Hanford Tank Waste Operations & Closure (H2C)

EVENT REPORT FORM

1. Project: Field Crew Operations **2. Report Date:** 08/11/2026

3. Title: C-67 Response at 271AW1 Change Tent

4. Investigation Report Number *(if applicable)*: EIR-2026-053 **5. Revision:** 0

6. Responsible Manager: [redacted]

7. Event Investigator: [redacted]

8. Area/Building/Location: 200E/271-AW1 Change Tent

9. Date and Approximate Time of Event: Date: 07/30/2026 **Time: *(military)*** 0705 hours

10. Associated Action Request (AR) Number: ITDC-AR-2026-2432

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 0705 hours on 07/30/2026, three workers were performing a walkdown inside of the 217-AW1 change tent when they experienced stronger than normal odors of "rubber" and" musty".

At 0713 hours, the Central Shift Manager (CSM) initiated response per TFC-OPS-OPER-C-67, *Response to Stronger than Normal Odors*. The affected workers did not report any symptoms; however, the workers described the odor as "irritating" and all declined medical evaluation.

14. What *Should Have* Happened?

N/A

15. Key Facts from Investigation:

- To summarize the conclusions of the Industrial Hygiene Event Investigation Report IHIR-00143, TFC-OPS-OPER-C-67 Response 217-AW1 Change Tent Direct Reading Instruments (DRI) monitoring performed during the response actions 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.

  The 217-AW1 tent is a temporary structure outfitted with rubber mat flooring, which was installed to replace the previous wooden flooring that had degraded due to moisture intrusion, rot, and mold growth. Rubber flooring is known to exhibit increased off-gassing under elevated temperatures. Ventilation conditions may also influence odor intensity; although the tent is typically cooled by three HVAC units, only two were operational at the time of the incident.

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

Access was restricted to the 271-AW1 Change Tent 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 (First, Middle Initial, Last)

Responsible Manager Approval:

[redacted]

Name (First, Middle Initial, Last)

CAS Manager Approval:

[redacted]

Name (First, Middle Initial, Last)

[redacted]

INDUSTRIAL HYGIENE EVENT INVESTIGATION REPORT (IHIR)

Event Title:	IHIR Number:
TFC-OPS-OPER-C-67 Response 217-AW1 Change Tent.	IHIR-00143
	IHEI Number: N/A

Date:	Time:	Location:
07/30/2026	0705	200E/241-AW/217-AW1 Change Tent

Event Summary and Timeline:

Event summary:

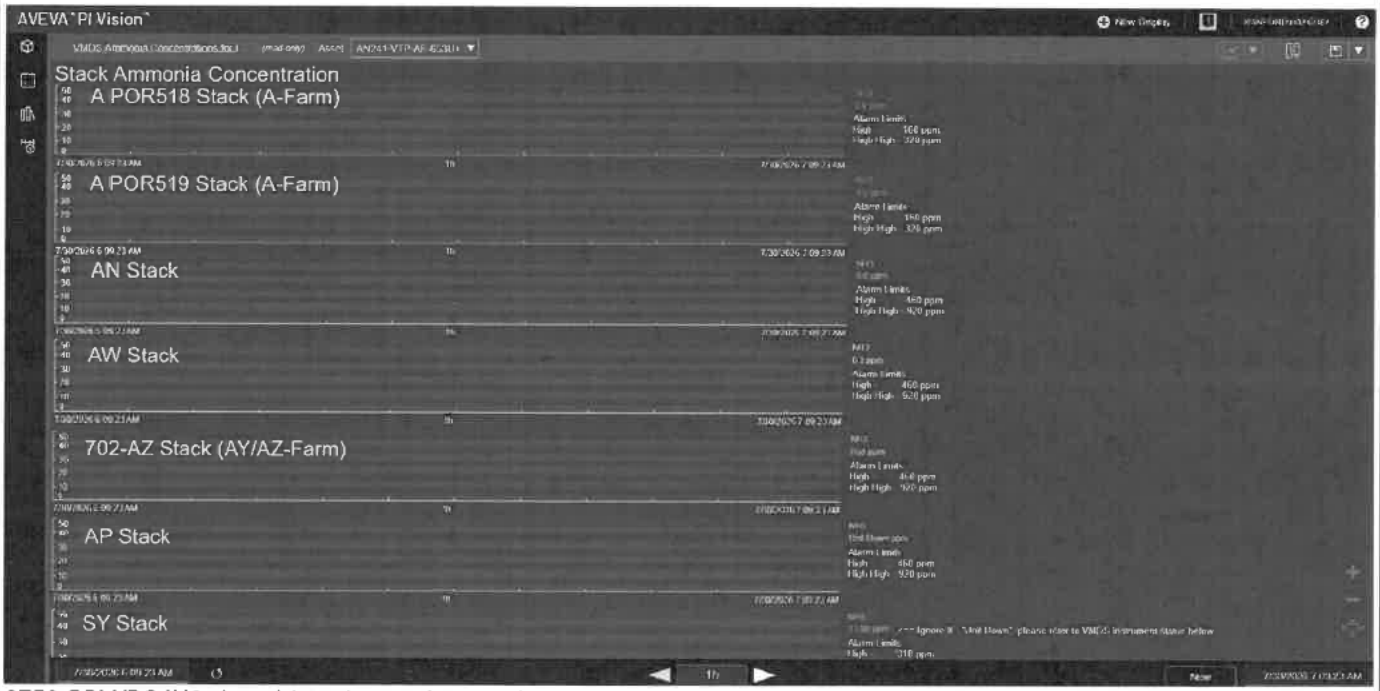
At approximately 0705 on 07/30/2026, three workers were performing a walkdown in the 217-AW1 change tent when they experienced stronger than normal odors. Odors were described as "rubber", "musty", "other", and "irritating".

Field Response Timeline:

0713 Personnel reported odor event to the CSM.
0722 PO IH1 & PO IH2 arrive at CSO.
0725 CSO restricts access to 271-AW1.
0725 IHT supervisor instructed to have IHTs prepare two DRIs with the following sensors: H_2S, NH_3, PID (one with an 11.7eV and one with a 10.6eV).
0725 DFAS was discovered to be inoperable.
0726 PO IH3 calls weather station:
Station #6 @ 0700
Wind: NW @ 4 mph
Temp: 65 F
Pressure: 29.23mmHg and rising
Relative Humidity: 52%
Mixing height: 100 m
0728 Odor response cards are in the process of being filled out.
0729 PO IH2 relayed 100m mixing height to CSM
0731 CSM call to PA
0732 Reviewing odor response cards. No symptoms identified and all personnel decline medical.
0738 CSM call to event investigator. EIR# given as: EIR-2026-053
0745 Location of event corrected to 217-AW1 change tent.
0750 Checked VMDS:

POR 518	running	0ppm
POR519	running	0ppm
AN	stopped	N/A
AW	stopped	N/A
702-AZ	Bad Instr.	N/A
AP	stopped	N/A

Event Summary and Timeline:



0752 CSM/PO IH2 signed Attachment A pg. 1 of 2.
0753 PO IH2 briefs IHT for response actions. IHT and PO IH3 are deployed.
0758 SWIHD survey # 26-05128 initiated.
0759 PO IH3 texted to PO IH2: Added IHT, PO IH3 briefed on response plan.
0814 IHTs on way to post DRI. IHIR# requested.
0829 IHT instrumentation passed post function testing @ 0821.
0832 CSM downposts 217-AW1 change tent.
0833 CSM/PO IH2 signed Attachment A pg. 2 of 2.

Sampling/Monitoring Results:

IHTs used DRI to monitor for Hydrogen Sulfide (H_2S), Ammonia (NH_3), and Volatile Organic Compounds (VOCs) inside the 217-AW1 change tent. An 11.7eV PID (photoionization detector) and a 10.6eV PID were used for comparison. Results were less than detectable for H_2S, NH_3, and the 10.6eV PID. Peak reading for the 11.7eV PID was 0.2ppm. No action limits were reached. Instrumentation passed the post-use function check. Comments by Responding IHT- "Nothing above background, smells like the rubber flooring. Only water in fridge, no readings. No readings at bags of fertilizer. No readings at flooring. Can see can of Kroil and [an open container (label not visible from RBA)] in CA".

SWIHD References:

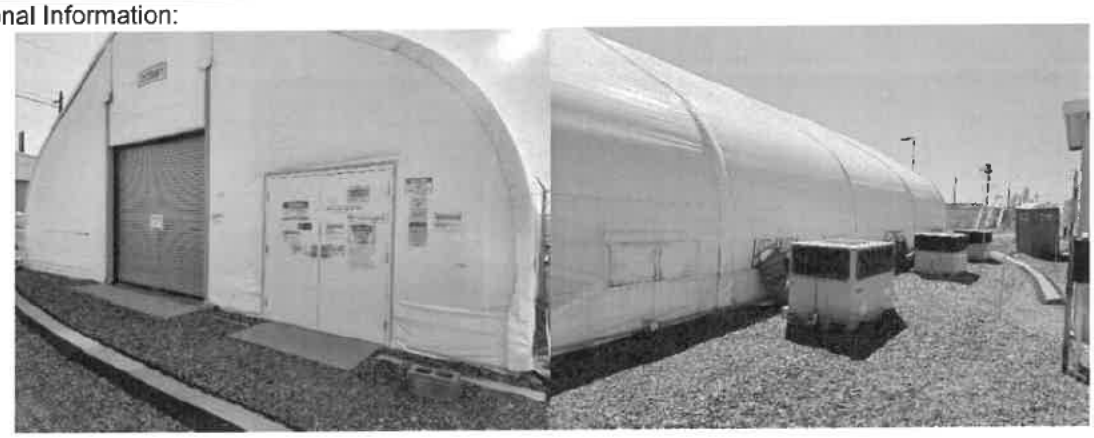
Survey# 26-05128 "TFC-OPS-OPER-C-67 Response 217-AW1 Tent"

Additional Information:

Attached below are images taken while monitoring was performed.

Exterior of 217-AW1

Additional Information:



Interior of 217-AW1

Chemicals

Kroil/Never-seez?

Lemon Hg

Ice-melt

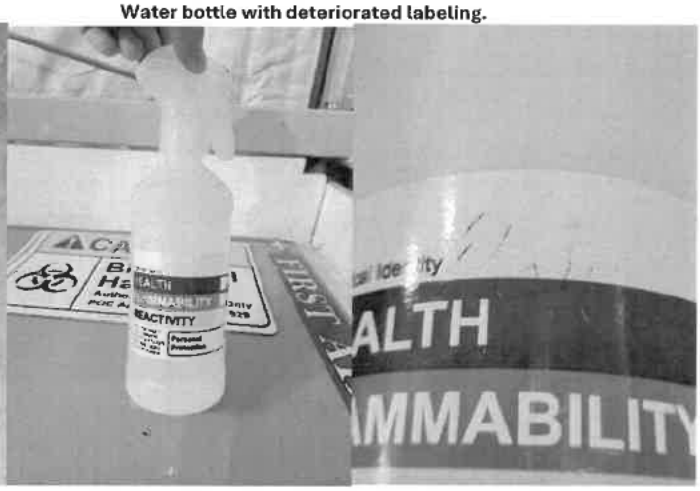
Zep (anti-bacterial cleaner w/lemon)

Continued on next page:

Additional Information:

Fertilizer used as ice melt.

Water bottle with deteriorated labeling.



Refrigerator/Freezer:

Chemicals found within the facility were inconsistent with the odor profile of "rubber" and "musty". Some housekeeping improvements were identified and communicated with the AZ team for correction and were verified corrected.

Trash Receptacles:

Continued on next page:

Additional Information:

Rubber Matting:

Additional Information Acronyms:

ACGIH	American Conference of Governmental Industrial Hygienists
AIHA	American Industrial Hygiene Association
AL	Action Limit
CF	correction factor
COPC	chemicals of potential concern
DFAS	Data Fusion & Advisory System
DRI	direct reading instrument
eV	electron-volts
IH	Industrial Hygienist
mg/m^3	milligrams per meter cubed
mph	miles per hour
PID	photoionization detector
PO	Production Operations
ppm	parts per million
OVRC	Odor/Vapor Response Card
QRA	Quantitative Risk Assessment
SOE	Stationary Operating Engineer
TWA	Time Weighted Average
VMDS	Vapor Monitoring Detection System
VOC	Volatile Organic Compounds

References

- American Conference of Governmental Industrial Hygienists (2016). TLVs® and BEIs® Based on the Documentation of the Threshold Limit Values for Chemicals Substances and Physical Agents & Biological Exposure Indices. Cincinnati, OH: Signature Publications.
- American Industrial Hygiene Association (2024). Odor Thresholds for Chemicals, 4th Edition. Falls Church, VA: AIHA.
- AVEVA™ PI Vision™. VMDS Overview.
- Honeywell (2018). Technical Note TN-106: A Guideline for PID Instrument Response. Retrieved from https://prod-edam.honeywell.com/content/dam/honeywell-edam/sps/his/en-us/products/gas-and-flame-detection/documents/Technical-Note-106_A-Guideline-for-Pid-Instrument-Response.pdf.
- Occupational Safety & Health Administration (n.d.). Permissible Exposure Limits- Annotated Tables, OSHA Annotated Table Z-1. Retrieved from https://www.osha.gov/annotated-pels/table-z-1.
- SmartSite™. Data Fusion & Advisory System. Hanford Multi-Farm View.
- TOC-IH-58956. Monitoring Strategy for Response to Odors: Common Odor Sources in the 200 East, 200 West, & 600 Areas.
- TOC-IH-59014. Tank Waste Chemical Vapors: Evaluation and Management Strategy.

Recommendations/Conclusions:

Recommendations:

N/A

Conclusions:

Odor descriptors provided by the affected workers are inconsistent with Tank Vapors. The 217-AW1 tent is a temporary structure with a floor made of rubber matting. The structure was previously constructed with wooden flooring that was susceptible to rot and mold growth from water intrusion resulting from direct contact with the ground. The prior flooring was replaced in sections and overlayed with rubber matting within the last year. Off gassing of the rubber flooring has the potential to increase during warmer temperatures. Ventilation may play a role in odor intensity. The tent is cooled via three HVAC units. At the time of the occurrence only two of the units were in operation.

Others:
Affected workers described the odor as irritating but without causing symptoms. Precautionary medical surveillance was declined.

Associated Documents:
iCAS Number: N/A EIR Number: EIR-2026-053

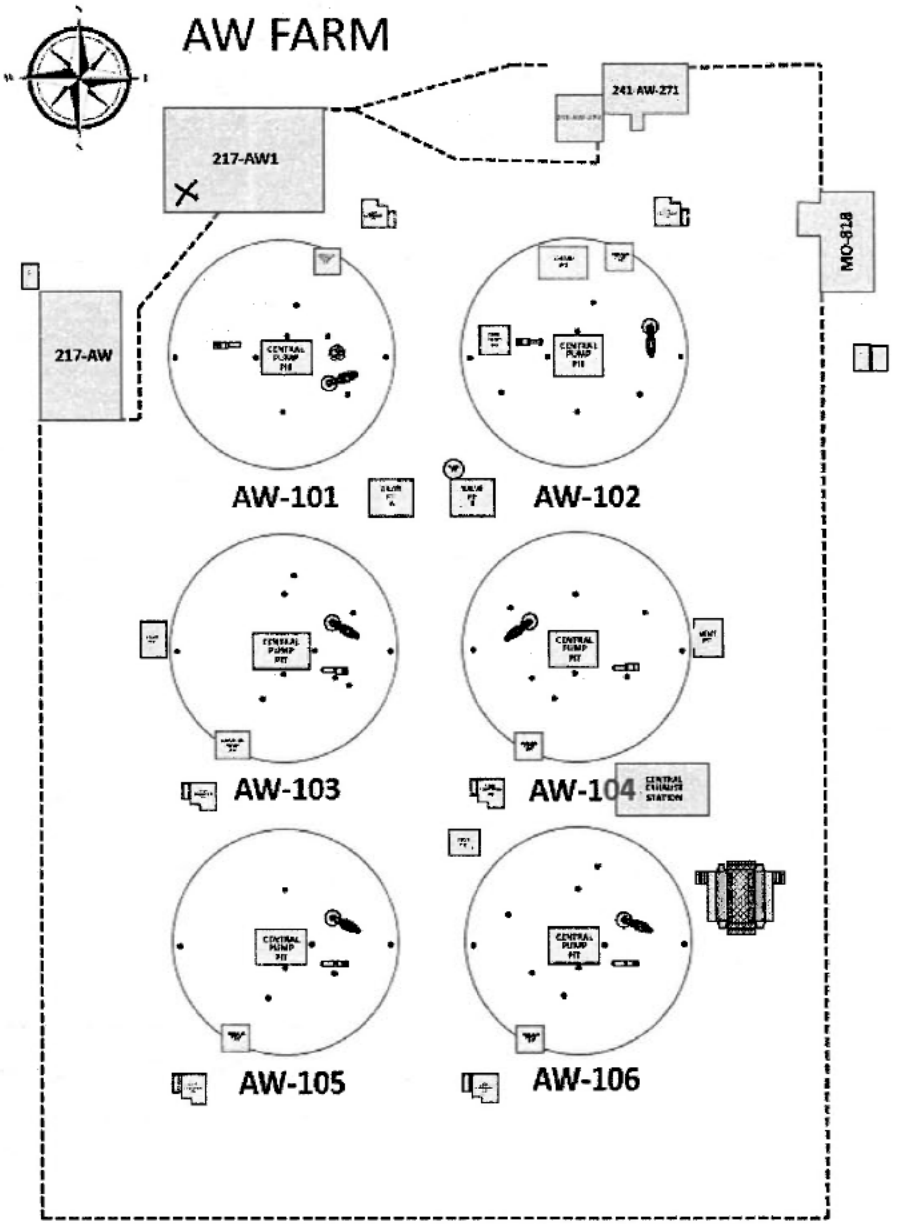
[redacted]

ODOR/VAPOR RESPONSE CARD - 241 AW FARM

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.



[redacted]

ODOR/VAPOR RESPONSE CARD - 241 AW FARM

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

- Date and time of event: 7-30-24 0705
- 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: NO
- Location of event *(mark area on map and wind direction)*: 217 AW-1
- 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)*: Rubber
- Is source known/likely? Describe: unknown
- Your symptoms? ☐ None
  - ☐ Headache ☐ Dizziness ☐ Nausea ☐ Cough ☐ Fatigue
  - ☐ Weakness ☐ Sore Throat ☐ Difficulty Breathing ☐ Eye Irritation ☐ Rash
  - ☐ Itch ☐ Tingling ☐ Numbness ☐ Taste
  - ☒ Other *(describe)*: Smell was irriating

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.

[redacted]

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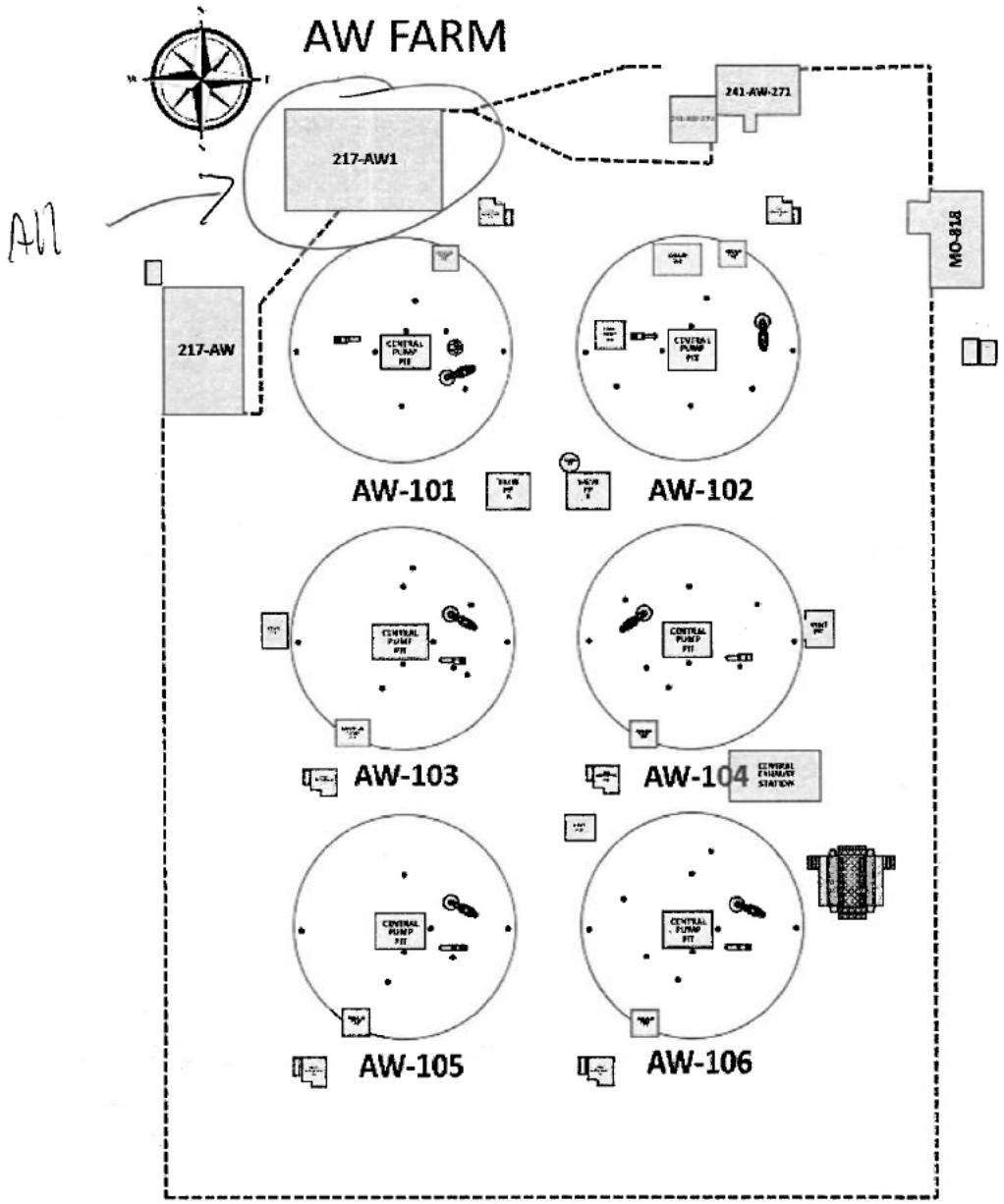

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ODOR/VAPOR RESPONSE CARD - 241 AW FARM

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

- Date and time of event: 07-30-26
- Check Applicable:
  - [x] Odor
  - [ ] Ammonia Alarm *(6 ppm)*
  - [ ] Ammonia Alarm *(12 ppm)*
  - [ ] Alarm *(other - describe)*:
- Your name and the work you were performing:
  Walk Down [redacted]
- Other Work Underway? Desc
  NA
- Location of event *(mark area on map and wind direction)*:
  217 AW1
- Name(s) of others in or near the affected area:
  NA
- Was Industrial Hygiene present, who?
  NA
- Describe the odor:
  - [ ] Sweet
  - [ ] Sour
  - [ ] Smoky
  - [ ] Septic/Sewer
  - [x] Musty
  - [ ] Rotten
  - [ ] Metallic
  - [ ] Onion
  - [ ] Earthy
  - [ ] Ammonia
  - [ ] Citrus
  - [ ] Solvent
  - [x] Other *(describe)*:
- Is source known/likely? Describe:
  unknown
- Your symptoms? [x] 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.
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[redacted]

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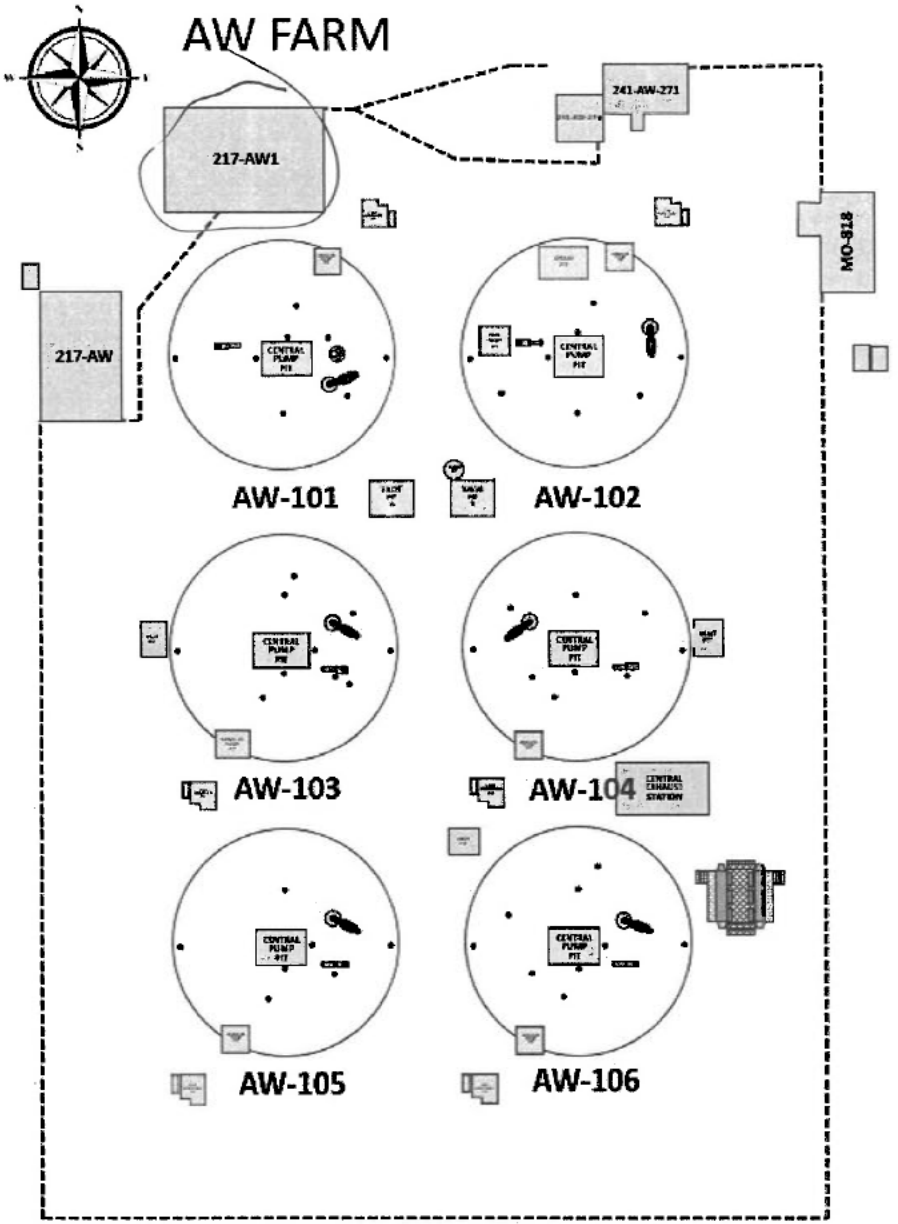

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ODOR/VAPOR RESPONSE CARD - 241 AW FARM

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

- Date and time of event: 7/30/26
- Check Applicable:
  - ☒ Odor ☐ Ammonia Alarm *(6 ppm)* ☐ Ammonia Alarm *(12 ppm)* ☐ Alarm *(other - describe)*:
- Your name and the work you were performing: [redacted] / walk down
- Other Work Underway? Describe: N/A
- Location of event *(mark area on map and wind direction)*: 217 AW1
- Name(s) of others in or near the affected area: N/A
- Was Industrial Hygiene present, who? NO
- Describe the odor:
  - ☐ Sweet ☐ Sour ☐ Smoky ☐ Septic/Sewer ☒ Musty ☐ Rotten
  - ☐ Metallic ☐ Onion ☐ Earthy ☐ Ammonia ☐ Citrus ☐ Solvent
  - ☒ Other *(describe)*: Rubber
- Is source known/likely? Describe:
- Your symptoms? ☒ None
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  - ☐ Weakness ☐ Sore Throat ☐ Difficulty Breathing ☐ Eye Irritation ☐ Rash
  - ☐ Itch ☐ Tingling ☐ Numbness ☐ Taste
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[redacted]