

RPP-27195

1.0 PURPOSE AND SCOPE

(7.1.1, 7.1.2)

This procedure applies to H2C personnel and subcontractors doing work in 200 East Area, 200 West Area, and 600 Areas controlled by H2C for stronger than normal odors that do not meet TF-AOP-015 entry criteria.

2.0 IMPLEMENTATION

This procedure is effective on the date shown in the header.

3.0 RESPONSIBILITIES

Responsibilities are contained within Section 4.0.

4.0 PROCEDURE

4.1 General Requirements

Notification from personnel that stronger than normal odors are present, and the entry criteria for TF-AOP-015 are not met.

4.2 Respond to Odors

Central Shift
Manager

1. If emergency assistance is required, call 911 or (509) 373-0911 from a cell phone.
2. Ensure employees exhibiting or reporting symptoms report to Occupational Medicine for medical surveillance. (See TFC-ESHQ-S_CMLI-C-02).
3. Offer medical surveillance to employees who detected odors.
4. If at any time the odor source is determined to be related to a spill or release, exit this procedure and enter TF-AOP-011 for Tank Farms or ETF-AOP-85B-003 for Effluent Treatment Facility.
5. Control the area as necessary.
6. Send announcement via SOEN, Radio, and PA speakers for the affected facilities.
7. Request odor/vapor response cards to be completed and submitted to the Central Shift Manager.

Response to Stronger than Normal Odors	Manual Document Page Issue Date	Operations TFC-OPS-OPER-C-67, REV B-7 2 of 9 August 12, 2025
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NOTE 1: Mixing heights < 100 ft may increase the presence of detectable odors. When mixing height is negatively trending (moving or staying < 100 ft) odors are likely to remain or worsen. When mixing height is positively trending (moving or staying ≥ 100 ft), odors are likely to dissipate.

NOTE 2: SmartSite, sometimes referred to as DFAS, may be accessed at Steward (<https://steward.wrps.rl.gov/app/smartsite>).

8. Review mixing height on the SmartSite.
 - a. Consider mixing height when configuring field response.
 - b. If a SST Retrieval is in progress in affected farm and mixing height is negatively trending, request the Retrieval OE modify the retrieval techniques to minimize NH₃ generation.
9. Contact IH for assistance in developing Attachment A.
10. Direct IHT to implement Attachment A.
11. Request IH to initiate an IH report per TFC-PLN-120.
12. Evaluate event against TFC-OPS-OPER-C-24 to ensure occurrence categorization and notification are completed as required.
13. Contact Contractor Assurance System (CAS) Manager for an event investigation per TFC-OPS-OPER-C-14.
14. Make notifications per TFC-OPS-OPER-C-57.
15. Complete the electronic version (e.g., Word file) of Attachment B.
 - a. Send to distribution list “DL – H₂C Odor/Vapor Event Notification” as soon as enough information is available.
 - b. Print a copy of the electronic file of Attachment B for records retention.
16. If IHT monitoring results are at or below background levels, restore access to the area.
17. If IHT monitoring results are above action limits, ensure that access restriction is kept in place until the source of the odors has been mitigated.

18. Complete the electronic version (e.g., Word file) of Attachment C.
 - a. Send to distribution list “DL – H2C Odor/Vapor Event Notification” once event is stabilized and all details are known.
 - b. Print a copy of the electronic file of Attachment C for record retention.
19. Complete Attachment D for the records identified within this process.
 - a. Record the number of times the record was generated in the applicable column.

OR

 - b. Place a checkmark in the N/A column.
20. Submit the package to the Central Shift Office.

5.0 TERMS AND DEFINITIONS

5.1 Terms

CAS. Contractor Assurance System.

DFAS. Data Fusion & Advisory System.

H2C. Hanford Tak Waste Operations & Closure, LLC.

IH. Industrial Hygiene.

IHT. Industrial Hygiene Technician.

NH3. Ammonia.

OE. Operations Engineer.

PA. Public Address.

RIDS. Records Inventory and Disposition Schedule.

SOMC. Site occupational medical contractor.

SST. Single-Shell Tank.

5.2 Definitions

No terms or phrases unique to this procedure are used.

6.0 RECORDS

The following records are generated during the performance of this procedure:

- Attachment A – Response Plan
- Attachment B – Initial Communication Summary
- Attachment C – Follow-up Event Summary
- Attachment D – Records Submittal Checklist.

The record custodian identified in the Company Level RIDS is responsible for record retention in accordance with
TFC-BSM-IRM_DC-C-02.

7.0 SOURCES

7.1 Contractual Requirements

- 7.1.1 10 CFR 851, “Worker Safety and Health Program.”
- 7.1.2 DOE O 440.1A, “Worker Protection Management for DOE Federal and Contractor Employees.”

7.2 Other Requirements

No documents external to this procedure are required for performance.

7.3 References

- 7.3.1 ETF-AOP-85B-003, “Response to Spill or Release at ETF.”
- 7.3.2 TF-AOP-011, “Response to Chemical and/or Radiological Events.”
- 7.3.3 TF-AOP-015, “Response to Personal Ammonia Monitor Alarm.”
- 7.3.4 TFC-BSM-IRM_DC-C-02, “Records Management.”
- 7.3.5 TFC-ESHQ-S_CMLI-C-02, “Injury and Illness Events.”
- 7.3.6 TFC-OPS-OPER-C-14, “Event Investigation Process.”
- 7.3.7 TFC-OPS-OPER-C-24, “Occurrence Reporting.”
- 7.3.8 TFC-OPS-OPER-C-57, “Event Notification.”
- 7.3.9 TFC-PLN-47, “Worker Safety and Health Program.”
- 7.3.10 TFC-PLN-120, “Industrial Hygiene Investigative Response Plan.”

Attachment A – Response Plan (cont.)

RESPONSE PLAN		Sheet 2 of 2
Odor Response Plan Notes (monitoring data, results of actions taken, etc. Use more sheets as necessary)		
RESPONSE PLAN COMPLETED:		
Industrial Hygiene:	Signature Print (First & Last) Date	
Shift Manager:	Signature Print (First & Last) Date	

Attachment B – Initial Communication Summary

The following is an example of detail to provide in the electronic form of Communication Template.

#X Hanford workers were taken to SOEN/Kadlec or have declined precautionary medical evaluation after reporting stronger than normal odors at location. #X of the workers reported symptoms.

The employees were description of what work they were performing at the time of reported odors and were or were not in an area that requires use of respiratory protection.

Workers were instructed to leave the area, and access to the area has been restricted.

NOTE - This communication template is to be completed as soon as enough information is available.

Central Shift Manager: _____ / _____ / _____
Signature Print (First and Last) Date

Attachment C – Follow-up Event Summary

The following is example of detail to provide in the electronic form of Follow-Up Event Summary.

TF-OPS-OPER-C-67 Follow-Up Event Summary		
Date: Month/day/year	Time: XXXX hours	Location: XX
Number of Workers Involved: XX	Sampling Results #: Add DRI Survey #	
Event Summary		
At approximately XXXX hours X# workers description of event. Initially no workers reported symptoms and declined medical evaluations or were transported to HPMC or Kadlec via ambulance. At approximately XXXX hours provide updated information to include additional workers reporting symptoms, description of symptoms and status on medical evaluation. At the time the odors were reported, the individuals were or were not working in an area requiring use of supplied-air respiratory protection. All workers were instructed to leave the area. Access to the area was restricted. IHTs responded to the area and took DRI readings and a bag sample. DRI instrument readings were above or below action levels. Analytical results for bag samples are being analyzed and will be posted upon receipt or Bag samples have been analyzed the results allowed the restricted area to be down posted. Provide any subsequent information An event investigation has or has not been initiated.		
Return to Work Status		
Number of workers returned to work without restriction	X#	
Number of workers returned to work with restriction	X#	
Number of workers referred for further evaluation	X#	
NOTE - Complete once event is stabilized and all details are known.		
Central Shift Manager: _____ / _____ / _____ Signature Print (First and Last) Date		

Attachment D – Records Submittal Checklist

Records Submittal Checklist	Number of times completed	N/A (✓)
Attachments		
ATTACHMENT A Response Plan		
ATTACHMENT B Initial Communication Summary (Printed copy of electronic version)		
ATTACHMENT C Follow-Up Event Summary (Printed copy of electronic version)		
FWS/OE/Shift Manager SEND the completed records to the Central Shift Office for records retention. _____/_____/_____ Signature Print (First and Last) Date FWS/OE/Shift Manager		