

# **AOP-015 Event Investigation Reports (Redacted) EIR-2024-068 AOP-015 (09/02/2024)**

**(Settlement Agreement Deliverable)**

Prepared for the U.S. Department of Energy  
Assistant Secretary for Environmental Management

Contractor for the U.S. Department of Energy  
Office of River Protection under Contract DE-AC27-08RV14800



**P.O. Box 850  
Richland, Washington 99352**

# AOP-015 Event Investigation Reports (Redacted) EIR-2024-068 AOP-015 (09/02/2024)

## (Settlement Agreement Deliverable)

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Date Published

September 2024

WRPS

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**Richland, Washington 99352**

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**APPROVED**

*By Lynn M Ayers at 2:21 pm, Sep 24, 2024*

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Release Approval

Date

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Washington River Protection Solutions  
**EVENT SUMMARY**

**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:

**1. Project:** Operations Field Support- Sampling Operations **2. Report Date:** 09/09/2024

**3. Investigation Title:** TF-AOP-015 Event at AX101

**4. Investigation Report Number:** EIR-2024-068

**5. Responsible Manager:** [REDACTED]

**6. Event Investigator:** [REDACTED]

**7. Area / Building / Location:** 200E/241-AX-101 Riser 09D

**8. Date and Approximate Time of Event:** **Date:** 09/02/2024 **Time (military):** 1010 hours

**9. Associated Action Request (AR) Number:** WRPS-AR-2024-2663

**10. Associated Occurrence Report Number (if applicable):** N/A

**11. Event Investigation Meeting Held:** Yes [ ] or No [X] **Date:** N/A **Time (military):** N/A

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

Six Hanford Mission Integration Solutions (HMIS) Ironworkers and one Washington River Protection Solutions (WRPS) Radiological Control Technician (RCT) providing intermittent coverage were building scaffolding at 241-AX-101, Riser 9D and 9E under Work Order (WO) #1147660, "Scaffold support for sampling activities in AX-101."

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

- 6 Ironworkers (HMIS)
- 1 RCT (WRPS)
- 1 FWS (located outside of AX Farm at time of event)
- 1 IHT (located outside of AX Farm at time of event)

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

On 09/02/2024, six HMIS Ironworkers along with one WRPS RCT providing intermittent coverage were building scaffolding at 241-AX-101, Riser 9D and 9E under Work Order (WO)# 1147660, "Scaffold support for sampling activities in AX-101." The area of work required the use of respiratory protection (full face air purifying respirator), and no tank vapor intrusive activities were being performed. The Industrial Hygiene Technician (IHT) assigned to the work being performed was positioned outside the fence of AX-Farm (approximately 65 feet from the Riser 9D scaffolding) and was monitoring for heat stress.

At approximately 1010 hours, while working on the top deck of the scaffolding at Riser 9D, one of the HMIS Ironworker's Ventis Pro5 Personal Ammonia Monitor (PAM) initiated a "Response Level" alarm and indicated readings of 9 parts per million (ppm) ammonia. The worker was wearing their PAM under their anti-contamination (anti-C) personal protective equipment (PPE) on their waist band. The PAMs of the other workers located at 241-AX-101 did not indicate elevated ammonia concentrations. The Field Work Supervisor (FWS), located outside of AX farm, was notified of the PAM alarm reading and instructed the workers on the scaffolding to put their work in a safe configuration and exit the farm. Shortly after removal, the reading on the alarmed PAM decreased to 0 ppm ammonia.

At 1014 hours, the FWS contacted the Central Shift Manager (CSM) who entered TF-AOP-015, *Response to Personal Ammonia Monitor Alarm*, upon notification. Per TF-AOP-015, the personnel ammonia monitor response level is 6 ppm alarm or reading. The CSM initiated response actions which included a Shift Office Event Notification (SOEN)

**Washington River Protection Solutions**  
**EVENT SUMMARY**

being sent, a radio announcement for all personnel currently in AX farm regarding the entry into TF-AOP-015, restricting access to AX farm and notification to the DOE Facility Representative (FR). The ironworker's PAM which alarmed was also segregated for industrial hygiene evaluation.

At 1037 hours, the CSM reviewed Data Fusion and Advisory System (DFAS) mixing height for Portable Exhauster 127 (POR 127) and identified the mixing height was 1200 feet (Per TF-AOP-015, 3.1.8, for configuring field response). There were also no ongoing waste disturbing activities in A, AX, or AY/AZ farms. CSM contacted IH for direction on field response and directed IHT to implement IHSP-PROGMULTI-TF-AOP-15 - "Response to Personal Ammonia Monitor Alarm."

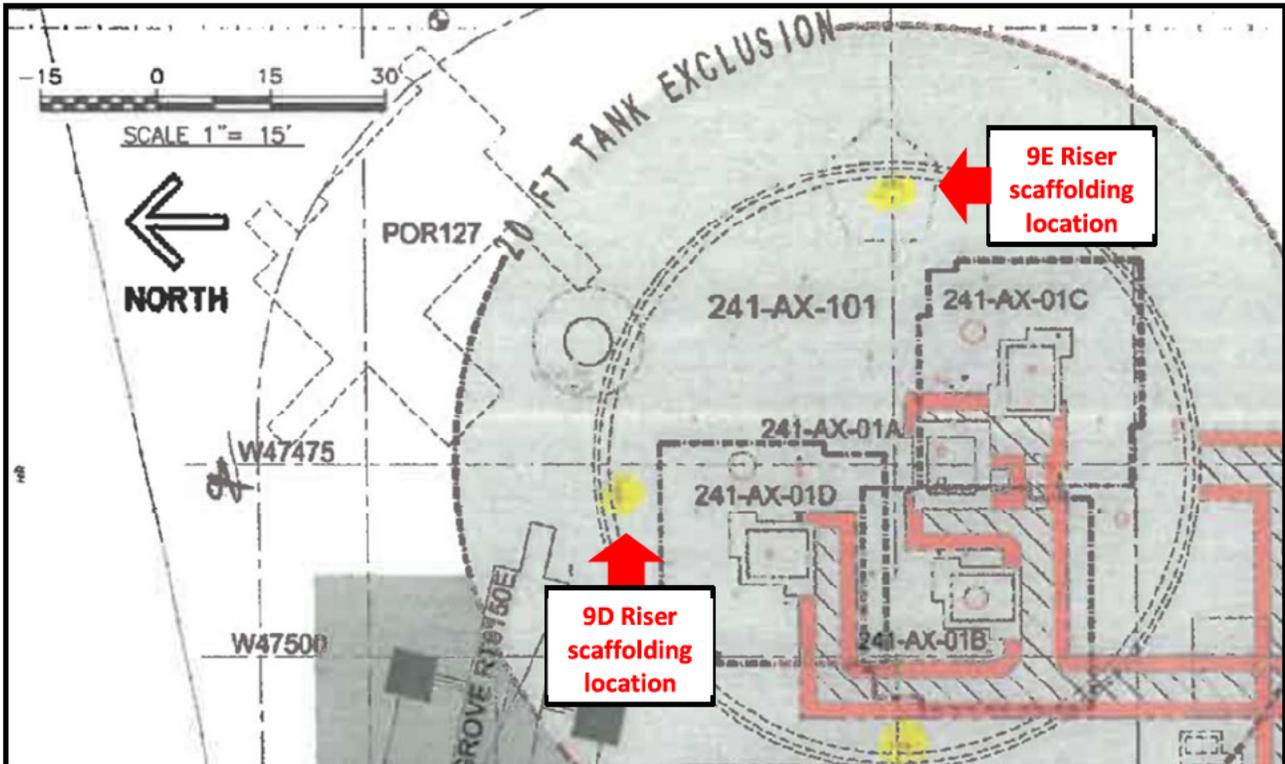
At 1043 hours, CSM initiated Event Investigation EIR-2024-068 "TF-AOP-015 Event at AX101.". SOEN was sent and DOE-FR was notified.

At 1100 hours, the FWS provided Odor/Vapor Response Cards to the affected seven workers. The seven workers reported no symptoms and declined precautionary medical evaluation by the onsite medical provider.

At 1120 hours, IHT completed direct reading instrument area monitoring of risers 9D and 9E where the scaffolding was being built with results being less than detectable for ammonia and volatile organic compounds. CSM restored normal access to AX farm along with SOEN sent, radio announcement made, and DOE-FR notified.

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

- At 241-AX Farm, 241-AX-101, Risers 9D and 9E (see image below).



- Workers were working under Radiological Work Permit TFP-001 Task 2 (Low Radiological Risk work activities).
- Workers were wearing Full Face Air Purifying Respirators with Gas/Vapor cartridges (MSA GME) as required by Standing Order SO-OPS-17-003, "Use of Respiratory Protection in the Tank Farms" and TF-PLN-173 "Use of FFAPR in Actively Ventilated Farms."

/Washington River Protection Solutions  
**EVENT SUMMARY**

- As directed by TVIS-AX-001, workers were wearing personal ammonia monitors (i.e., Ventis Pro5) when performing work activities in support of WO#1147660.
- The work area was not posted as an exclusion zone.
- There were no waste disturbing activities and tank vapor intrusive activities underway at time of the event.
- The Hanford Site Meteorological Station and Data Fusion and Advisory System (DFAS) application, powered by SmartSite™, was utilized for outdoor weather details at the time PAM alarmed. The Hanford Meteorological Station and DFAS dashboard indicated the following weather conditions at 1010 hours on 09/02/2024:

Wind Speed: 7.2 miles per hour (mph)  
Wind Direction: 142° (out of Southeast)  
Mixing Height: 140 feet above grade  
Stability Class: D  
Temperature: 80° F  
Barometric Pressure: 29in/Hg  
Relative Humidity: 28%

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

Access was restricted to AX farm for approximately one hour. No impacts to facility safety status, operational capabilities, or facility reliability occurred.

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

- CSM initiated TF-AOP-015 and restricted access to AX Farm.
- CSM requested Odor/Vapor Response Cards from affected workers.
- IH DFLAW/ETF Mission Support Shift IHT initiated TF-AOP-015 response actions and monitoring per IHSP-PROG-MULTI-TF-AOP-15. Direct reading instrument (DRI) area readings indicated at or below background levels for ammonia concentration and volatile organic compounds.
- Event Investigation EIR-2024-068, " TF-AOP-015 Event at AX101," was initiated.

**18. Compensatory Actions Taken:**

None.

**19. Remedial Actions Taken:**

None.

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

To summarize the conclusions of the Industrial Hygiene Event Investigation Report, IHIR-00103 "TF-AOP-015 Event at AX-101," review of the DFAS application, powered by SmartSite™, Weather Details and Chemical Details dashboard for the reported time of the event, indicate the cause of the PAM alarm was unlikely to be from Tank Farm Exhauster emissions.

The event initiating PAM was being worn underneath PPE at the time of the alarm. Per TF-OPS-IHT-041 "Preparation and Field Use of the Ventis Pro5 Personal Ammonia Monitor" Section 5.3, the Ventis Pro5 is to be worn on the OUTER layer of clothing between the waist and the neck, in the open air with the sensor uncovered. Per the Ventis Pro5 Manual "No part of the instrument should be covered by any garment, part of a garment, or other item that would restrict the flow of air to the sensors or impair the operator's access to the audible, visual, or vibration alarms."

Any obstruction, such as clothing, can affect the sensitivity of the device, potentially leading to false alarms, or the lack of alarms if ammonia was present in the work area. Therefore, wearing of the Ventis Pro5 underneath the worker's PPE restricted the airflow of the device, leading to a false alarm. Personal Ammonia Monitors worn by the other workers in the vicinity did not alarm. When the event

Washington River Protection Solutions  
**EVENT SUMMARY**

initiating device was removed from underneath the PPE, it was observed that the device quickly returned to 0 ppm ammonia and ceased alarming.

**21. Positive Aspects Identified:**

None.

**22. Key Take Aways / Learning Opportunities:**

To ensure compliance with proper field use of the Ventis Pro5 Personal Ammonia Monitor, the device should be worn on the outside of the workers' clothing and PPE. Any obstruction, such as clothing, can affect the sensitivity of the device, potentially leading to false alarms, or the lack of alarms if ammonia was present in the work area.

**23. Event Investigation:**

- 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.

---

**Responsible Manager Approval:**

\_\_\_\_\_  
*Name (First, Middle Initial, Last)*

\_\_\_\_\_  
*Signature / Date* 9/11/2024

**CAS Manager Approval:**

\_\_\_\_\_  
*Name (First, Middle Initial, Last)*

\_\_\_\_\_  
*Signature / Date* Digitally signed by \_\_\_\_\_  
Date: 2024.09.11 09:00:20 -07'00'

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

|  |                            |
|--|----------------------------|
| Event Title:<br>TF-AOP-015 Event at AX-101 | IHIR Number:<br>IHIR-00103 |
|  | IHEI Number:<br>IHEI-00001 |
|  |                            |

|                     |               |                                   |
|---------------------|---------------|-----------------------------------|
| Date:<br>09/02/2024 | Time:<br>1010 | Location:<br>AX-101 Riser 09D/09E |
|---------------------|---------------|-----------------------------------|

**Event Summary and Timeline:**  
At approximately 1010 hours, 7 workers were building scaffolding at AX-101 Riser 09D/09E when a Personal Ammonia Monitor alarmed. Employees were in an area that requires the use of respiratory protection. Workers were not performing tank vapor intrusive activities. Workers were instructed to leave the area and access to the area was restricted. 7 workers declined precautionary medical evaluation after reporting the unexpected vapor conditions at AX-101. No symptoms were reported by the workers.

CSM 09/02/2024 - 10:14 Entered TF-AOP-015 Response to Personal Ammonia Monitor Alarm. FWS reported that while building scaffold at AX101, HMIS Iron Worker Ventis Pro alarmed and was reading 9ppm ammonia. The Iron Worker was wearing his Ventis Pro under his PPE on their waste band. IHT's were not in the immediate work location. Work was placed into a safe configuration and the crew exited the farm. AOP-015 entry criteria met for Ventis Pro alarm of 6ppm ammonia. The instrument that alarmed has been segregated for IH to evaluate. Access to AX farm is Restricted. SOEN sent, radio announcement made, and FR notified.

CSM 09/02/2024 - 10:37 Reviewed DFAS Mixing Height for POR127. Mixing height is 1200 feet. Currently no ongoing waste disturbing activities in A, AX, or AY/AZ farms. Contacted IH for direction on field response and directed IHT to implement IHSP-PROG-MULTI-TF-AOP-15.

CSM 09/02/2024 - 10:43 Initiated Event Investigation EIR-2024-068 "TF-AOP-015 Event at AX101". SOEN sent, FR notified.

CSM 09/02/2024 - 11:00 Confirmed all workers reported no symptoms and the FWS provided the Odor/Vapor Response cards for the work crew.

CSM 09/02/2024 - 11:20 Exited TF-AOP-015 Response to Personal Ammonia Monitor Alarm. IHT confirmed response actions are complete and no hazards were detected. Results were at or below background levels. Normal access to AX farm is restored. SOEN sent, radio announcement made, FR notified.

**Sampling/Monitoring Results:**  
Ventis Pro5 006275 (Event Initiating Personal Ammonia Monitor):  
Alarming at 9 ppm NH3 when removed from under the workers PPE.  
Shortly after removal, the reading decreased to 0 ppm NH3.

FIELD RESPONSE AREA READINGS:  
DRI Area monitoring results during event response were less than detectable for ammonia and VOC. Readings were taken at Risers 09D and 09E where the scaffolding was being erected.

**SWHD References:**  
Event Response Site Wide Industrial Hygiene Database Direct Reading Instrumentation (DRI) Survey:  
• #24-07018 "TF-AOP-015 Response in AX Farm"

**Additional Information:**  
At the time of the initiating event, workers were wearing respiratory protection. Waste Disturbing activities and tank vapor intrusive activities were not occurring at the time of the initiating event.

Review of the Data Fusion and Advisor System (DFAS) application, powered by SmartSite™, Weather Details dashboard at POR 127:

09/02/2024 @ 1037 (Per TF-AOP-015 3.1.8, for configuring field response):

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**INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR) (Continued)**

**Additional Information:**

- Wind Speed: 5.6 mph
- Wind Direction: 131°
- Mixing Height: 1200 feet above grade
- Stability Class: D

09/02/2024 @ 1010 (TF-AOP-015 Initiating Time):

- Wind Speed: 7.2 mph
- Wind Direction: 142°
- Mixing Height: 140 feet above grade
- Stability Class: D

Meteorological information from the Hanford Weather Station:

09/02/2024 @ 1000 (approximately 10 minutes before the initiating event)

- o Barometric Pressure: 29 in/Hg
- o Wind Speed and Direction: 7 mph to the SE
- o Temperature: 80 F
- o Relative Humidity: 28%

**Recommendations/Conclusions:**

Review of the Data Fusion and Advisor System (DFAS) application, powered by SmartSite™, Weather Details and Chemical Details dashboards for the reported time of the Event, indicate the cause of the Personal Ammonia Monitor alarm is unlikely to be from Tank Farm Exhauster emissions.

The event initiating Personal Ammonia Monitor was being worn underneath PPE at the time of the alarm. Per TF-OPS-IHT-041 "Preparation and Field Use of the Ventis Pro5 Personal Ammonia Monitor" Section 5.3, the Ventis Pro5 is to be worn on the OUTER layer of clothing between the waist and the neck, in the open air with the sensor uncovered. Per the Ventis Pro5 Manual "No part of the instrument should be covered by any garment, part of a garment, or other item that would restrict the flow of air to the sensors or impair the operator's access to the audible, visual, or vibration alarms."

To ensure compliance with proper field use of the Ventis Pro5 Personal Ammonia Monitor, the device should be worn on the outside of the workers' clothing and PPE. Any obstruction, such as clothing, can affect the sensitivity of the device, potentially leading to false alarms, or the lack of alarms if ammonia was present in the work area. It is anticipated that the wearing of the Ventis Pro5 underneath the worker's PPE restricted the airflow of the device, leading to a false alarm. Personal Ammonia Monitors worn by the other workers in the vicinity did not alarm. When the event initiating device was removed from underneath the PPE, it was observed that the device quickly returned to 0 ppm NH3 and ceased alarming.

**Others:**

N/A

**Associated Documents:**

iCAS Number: N/A

EIR Number: EIR-2024-068

**Industrial Hygienist:**

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Digitally signed by \_\_\_\_\_  
Date: 2024.09.03 11:08:39 -07'00'  
Signature / Date

**Industrial Hygiene Level 3 Manager**

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Digitally signed by \_\_\_\_\_  
Date: 2024.09.03 13:07:21 -07'00'  
Signature / Date

**Industrial Hygiene Level 2 Manager:**

\_\_\_\_\_  
Print First and Last Name

\_\_\_\_\_  
Digitally signed by \_\_\_\_\_  
Date: 2024.09.03 13:29:13 -07'00'  
Signature / Date

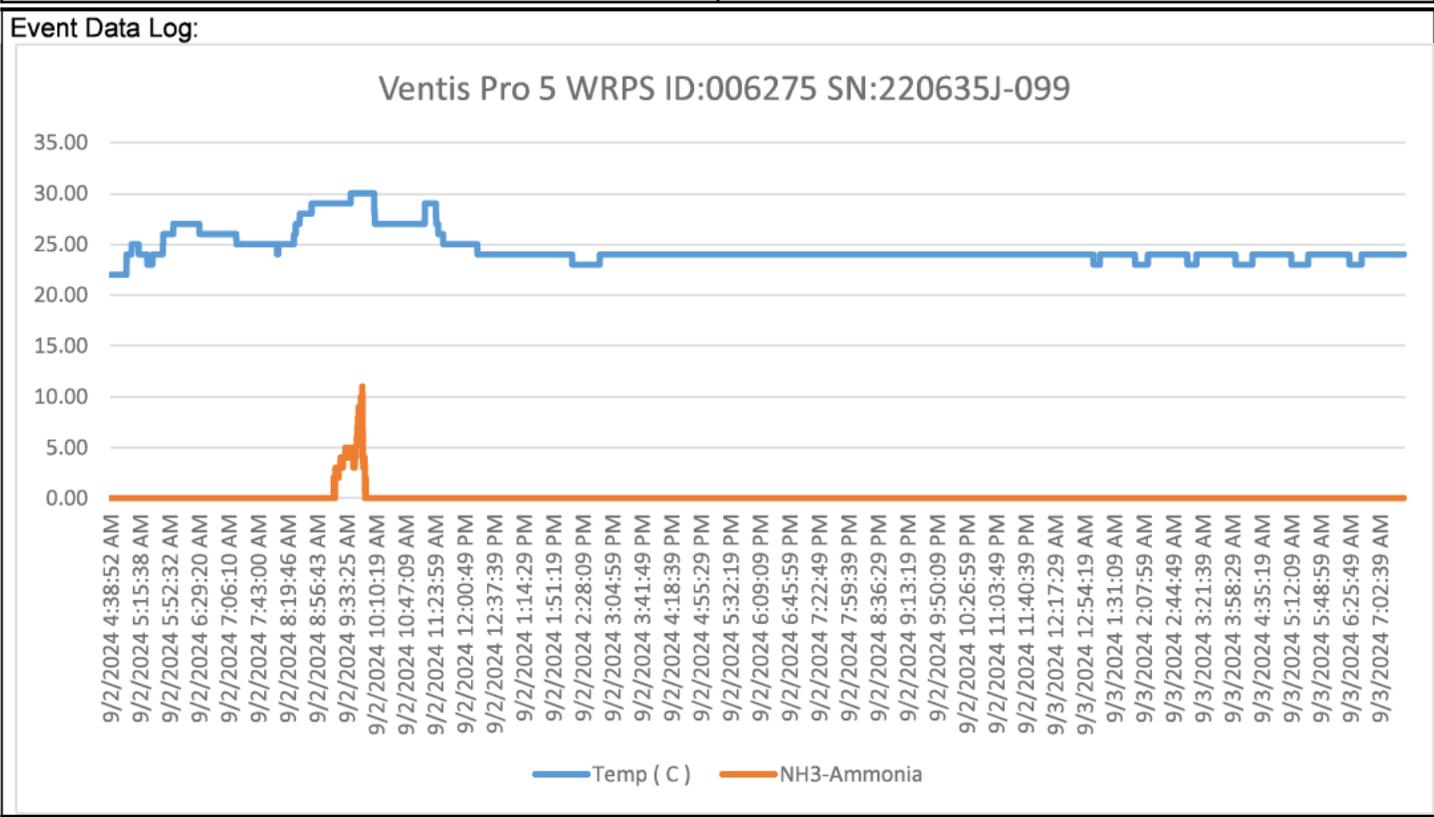
Washington River Protection Solutions  
**INDUSTRIAL HYGIENE EQUIPMENT INVESTIGATION (IHEI)**

|  |                           |
|--|---------------------------|
| <b>Event Title:</b><br>AOP-15 inside AX Farm | <b>IHEI Number:</b> 00001 |
| <b>IHIR Number:</b> 00103                    |                           |

|                       |                   |                           |
|-----------------------|-------------------|---------------------------|
| <b>Date:</b> 9/2/2024 | <b>Time:</b> 0946 | <b>Location:</b> AX Farm. |
|-----------------------|-------------------|---------------------------|

**Device Information:**  
 WRPS ID: 006275 SN: 220635J-099

|  |  |
|--|--|
| <b>Last Calibration:</b><br>8/19/2024 Result: Passed | <b>Last Bump:</b><br>9/3/2024 Result: Passed |
|--|--|



**Recommendations/Conclusions:**  
 The Ventis Pro instrument was reported as being covered at the time of the alarm. The worker had the instrument clipped to their pants inside of their SWP anti-contamination clothing. The manufacturer's manual states that no part of the instrument should be covered by any garment, part of a garment or other item that would restrict the flow of air to the sensors or impair the operator's access to the audible, visual or vibration alarms.

**Other:** Covering the sensor can cause errors due to restricted air flow.

**Associated Reports:**  
 iCAS Number: WRPS-CR-2024-2663      PAM AIC Number: NA

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**INDUSTRIAL HYGIENE EQUIPMENT INVESTIGATION (IHEI) (Continued)**

Industrial Hygienist Equipment SME/Program Owner:

[Redacted Name]

*Print First and Last Name*



Digitally signed by [Redacted Name]  
Date: 2024.09.04 10:40:34 -07'00'

*Signature / Date*

Industrial Hygiene Level 3 Manager

[Redacted Name]

*Print First and Last Name*



Digitally signed by [Redacted Name]  
Date: 2024.09.04 11:40:21 -07'00'

*Signature / Date*

# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

- Date and time of event: 09/02/24
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): Alarm 9
- Your name and the work you were performing:  
[REDACTED]
- Other Work Underway? Describe:  
\_\_\_\_\_
- Location of event (mark area on map and wind direction): AX 101 Farm
- Name(s) of others in or near the affected area:  
\_\_\_\_\_
- Was Industrial Hygiene present, who? yes - out side the fence
- Describe the odor:
  - Sweet
  - Sour
  - Smoky
  - Septic/Sewer
  - Musty
  - Rotten
  - Metallic
  - Onion
  - Earthy
  - Ammonia
  - Citrus
  - Solvent
  - Other (describe): N/A
- Is source known/likely? Describe: N/A
- Your symptoms?  None
  - Headache
  - Dizziness
  - Nausea
  - Cough
  - Fatigue
  - Weakness
  - Sore Throat
  - Difficulty Breathing
  - Eye Irritation
  - Rash
  - Itch
  - Tingling
  - Numbness
  - Taste
  - Other (describe): \_\_\_\_\_

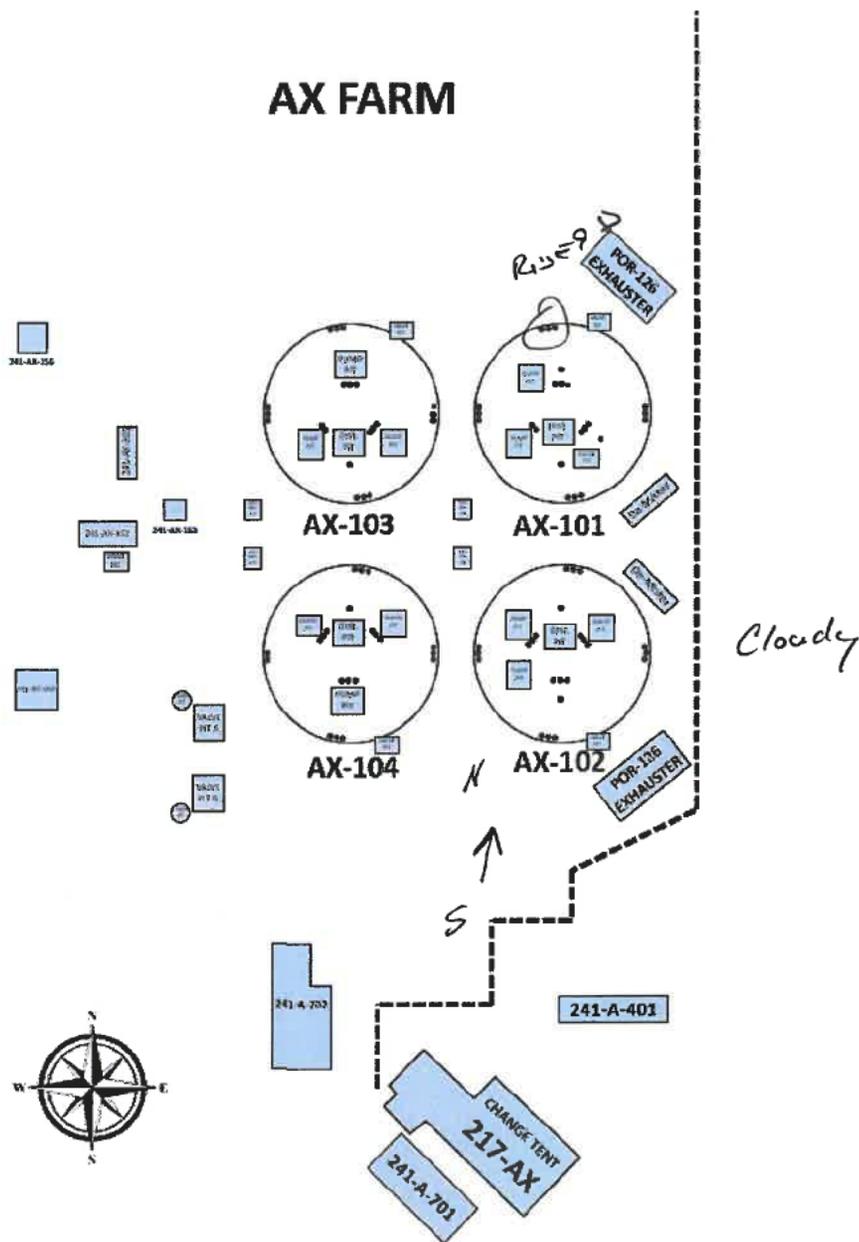
**2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM. If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.**

## ODOR/VAPOR RESPONSE CARD - 241 AX FARM

### Instructions:

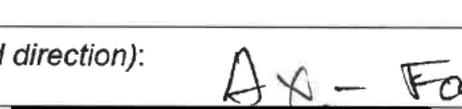
1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at [REDACTED]
3. Complete both pages of this form and include as many details as possible, including:
  - a. Approximate location, see map at right;
  - b. Wind direction, speed and description, such as stable or gusty wind;
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area; *no*
  - e. Anything else you think is relevant. *no*
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 - 241 AX FARM

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

- Date and time of event: 9/2-24 10:15 am
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): N/A
- Your name and the work you were performing:  - building scaffold
- Other Work Underway? Describe: 
- Location of event (mark area on map and wind direction): AX - Farm
- Name(s) of others in or near the affected area: 
- Was Industrial Hygiene present, who? yes - outside the Gate
- Describe the odor: N/A
  - Sweet
  - Sour
  - Smoky
  - Septic/Sewer
  - Musty
  - Rotten
  - Metallic
  - Onion
  - Earthy
  - Ammonia
  - Citrus
  - Solvent
  - Other (describe):
- Is source known/likely? Describe: N/A
- Your symptoms?  None N/A
  - 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.

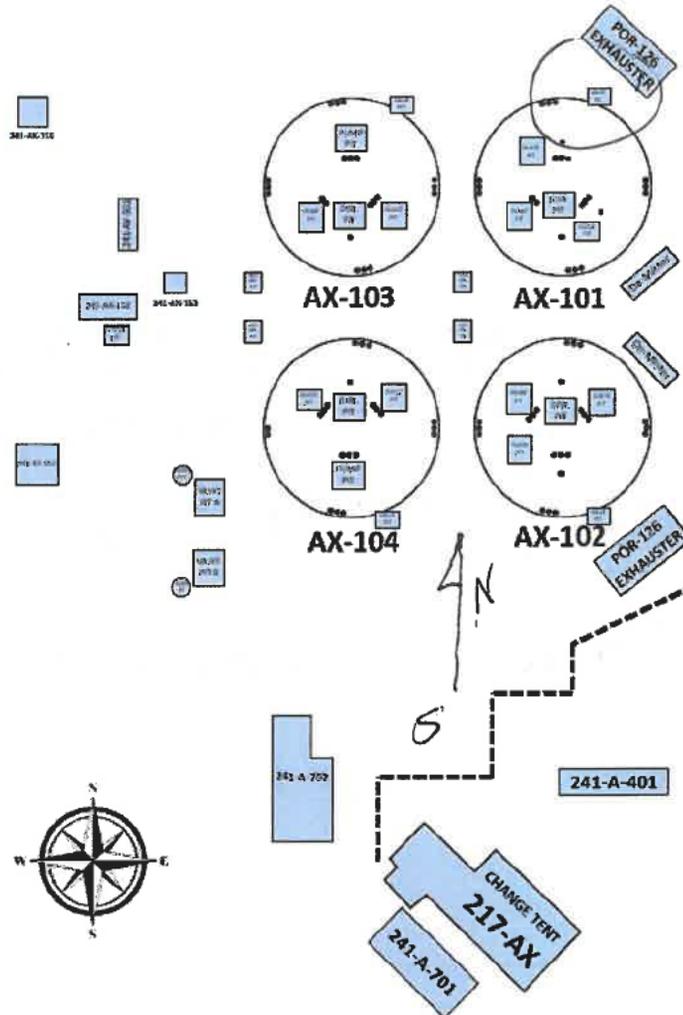
# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

## 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; *cloudy*
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area; *NA*
  - e. Anything else you think is relevant. *No*
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.

## AX FARM



# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

- Date and time of event: 9/2/24 10-10:15
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing: \_\_\_\_\_
- Other Work Underway? Describe: NO
- Location of event (mark area on map and wind direction): AX Farm
- Name(s) of others in or near the affected area: \_\_\_\_\_
- Was Industrial Hygiene present, who? Yes (outside the Fence)
- Describe the odor: NA
  - Sweet
  - Sour
  - Smoky
  - Septic/Sewer
  - Musty
  - Rotten
  - Metallic
  - Onion
  - Earthy
  - Ammonia
  - Citrus
  - Solvent
  - Other (describe): \_\_\_\_\_
- Is source known/likely? Describe: NA
- Your symptoms?  None NA
  - Headache
  - Dizziness
  - Nausea
  - Cough
  - Fatigue
  - Weakness
  - Sore Throat
  - Difficulty Breathing
  - Eye Irritation
  - Rash
  - Itch
  - Tingling
  - Numbness
  - Taste
  - Other (describe): \_\_\_\_\_

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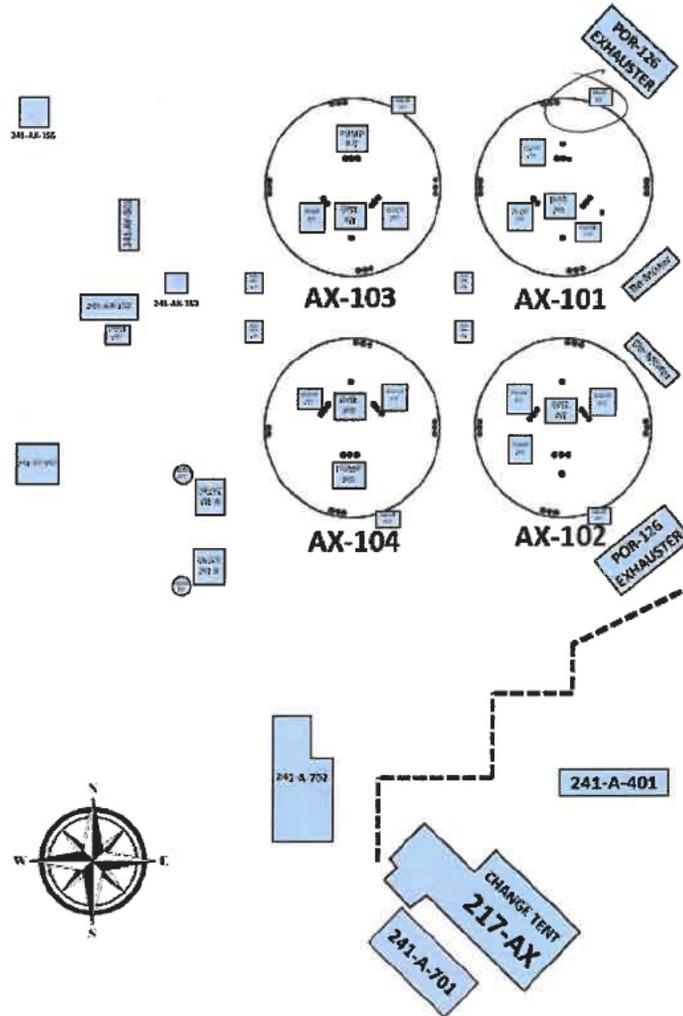
# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

## 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; *Cloudy*
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area; *None*
  - e. Anything else you think is relevant. *NO*
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.

## AX FARM



# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

• Date and time of event: 9-2-24 10:15 AM

• Check Applicable:

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

• Your name and the work you were performing:

[Redacted] (Building scaffolding)

• Other Work Underway? Describe:

N/A

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

AX - Farm

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

[Redacted] Iron Workers

• Was Industrial Hygiene present, who?

• Describe the odor:

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

• Is source known/likely? Describe:

N/A

• 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.**

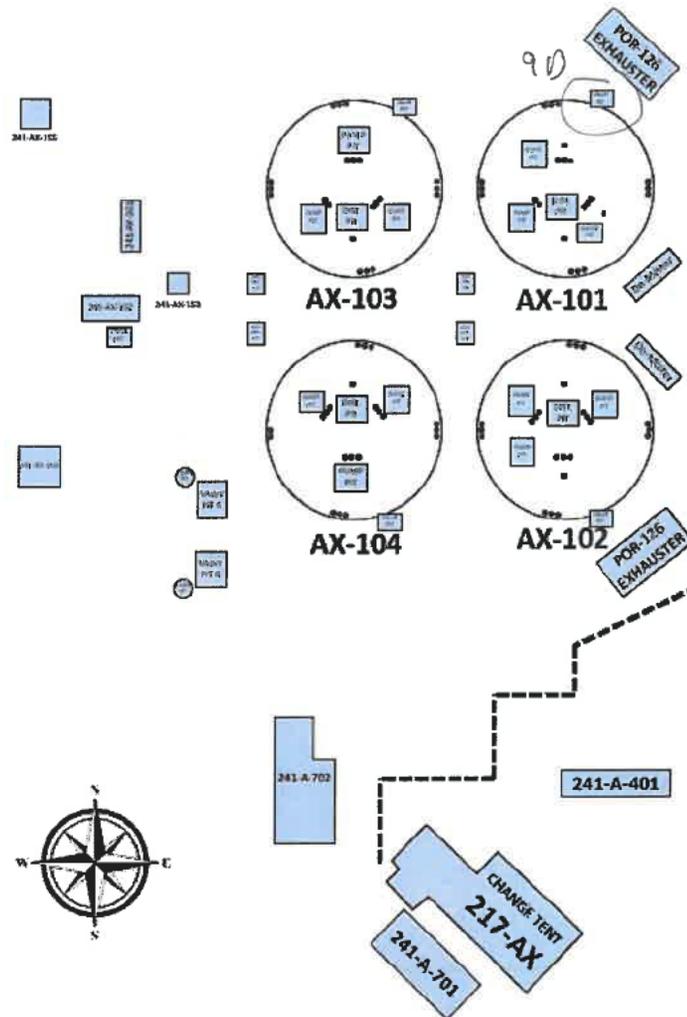
# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

## 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; *Cloudy*
  - c. Environmental conditions, such as hot, cold, windy, rainy;
  - d. Other work or contractors in the area; *none*
  - e. Anything else you think is relevant. *no*
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.

## AX FARM



# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

- Date and time of event: 9.2.24 10:15
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): n/a
- Your name and the work you were performing:  
[REDACTED] Building scaffolding
- Other Work Underway? Describe: n/a
- Location of event (mark area on map and wind direction): AX FARM
- Name(s) of others in or near the affected area: [REDACTED] 1 Remover
- Was Industrial Hygiene present, who? yes, outside gate in
- Describe the odor: n/a
  - Sweet
  - Sour
  - Smoky
  - Septic/Sewer
  - Musty
  - Rotten
  - Metallic
  - Onion
  - Earthy
  - Ammonia
  - Citrus
  - Solvent
  - Other (describe):
- Is source known/likely? Describe: n/a
- 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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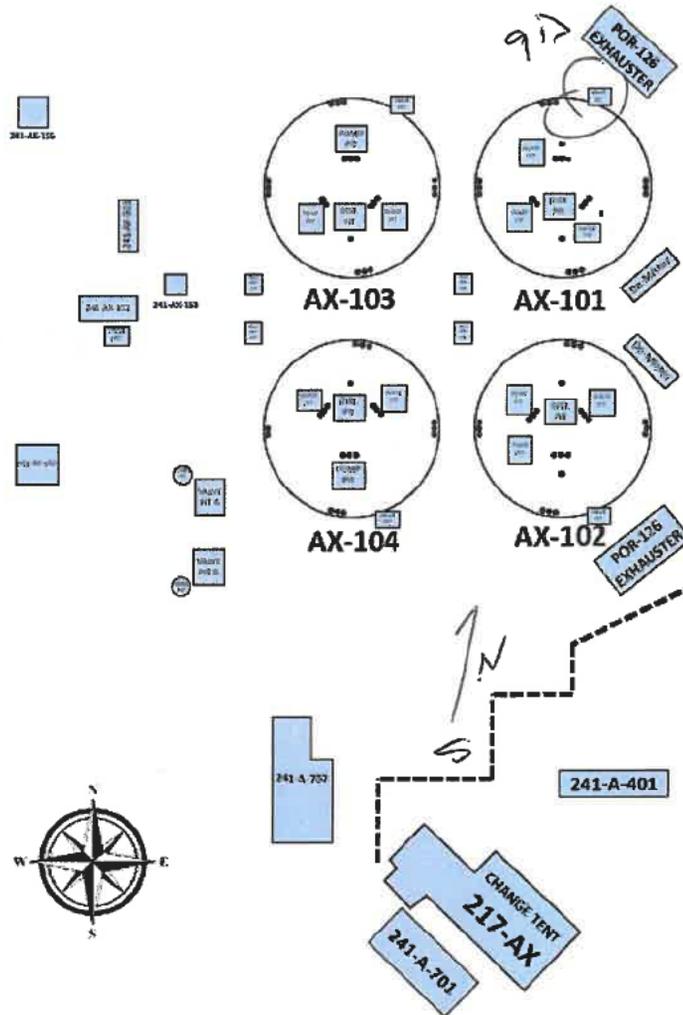
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## AX FARM



# ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

- Date and time of event: 9-2-24 10am
- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
[Redacted] Scaffold build
- Other Work Underway? Describe: \_\_\_\_\_
- Location of event (mark area on map and wind direction):  
AX-Farm
- Name(s) of others in or near the affected area:  
[Redacted]
- Was Industrial Hygiene present, who?  
Yes
- Describe the odor:  
 Sweet     Sour     Smoky     Septic/Sewer     Musty     Rotten  
 Metallic     Onion N/A     Earthy     Ammonia     Citrus     Solvent  
 Other (describe): \_\_\_\_\_
- Is source known/likely? Describe:  
N/A
- Your symptoms?  None  
 Headache     Dizziness     Nausea     Cough     Fatigue  
 Weakness     Sore Throat     Difficulty Breathing     Eye Irritation     Rash  
 Itch     Tingling     Numbness     Taste  
 Other (describe): \_\_\_\_\_

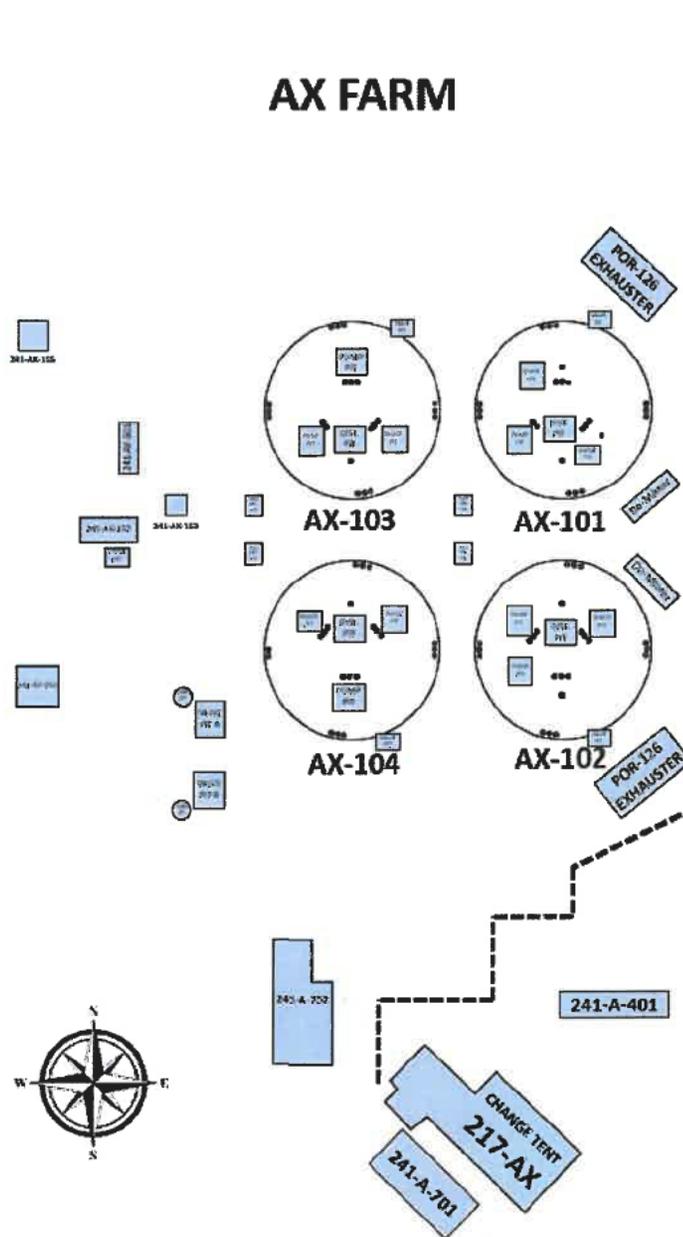
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## ODOR/VAPOR RESPONSE CARD - 241 AX FARM

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

- Date and time of event: 2 Sept 2024 1015 approx
- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
not in area intermittent coverages
- Other work Underway? Describe: \_\_\_\_\_
- Location of event (mark area on map and wind direction): \_\_\_\_\_
- Name(s) of others in or near the affected area: \_\_\_\_\_
- Was Industrial Hygiene present, who?  
n/a
- Describe the odor:  

|  |                                |                                 |                                       |                                 |                                  |
|--|--------------------------------|---------------------------------|---------------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Sweet                   | <input type="checkbox"/> Sour  | <input type="checkbox"/> Smoky  | <input type="checkbox"/> Septic/Sewer | <input type="checkbox"/> Musty  | <input type="checkbox"/> Rotten  |
| <input type="checkbox"/> Metallic                | <input type="checkbox"/> Onion | <input type="checkbox"/> Earthy | <input type="checkbox"/> Ammonia      | <input type="checkbox"/> Citrus | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Other (describe): _____ |                                |                                 |                                       |                                 |                                  |
- Is source known/likely? Describe: \_\_\_\_\_
- Your symptoms?  None  

|  |                                      |   |   |                                  |
|--|--------------------------------------|---|---|----------------------------------|
| <input type="checkbox"/> Headache                | <input type="checkbox"/> Dizziness   | <input type="checkbox"/> Nausea               | <input type="checkbox"/> Cough          | <input type="checkbox"/> Fatigue |
| <input type="checkbox"/> Weakness                | <input type="checkbox"/> Sore Throat | <input type="checkbox"/> Difficulty Breathing | <input type="checkbox"/> Eye Irritation | <input type="checkbox"/> Rash    |
| <input type="checkbox"/> Itch                    | <input type="checkbox"/> Tingling    | <input type="checkbox"/> Numbness             | <input type="checkbox"/> Taste          |                                  |
| <input type="checkbox"/> Other (describe): _____ |                                      |   |   |                                  |

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