

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:** Waste Operations Services 2. **Report Date:** 02/06/2024

3. **Investigation Title:** C-67 Response at 616

4. **Investigation Report Number:** EIR-2025-025

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

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

7. **Area / Building / Location:** 616 Building [Waste Operations Services]/600 Area

8. **Date and Approximate Time of Event:** **Date:** 01/23/2025 **Time (military):** 0939 hours

9. **Associated Action Request (AR) Number:** WRPS-AR-2025-0954

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)

Workers were performing waste package and shipping operations in the laydown yard north of the 616 Building [level 4 work activity].

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

- WRPS Nuclear Chemical Operator (NCO) - 5
- WRPS Health Physics Technician (HPT) - 3

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

On 01/23/2025 at approximately 0939 hours, three Nuclear Chemical Operators (NCOs) and three Health Physics Technicians (HPTs), performing waste packaging and shipping operations in the laydown yard north of the 616 Building, reported a stronger than normal odor described as "diesel.". Two NCOs, at their desks inside of the 616 building also reported smelling the "diesel" odor as well. One of the NCOs inside the building notified the 616 Building Supervisor of Operations of the odor. At 0959 hours, the 616 Building Supervisor of Operations notified the Central Shift Manager (CSM). Building 616 workers were instructed to leave the area and access to the building was restricted.

At 1014 hours, the CSM initiated response actions per TFC-OPS-OPER-C-67, *Response to Stronger than Normal Odors*.

At approximately 1026 hours, three workers requested a precautionary medical evaluation at the on-site medical provider. Upon being examined, the workers were released to return to work without restrictions. The five other workers reported experiencing no symptoms and declined a precautionary medical evaluation.

At 1118 hours, Industrial Hygiene Technicians (IHTs) performed Direct Reading Instrument (DRI) monitoring inside of the 616 building per Industrial Hygiene Sample Plan (IHSP), IHSP-POE-MULTI-TFCOPSOPERC67, *Industrial Hygiene Odor Evaluation*.

At approximately 1233 hours, TFC-OPS-OPER-C-67 response actions were completed. Response actions did not indicate further actions were necessary regarding worker safety and health occupational exposure limits. Access was restored to the 616 building.

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

- The odor event occurred inside the 616 Building [Waste Operations Services] located in the 600 Area of the Hanford site.
- At the time odors were reported at 616 building the workers were wearing Level D Personal Protective Equipment (PPE) and in a work location that is not posted as a radiological controlled area. The personnel were not in an area requiring the use of respiratory protection or personal ammonia monitor (e.g., Ventispro or ToxiRAE).
- The Hanford Site Meteorological Station #21 in the 600 Area and Data Fusion and Advisory System (DFAS) application, powered by SmartSite, were utilized for outdoor weather details at the time odors were reported. The Hanford Site Meteorological Station #21 and DFAS dashboard indicated the following weather conditions at 0930 hours on 01/23/2025:
 - o Wind Speed: 2 miles per hour (mph)
 - o Wind Direction: 130° (winds out of South/Southeast)
 - o Mixing Height: 140 feet above grade
 - o Stability Class: E (neutral conditions)
 - o Temperature: 30° F
 - o Barometric Pressure: 29.78 inches mercury (Hg)
 - o Relative Humidity: 73%

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

Due to access restriction at the 616 building an impact to operational capabilities occurred until response actions could be completed and building access restored.

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

- Access was restricted to the 616 building.
- Industrial Hygiene Technicians (IHTs) took readings outside of and throughout the 616 building per survey plan IHSP-POE-MULTI-TFCOOPSOPERC67, *Industrial Hygiene Odor Evaluation*.
- The workers were offered precautionary medical evaluation.
- The CSM initiated TFC-OPS-OPER-C-67, *Response to Stronger than Normal Odors*, response actions.
- The DOE Facility Representative was notified of the event.
- The CSM made required TFC-OPS-OPER-C-67 notifications.
- Event Investigation EIR-2025-025, C-67 Response at 616, was initiated.

18. Compensatory Actions Taken:

None.

19. Remedial Actions Taken:

None.

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

To summarize the conclusion per Industrial Hygiene Event Investigation Report (IHIR), IHIR-00113, TFC-OPS-OPER-C-67 *Response to Stronger than Normal Odors*, monitoring results did not exceed occupational exposure limits. IHTs performed DRI monitoring outside of and throughout the 616 building per IHSP, IHSP-POE-MULTITFCOOPSOPERC67, *Industrial Hygiene Odor Evaluation*.

During the clearance of the facility both 10.6eV and 11.7eV photoionization detector (PID) lamp were utilized to look for Volatile Organic Compounds (VOCs), along with MultiRAE set up for diesel combustion by products. Non-sustained readings between 0.0 Parts Per Million (ppm) and 0.1 ppm for Nitrogen dioxide were detected in the office portion of the 616 building at 1126 hours. Action was taken

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to open the exterior door to allow ventilation. At 1135 hours the door was closed and all DRI readings were below action limits. No noticeable odor was detected in the facility by responding Industrial Hygienist (IH) and IHTs. All sensors on the DRI monitors passed the post-use function test.

Based on odor response and collocated work activities close in time to the report of odors, IH determined that the most likely source of the odor was the diesel truck idling in the 616 laydown yard. While idling the truck went into regen mode releasing more diesel exhaust and smoke than usual. Since the 616 building operates under negative air pressure, the odor inside the building was likely due to the negative pressure and the location of the fresh air intakes. These air intakes are located at ground level where vehicle exhaust can easily be entrained indoors.

IHIR-000113 provided the following recommendation:

- Limit the amount of time vehicles idle in the 616 laydown yard.

21. Positive Aspects Identified:

Personnel responded promptly to the event, implementing the applicable TFC-OPSOPER-C-67 procedure and response actions.

22. Key Take Aways / Learning Opportunities:

None.

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:

 _____ <i>Name (First, Middle Initial, Last)</i>	 _____ <i>Signature / Date</i>
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CAS Manager Approval:

 _____ <i>Name (First, Middle Initial, Last)</i>	 _____ <i>Signature / Date</i>
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Washington River Protection Solutions
INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR)

Event Title: Diesel exhaust like odor at Building 616 during waste shipment		IHIR Number: IHIR-00113
		IHEI Number: N/A
Date: 01/23/2025	Time: 0950	Location: Building 616

Event Summary and Timeline:

- 0950 A Varnish/gas odor was reported to 616 FWS.
- 0955 Facility IH arrives at building 616, Upon entering the building, notes that odor smells more like Diesel exhaust rather than varnish/gas odor
- 0959 CSM received a call from 616 FWS regarding a odor detected at the 616 building
- 1006 Workers that reported odor were interviewed. They reported that a diesel truck was idling in the 616 yard. They stated that truck's engine went into regen mode and released a large quantity of smoke (diesel exhaust).
- 1008 Workers were asked by FWS if anyone had symptoms or wanted to go to IHA. Everyone declined
- 1012 Worker accountability was established
- 1021 IH arrived at the CSO
- 1021 IHT support requested
- 1022 CSM checks mixing height DFAS mixing level checked by CSM: Stable Class D, wind at 4.1 MPH, at 140 ft.
- 1023 Level 3 notified
- 1025 CSM notified of three workers going to IHA
- 1027 Building 616 workers were relocated from staging area to MO280 conference room.
- 1033 CSM notifies Fac Rep
- 1034 CSM checks weather report from Station 21. At 1000 winds blowing east 3.4 MPH, barometric pressure 29.79, RH 73% temperature 31.6 degrees F
- 1035 IHTs prepping DRI monitor
- 1038 IHTs prepping DRI monitor with 11.7 lamp
- 1041 IHTs arrive at CSO
- 1056 Sample plan is printed
- 1058 Two additional workers reported the odor (No symptoms, declined medical evaluation)
- 1101 IHT supported updated ESHQ management
- 1106 IHTs briefed on sample plan "IHSP-POE-MULTI-TFCOPSOPER-C-67" and response plan
- 1110 OFS IH manger and shift IHTs leave the CSM office for building 616
- 1113 IH enroute to shift office with odor response cards
- 1118 IHTs sweeping the exterior of 616
- 1122 IHTs enter building 616
- 1123 Odor response cards delivered to CSM
- 1126 Sustained NO2 levels at 0.1 ppm in NCO office (NO2 levels alleviated by propping door open
- 1135 Building surveillance complete (exiting the building)
- 1136 CSM notified level 1 OFS manager the 3 workers went to IHA
- 1154 Notification received that DRI equipment passed post function test
- 1201 CSM notified FAC Rep That investigation complete
- 1216 Attachment A 2/2 signed

Sampling/Monitoring Results:

During the clearance of the facility both 10.6eV and 11.7eV lamp were utilized to look for VOCs, along with multiRAE set up for diesel combustion by products. A non-sustained readings between 0.0 and 0.1 ppm NO2 detected in NCO Office at 1126. Action was taken to open the exterior door to allow ventilation, although the reading was non-sustained. By 1135 the door was closed and ALL DRI readings were below action limits. No noticeable odor was detected in the facility by responding IH and IHT.

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INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR) (Continued)

SWIHD References:
25-00462

Additional Information:

Based on odor response and collocated work activities close in time to the report of odors, IH determined that the most likely source of the odor was the diesel truck idling in the 616 laydown yard. While it was idling the truck went into regen mode, released more diesel exhaust, and smoke than usual. The 616 building operates under negative air pressure. The odor inside 616 was likely due to the buildings negative pressure and the location of the building's fresh intakes. As these intakes are located at ground level where vehicle exhaust can easily be entrained indoors.

Recommendations/Conclusions:

Limit the amount of time vehicles idle in the 616 yard.

Others:

- After reporting stronger than normal odors at Building 616, three Workers were taken to 200W IHA for precautionary medical evaluations. None of the workers reported symptoms. They were all released to work without restriction. At the time of the event workers were performing waste package and shipping operations. They were not in an area that requires respiratory protection.
- Building 616 workers were instructed to leave the area, Access to the area was restricted.
- Upon arrival at Building 616 and interviewing workers. The Facility IH and the workers identified the likely odor source to be a truck idling in the laydown yard. The odor event was reported to the shift office. The CSO entered the C-67 as a precautionary measure. Odor response cards were completed by Building 616 workers.

Associated Documents:

iCAS Number:

EIR Number: 2025-025

Industrial Hygienist:

Print First and Last Name

Signature / Date

Industrial Hygiene Level 3 Manager

Print First and Last Name

Signature / Date

Industrial Hygiene Level 2 Manager:

Print First and Last Name

Signature / Date

ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 1-23-25
- Check Applicable:
 Odor Ammonia Alarm (6 ppm) Ammonia Alarm (12 ppm) Alarm (other - describe): _____
- Your name and the work you were performing: [Redacted] Survey's
- Other Work Underway? Describe: Shipment
- Location of event (mark area on map and wind direction): 6/6
- Name(s) of others in or near the affected area: _____
- 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: not sure
- 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

Instructions:

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at (509) 373-2689.
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.

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ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 1-23-2025 0945
- Check Applicable:
 Odor Ammonia Alarm (6 ppm) Ammonia Alarm (12 ppm) Alarm (other - describe): _____
- Your name and the work you were performing:
[REDACTED] RCT shipping surveys
- Other Work Underway? Describe:
N/A
- Location of event (mark area on map and wind direction):
Cell, North side of building
- Name(s) of others in or near the affected area:
[REDACTED] NCO's names unknown
- Was Industrial Hygiene present, who?
Yes, [REDACTED]
- Describe the odor:
 Sweet Sour Smoky Septic/Sewer Musty Rotten
 Metallic Onion Earthy Ammonia Citrus Solvent
 Other (describe): _____
- Is source known/likely? Describe:
Thought to be diesel smell from truck running upwind
- Your symptoms? None
 Headache Dizziness Nausea Cough Fatigue
 Weakness Sore Throat Difficulty Breathing Eye Irritation Rash
 Itch Tingling Numbness Taste
 Other (describe): _____

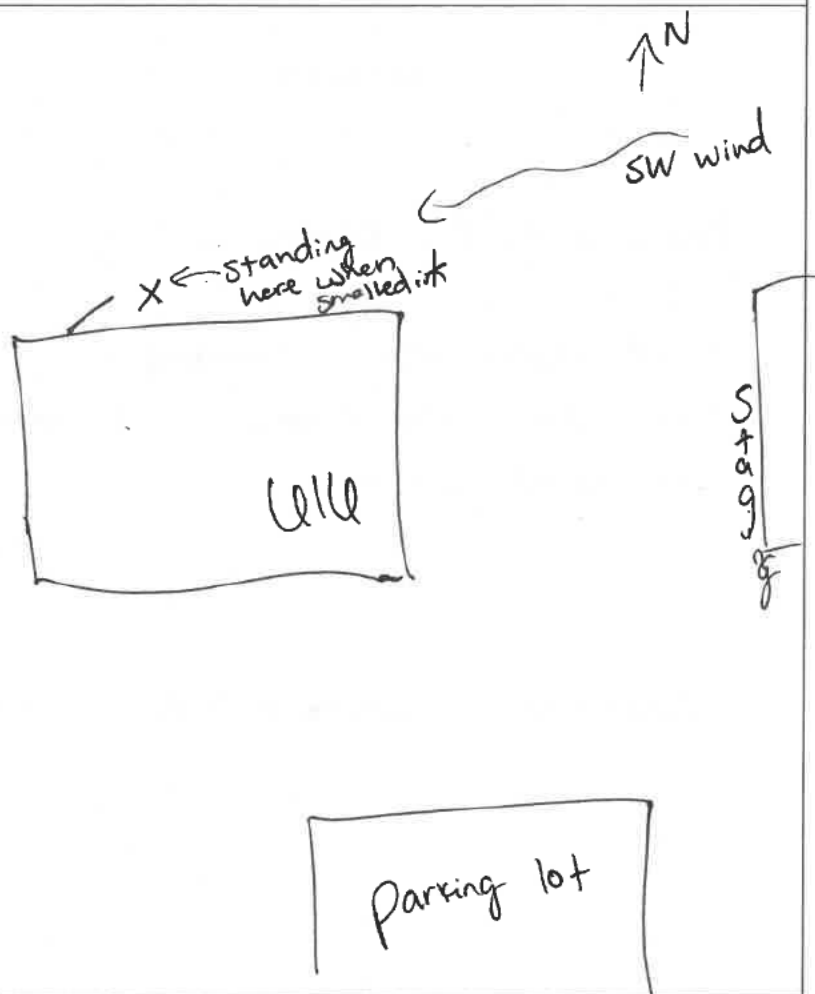
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ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 1-23-25 1000
- Check Applicable:
 Odor Ammonia Alarm (6 ppm) Ammonia Alarm (12 ppm) Alarm (other - describe): _____
- Your name and the work you were performing:
_____, Shipping
- Other Work Underway? Describe: N/A
- 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?
Yes _____
- Describe the odor:
 Sweet Sour Smoky Septic/Sewer Musty Rotten
 Metallic Onion Earthy Ammonia Citrus Solvent
 Other (describe): _____
- Is source known/likely? Describe: Desil smell from close by truck
- Your symptoms? None
 Headache Dizziness Nausea Cough Fatigue
 Weakness Sore Throat Difficulty Breathing Eye Irritation Rash
 Itch Tingling Numbness Taste
 Other (describe): _____

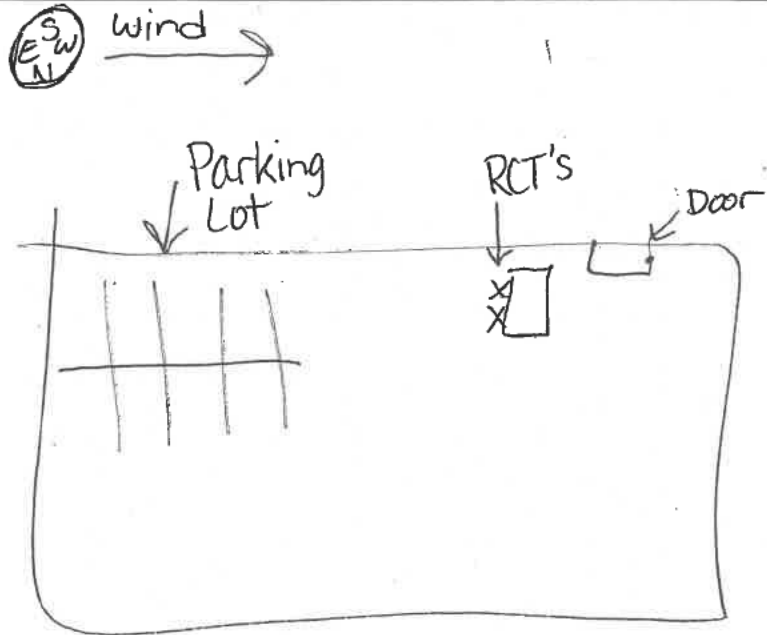
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ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 1-23-25
- 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:
Shipment
- Location of event (mark area on map and wind direction):
616
- 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): _____
- Is source known/likely? Describe: I did not smell anything
- Your symptoms? None
 Headache Dizziness Nausea Cough Fatigue
 Weakness Sore Throat Difficulty Breathing Eye Irritation Rash
 Itch Tingling Numbness Taste
 Other (describe): _____

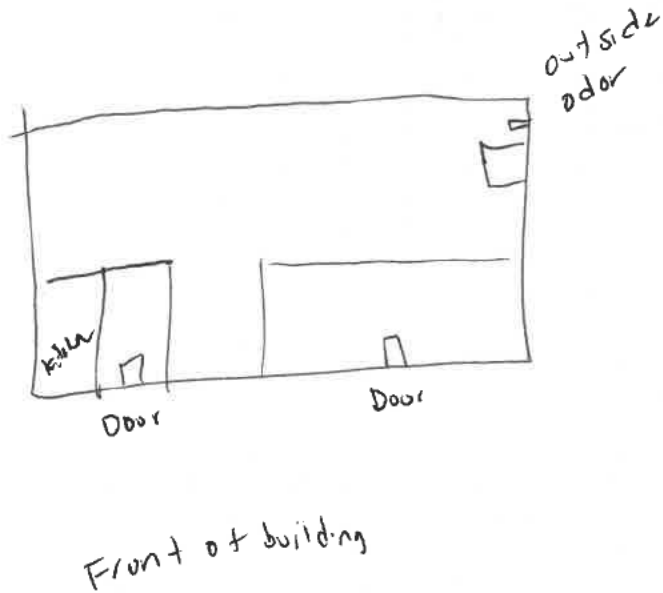
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ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 1/23/25
- Check Applicable:
 Odor Ammonia Alarm (6 ppm) Ammonia Alarm (12 ppm) Alarm (other - describe): _____
- Your name and the work you were performing:
[Redacted] came back to 616 from Delivery of a container
- Other Work Underway? Describe: and was sitting at my desk. Shipment was happening on the North side of 616 on the pad.
- Location of event (mark area on map and wind direction):
616
- Name(s) of others in or near the affected area:
I dont no
- Was Industrial Hygiene present, who?
No
- Describe the odor:
 Sweet Sour Smoky Septic/Sewer Musty Rotten
 Metallic Onion Earthy Ammonia Citrus Solvent
 Other (describe): I did not smell anything
- 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): _____

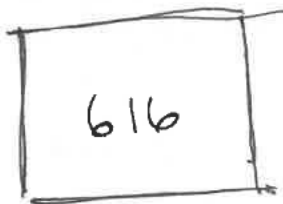
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ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 01/23/2025 - Approx 10am
- Check Applicable:
 - Odor
 - Ammonia Alarm (6 ppm)
 - Ammonia Alarm (12 ppm)
 - Alarm (other - describe):
- Your name and the work you were performing: [Redacted] Dispatch
- Other Work Underway? Describe: Shipments on site, P/Ds, CBTS
- Location of event (mark area on map and wind direction): WHP
- Name(s) of others in or near the affected area: [Redacted] HPTS
- Was Industrial Hygiene present, who? after call was made
- 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):

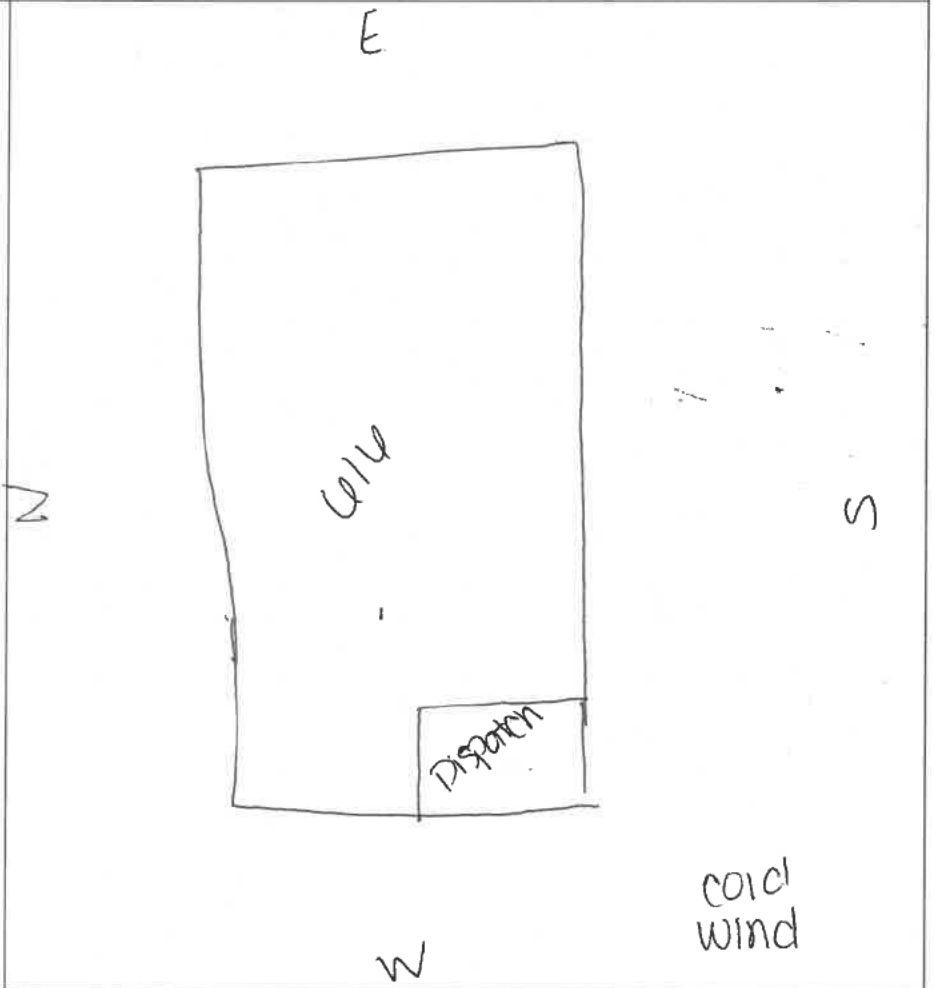
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 - c. Environmental conditions, such as hot, cold, windy, rainy;
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ODOR/VAPOR RESPONSE CARD

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

• Date and time of event: 01/23/25 10:00 a.m.

• Check Applicable:

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

• Your name and the work you were performing:
[REDACTED]

• Other Work Underway? Describe:

None

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

Company vehicle parking lot

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

• Was Industrial Hygiene present, who?

Negative

• Describe the odor:

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

• Is source known/likely? Describe:

Unknown

• Your symptoms? None ← As of now.

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

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

- Date and time of event: 1/23/25
- Check Applicable:
 - Odor
 - Ammonia Alarm (6 ppm)
 - Ammonia Alarm (12 ppm)
 - Alarm (other - describe):
- Work you were performing: I was leaving the building for a request
- Other Work Underway? Describe: Shipment
- Location of event (mark area on map and wind direction): 616 lay down yard out back
- Name(s) of others in or near the affected area: HPT's
- 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: Burning Diesel
- 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

Instructions:

1. Notify Immediate Supervisor.
2. Contact Central Shift Manager (CSM), at (509) 373-2689.
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.