



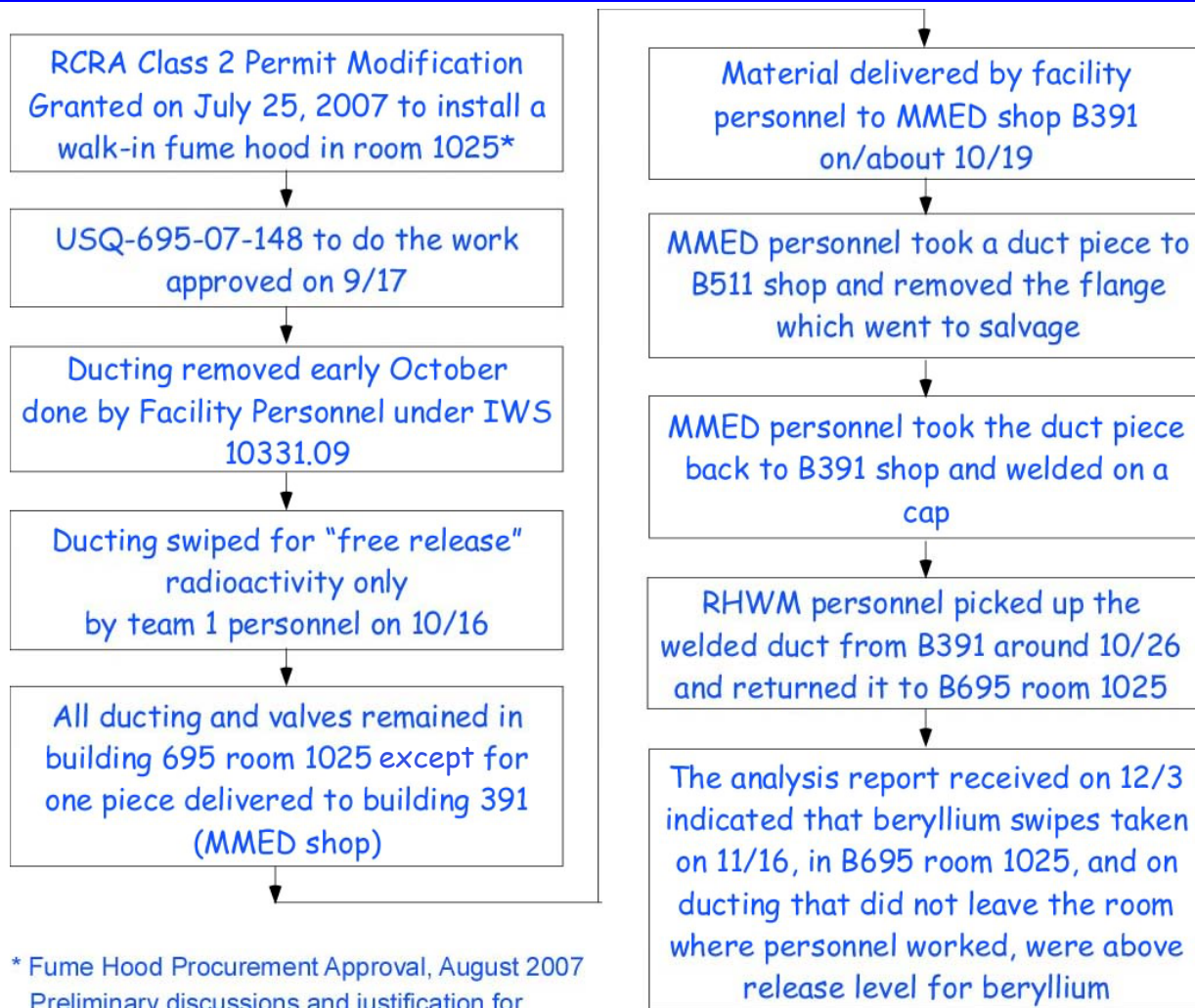
LLNL's Diagram of Chronological Events and B695 Weekly Inspection Reports

April 2011

V. Salvo
Environmental Analyst

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Lawrence Livermore National Laboratory under Contract DE-AC52-07NA27344.**

Activities Leading to the Incident



* Fume Hood Procurement Approval, August 2007
Preliminary discussions and justification for modification April 2006
NNSA submittal in November 2006

Ducting swiped for beryllium was done by different personnel than those done for radioactivity

Weekly Inspection Log for Building 695 S/TUG

Name of Inspector(s) (print) Roy Elam Date 10/16/07 Time Inspected 0715

Instructions: Enter "✓" for YES, "X", for NO, and "NA" for not applicable. For each "X" entered, write a complete explanation in the comments section on page 2.

GENERAL STORAGE UNIT	Waste Storage units						
	LWP Area	Airlock Rm 1027	Cell 1 Rm 1022	Cell 2 Rm 1021	Cell 3 Rm 1020	Cell 4 Rm 1019	RWP Area
1. Is area free of spills and leaks?	✓	✓	✓	✓	✓	✓	✓
2. Is area posted with appropriate hazard and cautionary signs?	✓	✓	✓	✓	✓	✓	✓
3. Is aisle space adequate for stored hazardous waste?	✓	✓	✓	✓	✓	✓	✓
4. Is containment system in good condition?	✓	✓	✓	✓	✓	✓	✓
CONTAINERS							
5. Are all containers properly labeled and are labels in plain view for inspection?	✓	✓	✓	✓	✓	✓	✓
6. Are labels legible and complete?	✓	✓	✓	✓	✓	✓	✓
7. Are containers in good condition; no flaking rust, structural defects, leaking, bulging, or weeping containers?	✓	✓	✓	✓	✓	✓	✓
8. Is separation adequate for incompatible wastes?	✓	✓	✓	✓	✓	✓	✓
9. Are ignitable wastes isolated from sources of ignition and at least 50 ft from LLNL property line?	✓	✓	✓	✓	✓	✓	✓
GENERAL FACILITY ✓ / X / NA							
10. Is emergency equipment functional (F) and/or accessible (A)? Fire Extinguisher(s) Shower(s)* Eyewash(es) Telephone(s)/Paging System	F	A	*Showers are function-tested on a monthly basis during the first week of every month. The date is noted on the tag on the shower unit. **Spill kit contents are tested for integrity on a quarterly basis in the months of January, April, July, and October.				
	NA	✓					
	✓	✓					
	✓	✓					
	✓	✓					
11. Is decontamination equipment functional and readily available?	✓						
12. Are all emergency spill kits complete (sealed)?** Provide date of last quarterly integrity check <u>10/12/07</u>	✓						
13. Are all gates and doors locked when not in use by RHWM?	✓						
14. Are the required warning signs posted at the entrances and other locations outside the facility in sufficient numbers to assure their visibility from all approaches?	✓						
15. Are warning signs legible from 25 ft?	✓						

Inspection completed by (signature) Roy Elam Date 10/16/07
 Supervisor Reviewed this inspection form (signature) [Signature] Date 10/16/07

Weekly Inspection Log for Building 695 S/TUG

Name of Inspector(s) (print) David Sanders Date 4/24/07 Time Inspected 0705

Instructions: Enter "✓" for YES, "X" for NO, and "NA" for not applicable. For each "X" entered, write a complete explanation in the comments section on page 2.

GENERAL STORAGE UNIT	Waste Storage units						
	LWP Area	Airlock Rm 1027	Cell 1 Rm 1022	Cell 2 Rm 1021	Cell 3 Rm 1020	Cell 4 Rm 1019	RWP Area
1. Is area free of spills and leaks?	✓	✓	✓	✓	✓	✓	✓
2. Is area posted with appropriate hazard and cautionary signs?	✓	✓	✓	✓	✓	✓	✓
3. Is aisle space adequate for stored hazardous waste?	✓	✓	✓	✓	✓	✓	✓
4. Is containment system in good condition?	✓	✓	✓	✓	✓	✓	✓
CONTAINERS							
5. Are all containers properly labeled and are labels in plain view for inspection?	✓	✓	✓	✓	✓	✓	✓
6. Are labels legible and complete?	✓	✓	✓	✓	✓	✓	✓
7. Are containers in good condition; no flaking rust, structural defects, leaking, bulging, or weeping containers?	✓	✓	✓	✓	✓	✓	✓
8. Is separation adequate for incompatible wastes?	✓	✓	✓	✓	✓	✓	✓
9. Are ignitable wastes isolated from sources of ignition and at least 50 ft from LLNL property line?	✓	✓	✓	✓	✓	✓	✓
GENERAL FACILITY	✓ / X / NA						
10. Is emergency equipment functional (F) and/or accessible (A)?	F	A	*Showers are function-tested on a monthly basis during the first week of every month. The date is noted on the tag on the shower unit. **Spill kit contents are tested for integrity on a quarterly basis in the months of January, April, July, and October.				
Fire Extinguisher(s)	NA	✓					
Shower(s)*	✓	✓					
Eyewash(es)	✓	✓					
Telephone(s)/Paging System	✓	✓					
11. Is decontamination equipment functional and readily available?	✓						
12. Are all emergency spill kits complete (sealed)**? Provide date of last quarterly integrity check <u>4/3/07</u>	✓						
13. Are all gates and doors locked when not in use by RHWM?	✓						
14. Are the required warning signs posted at the entrances and other locations outside the facility in sufficient numbers to assure their visibility from all approaches?	✓						
15. Are warning signs legible from 25 ft?	✓						

Inspection completed by (signature) David Sanders

Date 4/24/07

Supervisor Reviewed this inspection form (signature) [Signature]

Date 4/27/07

**WEEKLY INSPECTION LOG FOR BUILDING 695 S/TUG
COMMENTS SHEET**

Name of Inspector(s) (print) _____ Date of Inspection _____

Instructions: Record comments and corrective actions from page 1 of the Weekly Inspection Log for Building 695 S/TUG.

Item No.	Area	Date	Comments/Corrective Action Needed	SSR No. (if applicable)	Nature of Repairs	Date Corrected	Supv. Initials

Supervisor acknowledges that all deficiencies have been corrected _____ Date _____