

**AN ADVANCED TOOL FOR  
APPLIED INTEGRATED SAFETY MANAGEMENT**

T. Todd Potts  
WESKEM, LLC  
105 Mitchell Road, Suite 100, Oak Ridge, TN 37830

James M. Hylko<sup>1</sup>  
WESKEM, LLC  
297 Kentucky Avenue, Kevil, KY 42053

<sup>1</sup>Author for correspondence

Terence A. Douglas  
Alliant Corporation  
P.O. Box 31645, Knoxville, TN 37930

**ABSTRACT**

WESKEM, LLC's Environmental, Safety and Health (ES&H) Department had previously assessed that a lack of consistency, poor communication and using antiquated communication tools could result in varying operating practices, as well as a failure to capture and disseminate appropriate Integrated Safety Management (ISM) information. To address these issues, the ES&H Department established an Activity Hazard Review (AHR)/Activity Hazard Analysis (AHA) process for systematically identifying, assessing, and controlling hazards associated with project work activities during work planning and execution. Depending on the scope of a project, information from field walkdowns and table-top meetings are collected on an AHR form. The AHA then documents the potential failure and consequence scenarios for a particular hazard. Also, the AHA recommends whether the type of mitigation appears appropriate or whether additional controls should be implemented. Since the application is web based, the information is captured into a single system and organized according to the  $\geq 200$  work activities already recorded in the database. Using the streamlined AHA method improved cycle time from over four hours to an average of one hour, allowing more time to analyze unique hazards and develop appropriate controls. Also, the enhanced configuration control created a readily available AHA library to research and utilize along with standardizing hazard analysis and control selection across four separate work sites located in Kentucky and Tennessee. The AHR/AHA system provides an applied example of how the ISM concept evolved into a standardized field-deployed tool yielding considerable efficiency gains in project planning and resource utilization. Employee safety is preserved through detailed planning that now requires only a portion of the time previously necessary. The available resources can then be applied to implementing appropriate engineering, administrative and personal protective equipment controls in the field.

## **INTRODUCTION**

The fundamental objective of the Department of Energy's Integrated Safety Management (ISM) Program (1) is to systematically integrate safety into a project by defining work scope, identifying and analyzing work hazards, developing and implementing hazard controls, performing work within those controls, and collecting employee feedback. Typically, the elements of the ISM Program are contained in a site-specific environmental, safety & health (ES&H) plan specifying regulatory and contractual requirements. Because of the contractual nature of a site-specific ES&H plan, it can have limited application when encountering unique or changing field conditions. Identifying and categorizing hazards likely to be encountered and compiling ES&H practices from previous projects would significantly streamline worker protection information and prevent duplication. Also, a project-planning tool such as an interactive database accessible at multiple locations offers inherent flexibility to implement ISM in a streamlined and consistent manner.

### **The Situation**

WESKEM, LLC is a field-response waste management company formed in February 2000 and is comprised of over 300 salary, bargaining-unit and sub-tier subcontractor employees operating at four different locations in Paducah, Kentucky, and Oak Ridge, Tennessee. Activities consist of the collection, database inventory, characterization, sorting, treatment, segregation, packaging, interim storage and transportation of hazardous, radioactive and mixed wastes including asbestos and polychlorinated biphenyls (PCBs). Because of the hazardous nature associated with these activities and distance between these four locations, the ES&H Department wanted to verify that hazard analyses and controls were being effectively communicated to field operation workers and, in return, input from field operations was being effectively communicated to work planners. The ES&H Department assessed that a lack of consistency, the potential for poor communication, and the use of antiquated communication tools could result in varying operating practices, as well as a failure to capture and disseminate appropriate ISM information between these sites.

To address these issues, the ES&H Department established an Activity Hazard Review (AHR)/Activity Hazard Analysis (AHA) process for systematically identifying, assessing, and controlling hazards associated with project work activities during work planning and execution. This process was intended to ensure that WESKEM, LLC employees (e.g., supervisors, operators, subcontractors, etc.) involved with performing work also participated and provided active feedback into these processes.

### **Activity Hazard Review (AHR) Form**

Work groups consisting of WESKEM, LLC employees are directly involved with identifying and categorizing operational hazards associated with the scope of work. Depending on the scope of a project, information from field walkdowns and table-top meetings are collected on an AHR form. The form is used to identify and categorize the types of hazards likely to be encountered during work activities.

HAZARD IDENTIFICATION	
<b>1. PHYSICAL HAZARDS</b>	
<p>K S N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Cold Stress (Outside work temp &lt; 30°F)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Heat Stress (Inside/Outside &gt;85°F)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Noise (Is louder than conversational speech)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Slip/Trip/Fall (wet, steep, poor housekeeping)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Enclosed Space (Roll-off bins, B25 boxes)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Confined Space (Storage tank, underground tanks, limited entry)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Oxygen Deficient (&lt;19.5%)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Oxygen Enriched (&gt;23%)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Hydrogen</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Ergonomics (repetitive motion, vibration, unusual work position for long period of time)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Manual Lifting</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Compressed Gases/ Cylinders (welding cylinders, propane tanks)</p>	<p>K S N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Pressurized Systems* (other than air)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Vacuum System</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Compressed Air*</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Explosive</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Vibration/Shock Sensitive</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Mechanical/Moving Parts (operating equipment)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Sharp Edges/Corners</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Inclement Weather</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Work On or Near Water</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Moving Equipment/Vehicles</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Insufficient Lighting</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<b>2. SAFETY/CONSTRUCTION HAZARDS</b>	
<p>K S N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Demolition</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Drum Handling</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Elevated Work (&gt;4 feet above ground)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Hazardous Energy (electrical/hydraulic/pneumatic/steam/etc.)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Concealed/Underground Hazards</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Excavation/Trenching</p>	<p>K S N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Hoisting/Rigging</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Overhead Hazards</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Welding/Cutting/Burning</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Drilling/Penetration</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<b>3. UTILITY HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Electrical <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plumbing (Water supply) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Telephone	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Overhead Utility Lines <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Septic/Sewer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Concealed/Underground Utilities _____ _____
<b>4. CHEMICAL HAZARDS*</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lead <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Man-Made Fibers (fiberglass) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flammable (flash point <140°F) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Combustible (flash point <200°F) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mercury <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heavy Metals (Pb, Cd, Ni, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic (H <sub>2</sub> S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Incompatible Chemicals <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PCBs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inorganics (chlorides, fluorides, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Volatile Organics (Benzene, Methylene Chloride, TCE) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oxidizers (methyl ethyl ketone peroxide, sodium nitrate, hydrogen peroxide)	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosive (pH<2, pH>12) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carcinogen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mutagen <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reproductive Toxin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Pyrophoric (white phosphorus, lithium hydride) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____ _____ _____ Route of Exposure <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption
<b>5. IONIZING RADIOLOGICAL HAZARDS*</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> External Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Internal Exposure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Contamination <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fissionable Material	Route of Exposure <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Absorption
<b>6. NON-IONIZING RADIOLOGICAL HAZARDS*</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> High Voltage <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Laser	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Microwave <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ultraviolet (excluding sunlight) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ultraviolet (from sunlight)

<b>7. BIOLOGICAL/VECTOR HAZARDS</b>	
K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bacterial/Fungi <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plants (Allergens, i.e., poison ivy, etc.) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Medical Waste <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parasites	K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rodents (carriers of Haunta virus) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insects, Spiders, Snakes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Wildlife _____ _____
<b>8. HAZARDOUS WASTE* (Does area contain labeled waste)</b>	
Waste Codes (if known. If not known, complete identified characteristics below.)	
<input type="checkbox"/> No Labeled Drums Present	
<b>METALS</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Arsenic (D004) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Barium (D005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cadmium (D006) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chromium (D007) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lead (D008) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mercury (D009) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Selenium (D010) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Silver (D011) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____	<b>VOLATILES</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Benzene (D018) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2-Butanone (MEK) (F005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1,4 Dichlorobenzene (D027) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ethylbenzene <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tetrachloroethylene (D039 or F002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toluene (F005) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1,1,1-Trichloroethane (F002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trichloroethylene (D040) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Xylene (F003)
<b>WASTE CHARACTERISTICS</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Corrosive (D002) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exothermic Reaction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ignitable (D001) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reactive (D003) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toxic	<b>OTHER</b> K S N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PCBs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Soil Debris <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hydrocarbon Impacted Waste <input type="checkbox"/> <100 ppm <input type="checkbox"/> Unknown <input type="checkbox"/> >100 ppm

<p><b>WASTE CATEGORY</b> K S N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Bio-Hazard</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mixed</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiological</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RCRA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sanitary Industrial</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TSCA</p>	<p><b>TRANSPORTATION (if moving waste)</b> K S N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> On-Site (must comply with DOE/EPA equivalency)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Over Public Roads (must comply with DOT/EPA laws)</p>
<p><b>9. ENVIRONMENTAL (Does FWR involve the following activities?)</b></p>	
<p>K S N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Emissions (&gt;10 tons/year of HAP)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Liquid Discharge (above effluent limits)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Petroleum Storage (&gt;600 gallons)</p>	<p>K S N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clearing or Excavation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>
<p align="center"><b>HAZARD CONTROLS</b> <b>(To be completed by ES&amp;H during pre-planning meetings)</b></p>	
<p><b>10. PROTECTIVE CLOTHING</b></p>	
<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Anti-C</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Aprons</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Company Work Clothing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disposable (Tyvek®) Suits</p>	<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Disposable Suit (Saranex®)</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemical Resistant Gear</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat/Flame Resistant Clothing</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>
<p><b>11. HAND PROTECTION</b></p>	
<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemical Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Leather Work Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Kevlar® (Cut Resistant) Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mesh Gloves</p>	<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Standard Work Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat/Flame Resistant Gloves</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>
<p><b>12. EYE/FACE PROTECTION</b></p>	
<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safety Glasses with Side Shields</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Impact Resistant Goggles</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemical Goggles</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shaded Lens for UV (Welding) or Laser</p>	<p>R P N</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Face Shield</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Welding Helmet</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other</p> <p>_____</p> <p>_____</p>

<b>13. RESPIRATORY PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Half-Face Respirator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Full-Face Respirator/PAPR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Respirator Cartridge/Canister _____ _____	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Supplied Air <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Self-Contained (SCBA) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Special Ventilation (NAM)
<b>14. FOOT PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safety-Toed Shoes or Boots <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Slip-Resistant Soles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemical Resistant Boots	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Liquid Impermeable Footwear or Covers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____
<b>15. HEAD PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hard Hat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Welding Helmet <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hoods <input type="checkbox"/> Tyvek® <input type="checkbox"/> Other _____ <input type="checkbox"/> Anti-C
<b>16. HEARING PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ear Plugs <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ear Muffs	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>17. TEMPERATURE EXTREME PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cold Wear Gear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Special Instructions for Work/Rest	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drinking Water <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____
<b>18. ELECTRICAL PROTECTION</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Identification of Concealed/Underground Conductors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Energy Isolation (LOTO) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insulated (Rated) Rubber, Fiberglass, or Plastic Electrical PPE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Line Clearance Minimums	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> GFCI Protection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Equipment/System Grounding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insulated Tools <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____

<b>19. FIRE/EXPLOSION PROTECTION</b>	
<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Non-Sparking Tools</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> A-, B-, C- Rated Fire Extinguisher</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Grounding/Bonding for Dispensing Flammable Liquids</p>	<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Fire Watch</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Special Notification</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other _____</p>
<b>20. FALL/ARREST PROTECTION</b>	
<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Safety Harness (required for all arrest)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Safety Belt (Positioning/Restraint only)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Lanyard</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Lifeline</p>	<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Tie-Off Point</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Guard Rail</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Boundary Warning</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other _____</p>
<b>21. SPECIAL RESCUE/RETRIEVAL EQUIPMENT</b>	
<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Personal Flotation Devices</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Rescue Line/Harness</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Life Rings with Rope</p>	<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Rescue Tripod</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other _____</p>
<b>22. MONITORING</b>	
<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Industrial Hygiene Monitoring</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Toxic (H<sub>2</sub>S)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Heat Stress Monitor</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Chemical Monitor (Colorimetric)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Noise</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Volatile Organic Compounds</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Explosive (LEL)</p>	<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Oxygen</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Combustible Gas</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Radiological Exposure/Contamination</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Thermoluminescent Device</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other _____</p>
<b>23. ENVIRONMENTAL MONITORING</b>	
<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Air Emission Monitoring</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Liquid Emission Monitoring (NPDES)</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> SPCC Monitoring</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Waste Drum Inspections</p>	<p>R P N</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> RCRA Storage Area Inspections</p> <p><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> Other _____</p>



<b>24. PERMITS</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Confined Space Entry <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Excavation/Penetration <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fall Protection	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiation Work Permit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Welding/Burning/Hotwork <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____
<b>25. SPECIAL PLANS OR PROCEDURES OR GUIDELINES (other than existing Weskem SOPs)</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Carcinogen Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Asbestos Work Authorization <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chemical Hygiene Plan <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exposure Control (for handling bloodborne pathogens, medical waste)	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hearing Conservation Control <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Respiratory Protection <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heat Stress <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hoisting and Rigging Lift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____ _____
<b>26. OTHER MISCELLANEOUS</b>	
R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shoring/Sloping Protection for Excavations	R P N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Barricades/Access Control
<b>27. WALKDOWN CONDUCTED</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>28. COMMENTS</b>	

If a hazard applies, a check is marked in the “K”nown box. If a hazard is suspected or may be present, a check is marked in the “S”uspect box. If a hazard does not apply, a check is marked in the “N”ot present box. This planning process elevates the scope of work to a task-specific hazard review. The work group members and those implementing the work then sign the AHR form.

### Activity Hazard Analysis (AHA) Database

The AHA database documents the potential failure and consequence scenarios for a particular hazard. Also, the AHA information recommends whether the type of mitigation (e.g., engineering, administrative or personal protective equipment [PPE]) appears appropriate or whether additional controls should be implemented. The previous AHA method that was initially developed at the start of operations in February 2000 consisted of a cumbersome, ten-column format that was completed by hand or by cutting and pasting information from previously developed AHAs. The process was very time consuming, requiring an average of four hours per AHA, and was lacking essential programmatic components such as configuration control and an AHA library to compile information, feedback and lessons learned from previous projects. This approach was inefficient since information could not be utilized across all four locations, but could result in developing inconsistent hazard analyses for similar projects.

## The Streamlined AHA Method

Information technology tools were then used as leverage in planning and information management needs between the four locations. A network database application called the Activity Hazard Analysis System (AHAS) was developed to perform an AHA. The AHA information is accessible through the main menu shown in Figure 1.

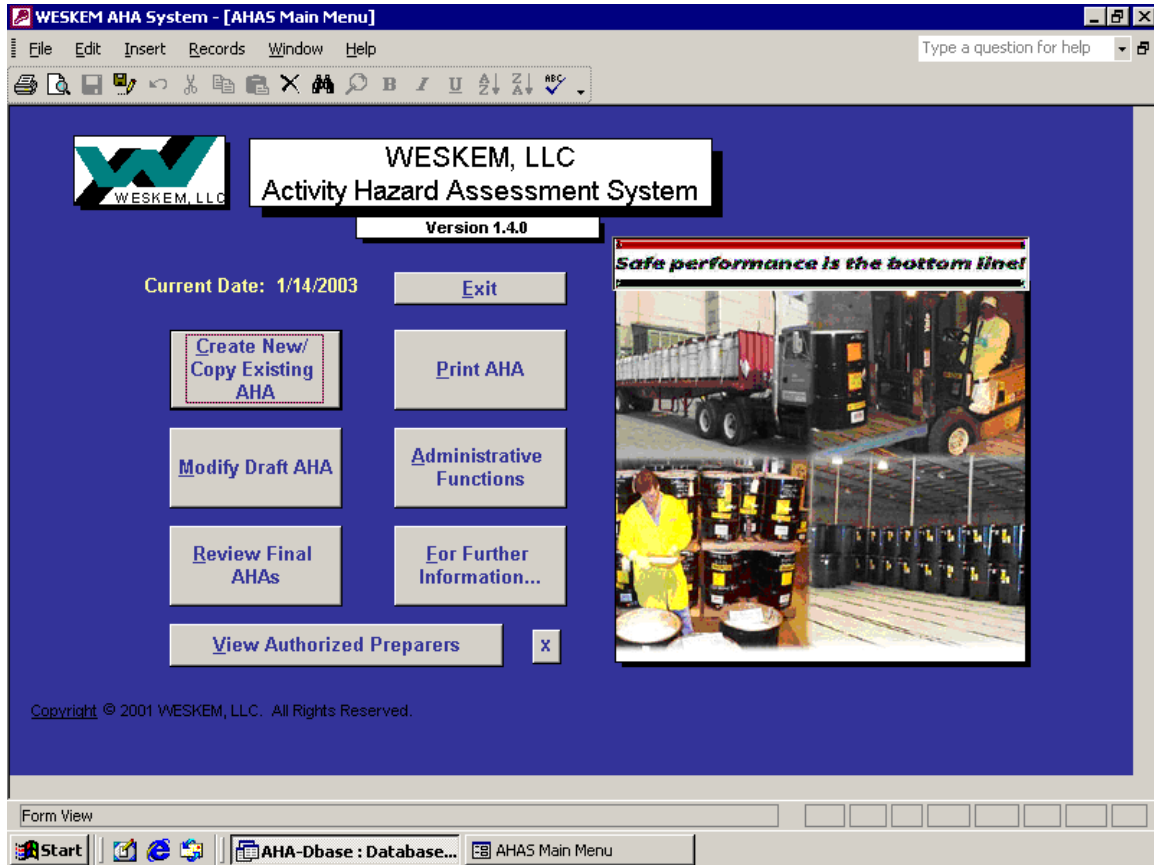


Figure 1. AHA Main Menu

Depending on the job scope, information consisting of job location and description, other subcontractors, tools and equipment, PPE, special instructions, work activities, potential hazards, and required actions, controls or methods of compliance are identified and edited on the AHA edit screen shown in Figure 2. Since the application is web based, the information is captured into a single system and organized according to the  $\geq 200$  work activities already recorded in the database.

**Activity Hazard Assessment System Edit AHA** **FINAL**

**AHA Number & Revision** Core AHA - Paducah Rev. 0 **RWP No.** As applicable

**Project Number:** Core AHA - Paducah **Preparer:** Bumpous, David

**Subcontractor:** WESKEM LLC **Lower Tier Subcontractor(s)**

**Plant or Location:** PGDP

**Issue Date:** 5/8/2002

**Description of Work:** General work activities associated with WESKEM

**USQD Request Required?** No

[Return to Main Menu](#) [Print AHA](#) [Chemical List](#) [WD-02 Form](#)

[Tools and Equipment](#) [Personal Protective Equipment](#) [Review Special Instructions](#) [Post Job Comments](#)

Work Activity	Potential Hazard	Required Actions, Controls, or Methods of Compliance
<input checked="" type="checkbox"/> Activities involving work with or near electrical tools or equipment.	Electrical shock from unsafe: Electric installations	Electrical installation, repairs, and maintenance shall be performed by qualified individuals.
<input checked="" type="checkbox"/> Forklift use.	Electrical shock from unsafe: Portable electric tools	Portable electric tools which are unsafe due to faulty plugs, damaged cords, or other reason, shall be removed from service.
<input checked="" type="checkbox"/> Hoisting and Rigging	Electrical shock from unsafe: Portable electric tools	Portable electric tools and all cord and plug connected equipment shall be protected by a Ground Fault Circuit Interrupter (GFCI) device.
<input checked="" type="checkbox"/> Lockout/Tagout of Hazardous Energy Sources	Electrical shock from unsafe: Portable electric tools	Electrical tools shall be inspected prior to use.
<input checked="" type="checkbox"/> Material Handling and Storage		

Form View FLTR

**Figure 2. AHA Edit Screen**

The AHA information is then compiled and printed in a three-column format, shown in Figure 3, and is included as part of the work package. Space is provided to collect post-job comments and employee feedback in the field that can then be added to the AHA database electronically. If field changes are made and approved by the ES&H Representative, the AHA is annotated and employees are updated accordingly.

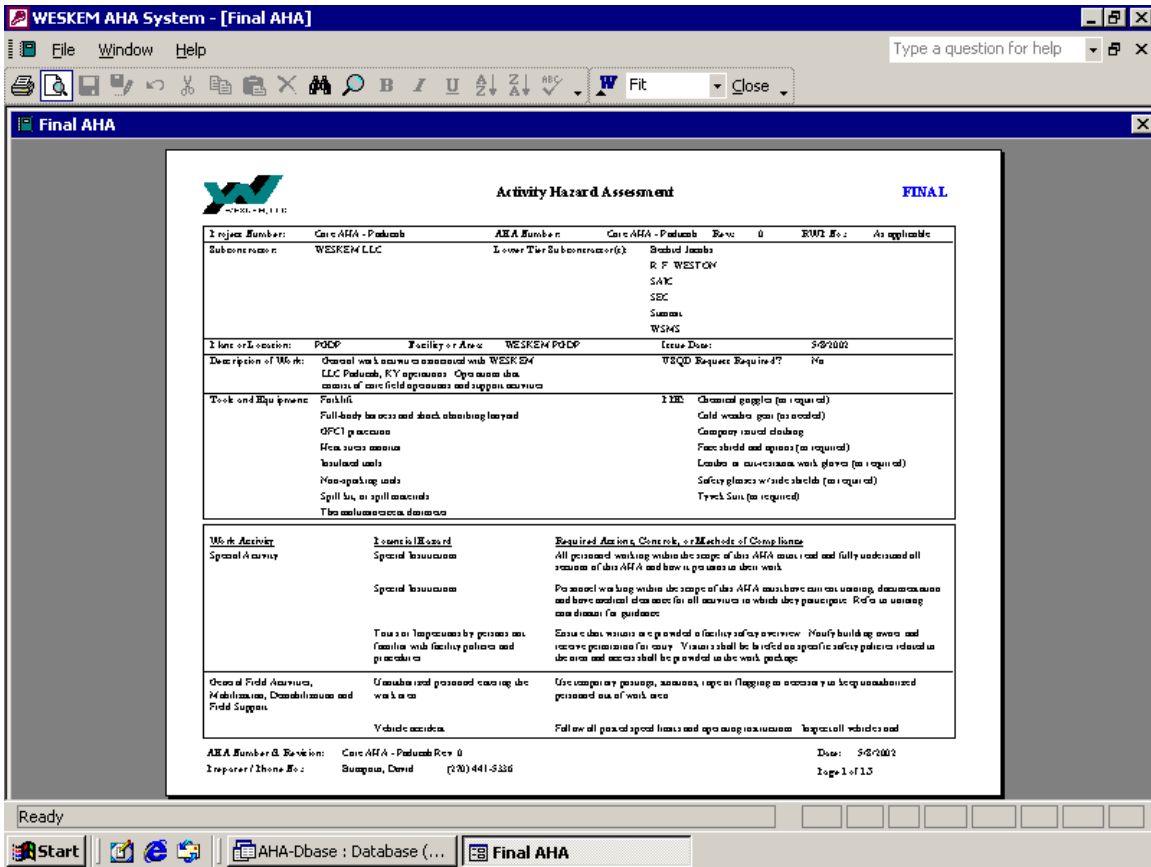
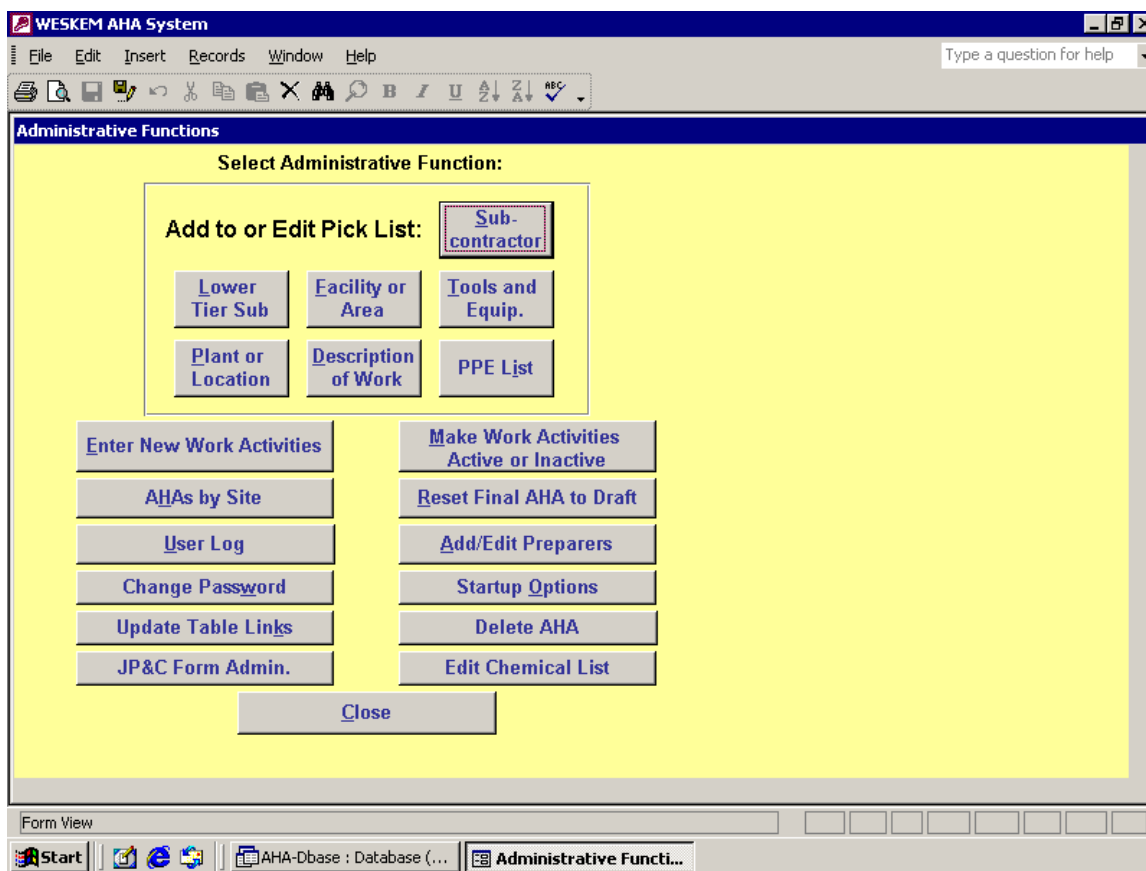


Figure 3. Example AHA Printout

The initial network-based AHAS was developed over a six-month period using Microsoft® Access 2000 and Visual Basic for Applications. In Spring 2001, all four geographical locations were operating off one central server. Microsoft® Access 2000 was utilized because of employee familiarity and having already been installed on all client/server systems. In addition, follow-up customization and programming, shown in Figure 4, could be performed very easily compared to other systems.



**Figure 4. AHA Administrative Functions**

### AHAS Requirements

The AHAS features consist of user-level security (e.g., usernames and passwords are required for accessing the system), a comprehensive menu-driven interface, customized menus and toolbars, error trapping, and data validation. It is optimized for five simultaneous users, but can support up to 255 users. Operating the AHAS requires a Pentium III 600 MHz processor client machine with 64 MB RAM and Win9X, Win2000, or WinXP, Microsoft® Access 2000, and a Pentium III 600 MHz processor network server with Win2000 or WinXP and 128 MB RAM. The AHAS network requirements consist of a 10 BaseT Local Area Network (LAN) with optimal performance achieved using a 100 BaseT LAN. In addition, Win2000, WinXP terminal server, or a compatible client terminal can be used for connecting to the system and accessing the AHAS remotely (e.g., T1 Line). A typical operation is completed in <5 seconds under optimal conditions using a terminal server. A terminal server is a server-based application that allows users to run applications at the server level, thus taking the burden off the employee's personal computer (PC). The terminal server only transmits screen shots that are very small in comparison with the data that is normally transmitted from the server to a standard PC.

## **CONCLUSION**

This experience in developing the AHR/AHA system provides an applied example of how the ISM concept evolved into a standardized field-deployed tool yielding considerable efficiency gains in project planning and resource utilization. Use of the streamlined AHA method improved cycle time to an average of one hour allowing more time to analyze unique hazards and develop appropriate controls. Also, the enhanced configuration control created a readily available AHA library to research and utilize along with standardizing hazard analysis and control selection across four separate locations.

Since group interaction throughout the AHR/AHA process is the centerpiece for communicating hazards and controls, employees understand the hazards and agree to comply with the controls before deploying to the field. The employees are expected to improve on the identification and control of hazards whenever possible. Therefore, employee safety is preserved through detailed planning that now requires only a portion of the time previously necessary. Additional resources can then be applied to implementing appropriate engineering, administrative and PPE controls in the field, which is where the identified and potential hazards affect the employees directly.

## **REFERENCES**

1. Assistant Secretary for Environment, Safety and Health, Safety Management System Policy, DOE P 450.4, U.S. Department of Energy, Washington, DC. October 15, 1996.