
  - Solvent
  - Other (describe): \_\_\_\_\_
- Is source known/likely? Describe:  
CHEMICAL - REMINDS ME OF FLOOR CLEANER
- Your symptoms?  None
  - Headache
  - Dizziness
  - Nausea
  - Cough
  - Fatigue
  - Weakness
  - Sore Throat
  - Difficulty Breathing
  - Eye Irritation
  - Rash
  - Itch
  - Tingling
  - Numbness
  - Taste
  - Other (describe): \_\_\_\_\_

2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.

## ODOR/VAPOR RESPONSE CARD

### 1. Complete below information and map (Page 1).

• Date and time of event: 7/20/2023 approx 0930

• Check Applicable:

Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_

• Your name and the work you were performing:

[REDACTED] - Working on computer in office

• Other Work Underway? Describe:

Performing HGET

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

2025-EA room 107 - Northeast quadrant of building

• Name(s) of others in or near the affected area:

• Was Industrial Hygiene present, who?

• Describe the odor:

Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe):

A bit like carpet cleaner

• Is source known/likely? Describe:

Could not identify source

• Your symptoms?  None

Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe):

slightly scratchy throat

**2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.**

## ODOR/VAPOR RESPONSE CARD

### Instructions:

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at [REDACTED]
3. Complete both pages of this form and include as many details as possible, including:
  - a. Approximate location, see map at right;
  - b. Wind direction, speed and description, such as stable or gusty wind;
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area;
  - e. Anything else you think is relevant.
4. Provide the completed card to your Supervisor\*, Industrial Hygiene\*, Union Safety Representative\* or the CSM.

\* If received by Supervisor, IH, or Union Safety Representative, the Supervisor/IH/Union-SR will ensure card it is provided to the CSM.

## ODOR/VAPOR RESPONSE CARD

### Instructions:

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at [REDACTED]
3. Complete both pages of this form and include as many details as possible, including:
  - a. Approximate location, see map at right;
  - b. Wind direction, speed and description, such as stable or gusty wind;
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area;
  - e. Anything else you think is relevant.
4. Provide the completed card to your Supervisor\*, Industrial Hygiene\*, Union Safety Representative\* or the CSM.

\* If received by Supervisor, IH, or Union Safety Representative, the Supervisor/IH/Union-SR will ensure card it is provided to the CSM.

# ODOR/VAPOR RESPONSE CARD

## 1. Complete below information and map (Page 1).

• Date and time of event: 7/20/2023, 10am

• Check Applicable:

Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_

• Your name and the work you were performing:

██████████ - Administrative

• Other Work Underway? Describe:

Fire Systems maintenance Checks for our bldg.

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

2025EA

• Name(s) of others in or near the affected area:

• Was Industrial Hygiene present, who?

██████████

Describe the odor:

Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion     Earthy     Ammonia     Citrus     Solvent  
 Other (describe):

Chemical, like a carpet cleaner

• Is source known/likely? Describe:

• Your symptoms?  None

Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste

Other (describe):

burning in nose and throat

**2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.**