

Hanford Tank Waste Operations & Closure (H2C)  
**EVENT REPORT FORM**

1. Project: Material Assets 2. Report Date: 06/17/2026  
3. Title: TFC-OPS-OPER-C-67 Response at 218A  
4. Investigation Report Number (if applicable): EIR-2026-047 5. Revision: 0  
6. Responsible Manager: [REDACTED]  
7. Event Investigator: [REDACTED]  
8. Area/Building/Location: 200E/218A  
9. Date and Approximate Time of Event: Date: 06/09/2026 Time: (military) 1145 hours  
10. Associated Action Request (AR) Number: ITDC-AR-2026-1994  
11. Occurrence Report Number (if applicable): N/A

12. Event Learning Meeting Held: Yes [ ] or No [X] Date: N/A Time: (military) N/A

**13. Brief Summary of Event: What Happened?**

At approximately 1145 hours on 06/09/2026, four H2C Material Coordinators experienced stronger than normal odors ("natural gas", "raw sewage", and "dead animal") inside the 218A Conditioned Storage Building while performing material handling activities.

The workers reported the stronger than normal odors to the Property and Material Management Specialist. The Property and Material Management Specialist verified there were strong odors near the bathrooms and proceeded to contact the Central Shift Manager (CSM). No symptoms were reported. All affected employees declined precautionary medical evaluation.

At 1228 hours, the CSM initiated response per TFC-OPS-OPER-C-67, *Response to Stronger than Normal Odors*.

At 1345 hours, Industrial Hygiene Technicians (IHT) completed field response.

**14. What Should Have Happened?**

"Natural gas", "raw sewage", and "dead animal" odors should not have been present in the 218A Conditioned Storage Building.

**15. Key Facts from Investigation:**

- To summarize the conclusions of Industrial Hygiene Event Investigation Report IHIR-00140, *Odor response at 218-A to employees experiencing stronger than normal odors inside the building*. Response actions did not indicate further actions were necessary to protect worker safety and health.
- The odors were primarily reported around the restrooms and backdoor area of the building. The IH response team noticed a slight septic odor upon arrival in the building. IH performed monitoring of 218-A with a Direct Reading Instrument (DRI). The DRI monitoring was completed in the restrooms, kitchen, and office spaces. All readings were below detectable limits.

Hanford Tank Waste Operations & Closure (H2C)  
**EVENT REPORT FORM**

- The odors reported were primarily septic and sewage. The responding IH identified the likely source of the odors was from a dry drain. A dry drain occurs when a P-trap loses its water seal due to evaporation when sinks go unused. A P-trap is a simple plumbing component designed to prevent sewer gases from entering a building. When drains are infrequently used, they can develop unpleasant odors due to the water seal drying out. The 218A restrooms have two sinks and it is likely one was not being used for an extended period, therefore allowing the unused sink's P-trap to dry out and allow sewer gases to escape through the drain.
- It was discussed with employees that regular use of sinks is necessary to ensure P-trap seals remain intact.

Refer to IHIR-00140 enclosed below.

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

Impact of the approximate 2-hour restriction to building 218A was minimal.

**17. Problem Statement (Who, What, Where, When, and Consequence/Impact):**

N/A

**18. Event Causal Matrix Summary:**

N/A

Hanford Tank Waste Operations & Closure (H2C)  
**EVENT REPORT FORM** (Continued)

**26. Signatures**

**Prepared By:** *(Event Investigator)*

[Redacted Name]

*Name (First, Middle Initial, Last)*

[Redacted Signature]

*Signature / Date*

[Redacted Signature]

**Responsible Manager Approval:**

[Redacted Name]

*Name (First, Middle Initial, Last)*

[Redacted Signature]

*Signature / Date*

[Redacted Signature]

**CAS Manager Approval:**

[Redacted Name]

*Name (First, Middle Initial, Last)*

[Redacted Signature]

*Signature / Date*

[Redacted Signature]

## INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR)

Event Title: Odor response at 218-A to employees experiencing stronger than normal odors inside the building.		IHIR Number: <b>IHIR-00140</b>
		IHEI Number:
Date: 06/09/2026	Time: 1228	Location: 218-A

**Event Summary:**

At approximately 1228 on June 9<sup>th</sup>, 2026, four (4) employees experienced stronger than normal “natural gas”, “raw sewage”, & “dead animal” odors inside of 218-A while performing material handling activities. No symptoms were reported. All affected employees declined precautionary medical evaluation. An action response plan was developed and executed. IHT monitored effected area with IH instrumentation, and all readings were below detection limits. Following IHT surveillance and instrumentation post-use-function test, response was concluded.

**Timeline:**

1228	Direct-Feed Low-Activity Waste (DFLAW) IH arrives at CSO	
1229	PO IH Manager arrives at CSO	
1229	PO IH Manager leaves to find to check for pumping truck	
1229	DFLAW IH checks SmartSite	
	Mixing Height	1500 feet
	Stability Class	A
	Wind Speed	15.3 mph from 241°
1232	PO IH Manager back at CSO	
1233	PO IH Manager contacts Facilities IH Manager to request IH support	
1233	DFLAW IH checks VMDS	
1234	PO IH Manager requests IHT and DRI support	
1239	PO IH Manager discusses details with OPS IH Manager	
1242	PO IHT reports to CSO	
1243	PO IH Manager updated level 2 IH Manager, ESHQ Deputy and Director	
1244	PO IHT directed to prepare DRIs	
1245	PO IH Manager contacts DOE IH Field List	
1250	Facilities IH arrives at CSO	
1258	IHT arrives at CSO with DRI ready	
1312	DFLAW provides briefing and field response team departs to 218-A (IHT and Facilities IH)	
1329	First OVRC obtained	
1344	Facilities IH returns to CSO with 5 OVRCs	
1345	Facilities IH briefs on field response:	
	OVRC Odor Summary: Sour, Septic/Sewer, Rotten, Musty, "Propane"	
	Odor primarily reported around restroom and backdoor area	
	Field team noticed slight odor upon arrival to building	
	No symptoms reported	
	IHT field readings with DRI below detectable	
1348	PO IHT reports that DRI passed Post-Use Function Test	
1352	OPS IH Manager updated DOE IH Field List	

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

### Field Response Timeline Acronyms:

%	Percent	IHSP	Industrial Hygiene Sample Plan
°F	degrees Fahrenheit	IHT	Industrial Hygiene Technician
AL	Action Limit	mmHg	millimeters of mercury
AOP	Abnormal Operating Procedure	mph	miles per hour
CA	Contamination Area	OE	Operations Engineer
CSM	Central Shift Manager	OVRC	Odor/Vapor Response Card
CSO	Central Shift Office	PAM	Personal Ammonia Monitor
DOE	Department of Energy	PO	Production Operations
DRI	direct reading instrument	ppm	parts per million
ESH&Q	Environmental, Safety, Health, & Quality	RBA	Radiological Buffer Area
FWS	Field Work Supervisor	SOEN	Shift Office Event Notification
IH	Industrial Hygienist/Industrial Hygiene		

### Sampling/Monitoring Results:

Sample plan IHSP-PO-MULTI-TFCOPSOPERC67 was utilized to develop the response plan to monitor for Hydrogen Sulfide, Ammonia, and Volatile Organic Compounds.

#### Monitoring results:

Inst-001661 - H2S	Hydrogen Sulfide	0.000 ppm	0.5 ppm
Inst-002243 - NH3	Ammonia	0.000 ppm	12 ppm
Inst-002243 - ppb PID	Volatile Organic Compound	0.000 ppb	2 ppm

### SWIHD References:

SWIHD # [26-03644](#)

### Additional Information:

N/A

### Recommendations/Conclusions:

IHT and IH performed walk down of 218-A warehouse, restrooms, kitchen, and office spaces with DRIs. All readings were below detectable limits. OVRCs obtained identified backdoor and restrooms as areas where odors were most prevalent. Odors reported primarily as "septic/sewage". It was discussed with employees that a likely cause could be a "dry drain", which happens when the P-trap loses its water seal due to evaporation when a sink goes unused, allowing sewer gases to escape through the drain. Restrooms have two sinks and it is likely that only one was being used for a time, allowing the unused sink P-trap to dry out. Discussed regular use of sinks to ensure P-trap seal remains.

### Others:

N/A

### Associated Documents:

iCAS Number: N/A

EIR Number: EIR-2026-047

### Industrial Hygienist:

██████████

*Print First and Last Name*

██████████

██████████

*Signature / Date*

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

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

### 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.

# ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 6-9-26/5:30am
- Check Applicable:  
 Odor     Ammonia Alarm (6 ppm)     Ammonia Alarm (12 ppm)     Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing:  
[REDACTED] / Storekeeper
- Other Work Underway? Describe: \_\_\_\_\_
- Location of event (mark area on map and wind direction):  
By restrooms and back door area
- 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 thought propane or sewer
- 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: 6-9-24 / 5:30 AM

• Check Applicable:

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

• Your name and the work you were performing: \_\_\_\_\_  
STOREKEEPER

• Other Work Underway? Describe: \_\_\_\_\_

• Location of event (mark area on map and wind direction):  
218A / BATHROOM / BACK DOOR

• 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: \_\_\_\_\_

SEWER / PROPANE

• 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

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  - 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;
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# ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 6-9-26 / 1:00pm
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): \_\_\_\_\_
- Your name and the work you were performing: [REDACTED] WALKING INTO RESTROOM
- Other Work Underway? Describe: N/A
- Location of event (mark area on map and wind direction): 218A
- Name(s) of others in or near the affected area: [REDACTED]
- 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: PURANE / SEWAGE
- 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: 6/19/20
- 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: [REDACTED]
- Location of event (mark area on map and wind direction): Near bathrooms
- Name(s) of others in or near the affected area: [REDACTED]
- 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:
- Your symptoms?  None
  - Headache
  - Dizziness
  - Nausea
  - Cough
  - Fatigue
  - Weakness
  - Sore Throat
  - Difficulty Breathing
  - Eye Irritation
  - Rash
  - Itch
  - Tingling
  - Numbness
  - Taste
  - Other (describe):

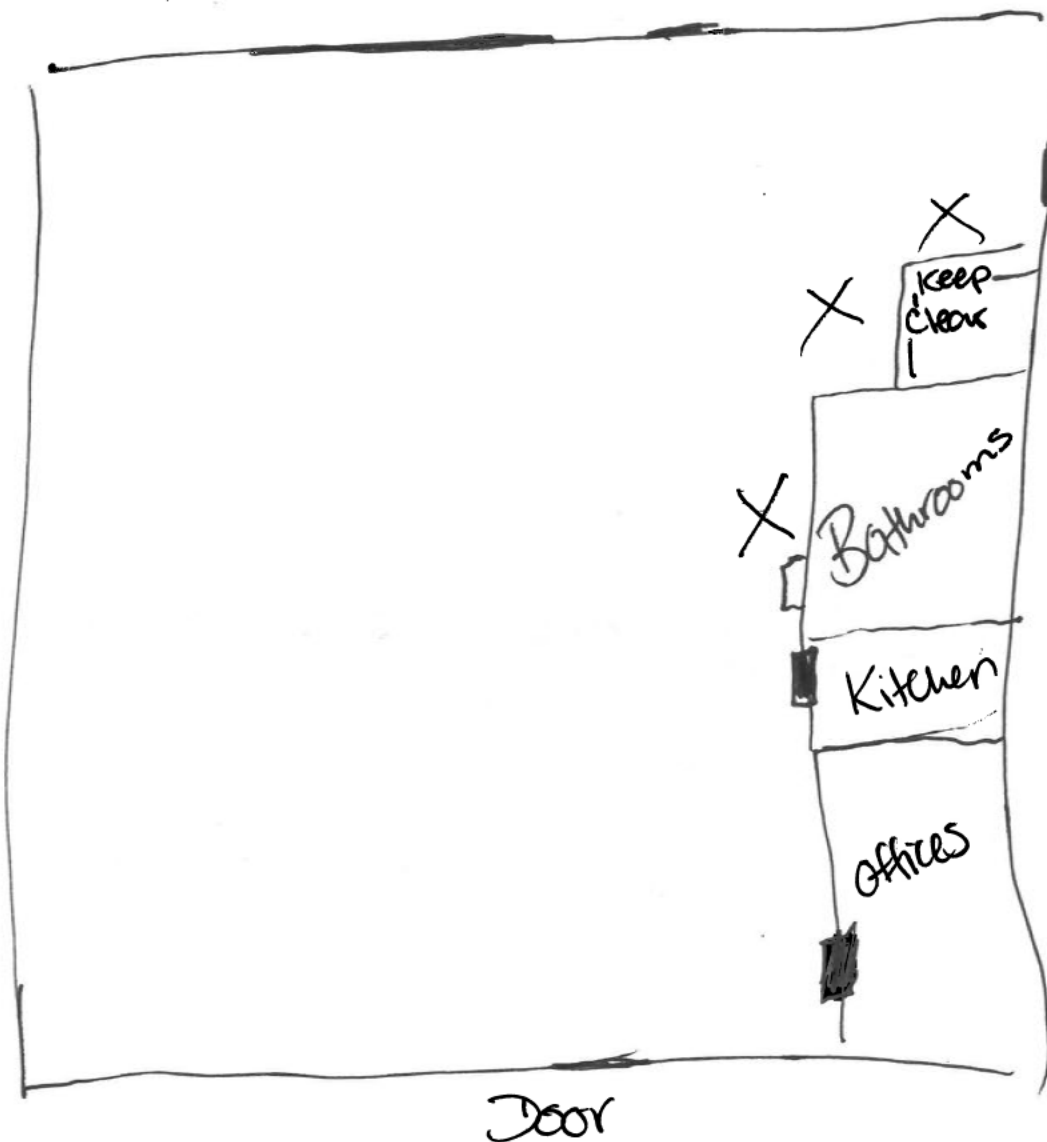
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# ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 06/09/2026 1:00
- Check Applicable:
  - Odor
  - Ammonia Alarm (6 ppm)
  - Ammonia Alarm (12 ppm)
  - Alarm (other - describe): \_\_\_\_\_
- You and the \_\_\_\_\_ were performing: checking in a Pallet
- Other work underway? Describe: NO
- Location of event (mark area on map and wind direction): Bathroom area
- 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: \_\_\_\_\_
- Your symptoms?  None
  - Headache
  - Dizziness
  - Nausea
  - Cough
  - Fatigue
  - Weakness
  - Sore Throat
  - Difficulty Breathing
  - Eye Irritation
  - Rash
  - Itch
  - Tingling
  - Numbness
  - Taste
  - Other (describe): \_\_\_\_\_

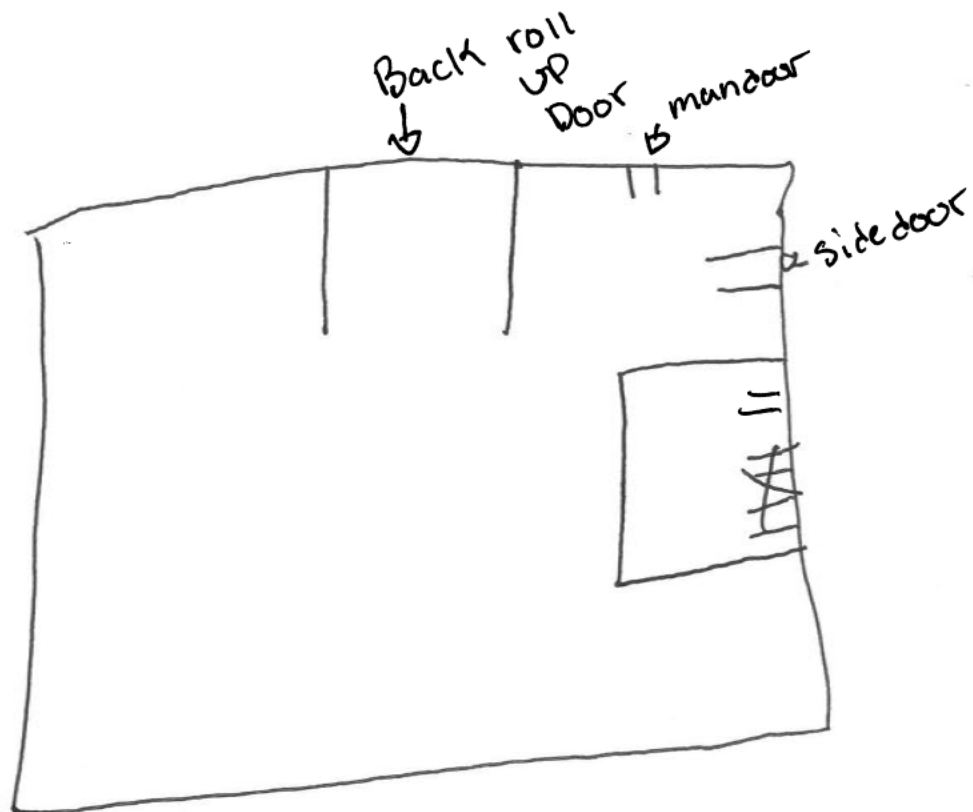
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## ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 6-9-26 @ 12 pm
- 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: computer work at my desk - moving pallets in Wave house
- Location of event (mark area on map and wind direction): see map
- Name(s) of others in or near the affected area: [REDACTED]
- Was Industrial Hygiene present, who? NA
- Describe the odor:  

<input type="checkbox"/> Sweet	<input type="checkbox"/> Sour	<input type="checkbox"/> Smoky	<input checked="" 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: Not sure
- 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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Odor  
is strong  
in this  
Room

Women's  
Bath room

Roll up Door