

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

1. Project: West Area Operations 2. Report Date: 07/14/2026
3. Title: TFC-OPS-OPER-C-67 Response at MO821
4. Investigation Report Number (if applicable): EIR-2026-050 5. Revision: 0
6. Responsible Manager: [REDACTED]
7. Event Investigator: [REDACTED]
8. Area/Building/Location: 200W/MO821/T-Farm Change Trailer
9. Date and Approximate Time of Event: Date: 07/07/2026 Time: (military) 0900 hours
10. Associated Action Request (AR) Number: ITDC-AR-2026-2195
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 0900 hours on 07/07/2026, two H2C Radiological Control Technicians (RCTs) were conducting routines and encountered a stronger than normal "Sulfur Like" and "Burning Plastic" odor when entering T-Farm Change Trailer (MO821).

At 0939 hours the Central Shift Manager (CSM) initiated response per TFC-OPS-OPER-C-67, *Response to Stronger than Normal Odors*. At the time the odors were encountered, the RCTs were not working in an area requiring use of respiratory protection. No symptoms were reported, and both RCTs declined precautionary medical evaluation.

14. What Should Have Happened?

Odors of "sulfur" and "burning plastic" should not have been present in the T-Farm Change Trailer (MO821).

15. Key Facts from Investigation:

- To summarize the conclusions of Industrial Hygiene Event Investigation Report, IHIR-00141, *TFC-OPS-OPER-C-67 Inside T-Farm Change Trailer: MO-821*, monitoring was performed using Direct Reading Instruments (DRI) during response actions and results did not indicate further action was necessary to protect workers' safety and health. Monitoring results indicated it is unlikely the odor originated from Tank Farm Vapors nor did monitoring readily identify a source.
- The response team conducted monitoring outside of the change trailer and throughout the inside of the change trailer. The response team identified the following items of interest inside the change trailer: a mini-split air conditioner, spray foam attached to lines running to the mini-split air conditioner, fertilizer used for ice melt, a ceiling vent, and both trash cans. The response team did not experience an elevated reading for any of the areas inside or outside of the change trailer. Based on the monitoring results, the conditions associated with the reported odors were no longer present at the time of the response. The specific source of the reported odors could not be identified.

Refer to Industrial Hygiene Event Investigation Report # IHIR-00141, *TFC-OPS-OPER-C-67 Inside T-Farm Change Trailer: MO-821* (enclosed below).

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

Access was restricted to the T-Farm Change Trailer (MO-821) for two and half hours until response actions could be completed.

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 / Date]

Signature / Date

Responsible Manager Approval:

[Redacted Name]

Name (First, Middle Initial, Last)

[Redacted Signature / Date]

Signature / Date

CAS Manager Approval:

[Redacted Name]

Name (First, Middle Initial, Last)

[Redacted Signature / Date]

Signature / Date

INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR)

Event Title:

TFC-OPS-OPER-C-67 Inside T-Farm Change Trailer: MO-821

IHIR Number:

IHIR-00141

IHEI Number:

N/A

Date:

07/07/2026

Time:

0915

Location:

MO-821

Event Summary and Timeline:

Two RCTs conducting routines detected a burning plastic/sulfur-like odor upon entering the T-Farm change trailer (MO-821). They made the appropriate notifications and were instructed to complete Odor/Vapor Response Cards (OVRs). Neither individual reported symptoms, and both declined medical surveillance. Industrial Hygiene responded and monitored areas both inside and outside MO-821 for ammonia, VOCs, and hydrogen sulfide. All readings were below action limits, with no elevated measurements or detectable odors observed during the investigation.

0943 - DFLAW IH + PO IH @ CSO, Access restrictions in progress, O/VRCs being populated, No co-located work, No DRI or PAM present, IHA declined by 2 workers

0946 - PO IH requests IH support from RWO IH

0947 - DFLAW IH checks SMART SITE, mixing height: 200 ft above grade, Stability class: A, Wind: 3.4 mph from 113°

0949 - PO IHT @ CSO, DFLAW IH requests DRI: NH₃, VOC (10.6 cV), H₂S

0950 - PO IHT leaves CSO to prep DRI, PO IHM updated ESHQ Level 1, 2 and deputy

0951 - SY VMDS @ 0900 = 9.4623 ppm, steady

0952 - DFLAW IH identify potential monitoring constituents based on reported odor description

0958 - PO IHM notified DOE IH

0959 - CSM notified on-call Facility Rep

1006 - Odor/Vapor Response Cards (No symptoms)

1009 - RWO IH1 + RWO IH2 arrive at CSO

1010 - Response plan signed

1017 - IHT briefing

1019 - PO IHT, RWO IH1 & RWO IH2 depart CSO to perform field response actions

1043 - RWO IH Report: No odors inside or outside of MO-821, all DRI < detectable

1055 - RWO IH1 & RWO IH2 @ CSO, IHT currently performing post-use function test

1106 - Post-use function test passed

1123 - Response Plan Pg. 2 signed

Sampling/Monitoring Results:

IHTs used DRI to monitor for ammonia, VOCs, and hydrogen sulfide inside and outside the T-Farm change trailer (MO-821). All readings were less than action limits, with no elevated readings observed. There were no odors detected by the IHTs or IHS at the response scene. Instrumentation passed the post-use function check.

SWIHD References:

#26-04377: "TFC-OPS-OPER-C-67 field response at MO-821"

INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR) (Continued)

Additional Information:

These results, along with a review of the atmospheric conditions at the approximate time of the reported odor event, indicate the odor is unlikely to have resulted from Tank Farm emissions.

Review of meteorological conditions at the approximate time of the odor event:

- **Stability Class:** A
- **Wind Speed:** 3.4 mph
- **Wind Direction:** 113°
- **Mixing Height:** 200 feet above grade

VMDS exhaust ammonia reading near the time of the event:

- **SY Exhauster (0900):** 9.4623 ppm, steady

Attached below are images for reference and points of interest found while monitoring was performed.

MO-821: Exterior



Mini-split air conditioner spray foam:



Fertilizer: used a icemelt



Mini-split air conditioner:



INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR) (Continued)

Additional Information:

Ceiling Vent:



North trashcan:



South trashcan:



Recommendations/Conclusions:

Recommendations

It is recommended that the Event Investigator and Industrial Hygiene review the results of the investigation with the affected work group.

Conclusions

The investigation into this event, which included review of worker location, meteorological conditions, and available monitoring data at the time of the reported odor, indicates it is unlikely the odor originated from Tank Farm vapors. Direct-reading instrument (DRI) monitoring performed inside and outside the T-Farm change trailer (MO-821) for ammonia, VOCs, and hydrogen sulfide showed no detectable or elevated readings, and no odors were observed by responding Industrial Hygiene personnel during the investigation. Based on these results, the conditions associated with the reported odor were no longer present at the time of the response, and the area was returned to normal access. The specific source of the reported odor was not identified.

INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR) (Continued)

Others:

N/A

Associated Documents:

iCAS Number: N/A

EIR Number: EIR-2026-050

Industrial Hygienist:

[REDACTED]

Print First and Last Name

[REDACTED]

Signature / Date

Industrial Hygiene Level 3 Manager

[REDACTED]

Print First and Last Name

[REDACTED]

Signature / Date

Industrial Hygiene Level 2 Manager:

[REDACTED]

Print First and Last Name

[REDACTED]

Signature / Date

ODOR/VAPOR RESPONSE CARD

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

- Date and time of event: 7/7/2015 0915
- Check Applicable:
 - ☒ Odor
 - ☐ Ammonia Alarm (6 ppm)
 - ☐ Ammonia Alarm (12 ppm)
 - ☐ Alarm (other - describe): _____
- Your name and the work you were performing: [REDACTED] Routines
- Other Work Underway? Describe: N/A
- Location of event (mark area on map and wind direction): T Farm Orange Trailer
- 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): Smoldering Plastic
- Is source known/likely? Describe: NO - Did not see anything
- Your symptoms? ☒ None
 - ☐ Headache
 - ☐ Dizziness
 - ☐ Nausea
 - ☐ Cough
 - ☐ Fatigue
 - ☐ Weakness
 - ☐ Sore Throat
 - ☐ Difficulty Breathing
 - ☐ Eye Irritation
 - ☐ Rash
 - ☐ Itch
 - ☐ Tingling
 - ☐ Numbness
 - ☐ Taste
 - ☐ Other (describe): _____

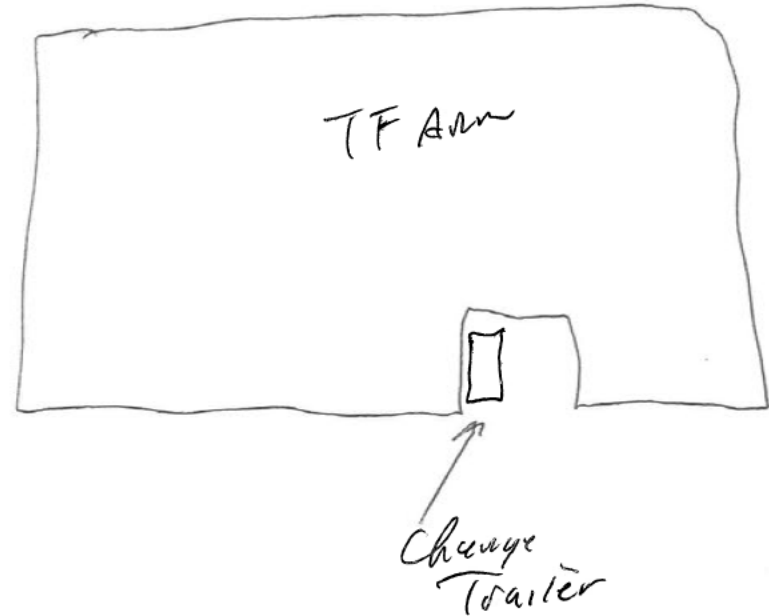
2. Provide this completed card (Page 1 & 2) to Supervisor, Industrial Hygiene, your Union Safety Representative or the CSM.
If received by Supervisor/IH/U-SR, Supervisor/IH/U-SR will ensure card is provided to the CSM.

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.

* 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: 7-7-26
- Check Applicable:
 - ☒ Odor
 - ☐ Ammonia Alarm (6 ppm)
 - ☐ Ammonia Alarm (12 ppm)
 - ☐ Alarm (other - describe): _____
- Your name and the work you were performing:
[REDACTED] T-Farm Routine
- Other Work Underway? Describe: No
- Location of event (mark area on map and wind direction): Inside T-Farm Change Trailer
- 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): Sulfur, Burning Plastic
- 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): _____

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