

ENGINEERING CHANGE NOTICE

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Proj.
ECN

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13b. Justification Details

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V.L. Llewellyn	S0-06	Central Files (2)	
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ENGINEERING CHANGE NOTICE

15. Design Verification Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16. Cost Impact <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">ENGINEERING</td> <td style="width: 50%; text-align: center;">CONSTRUCTION</td> </tr> <tr> <td>Additional <input type="checkbox"/> \$</td> <td>Additional <input type="checkbox"/> \$</td> </tr> <tr> <td>Savings <input type="checkbox"/> \$</td> <td>Savings <input type="checkbox"/> \$</td> </tr> </table>	ENGINEERING	CONSTRUCTION	Additional <input type="checkbox"/> \$	Additional <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	Savings <input type="checkbox"/> \$	17. Schedule Impact (days) Improvement <input type="checkbox"/> Delay <input type="checkbox"/>
ENGINEERING	CONSTRUCTION							
Additional <input type="checkbox"/> \$	Additional <input type="checkbox"/> \$							
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18. Change Impact Review: Indicate the related documents (other than the engineering documents identified on Side 1) that will be affected by the change described in Block 12. Enter the affected document number in Block 19.

SDD/DD	<input type="checkbox"/>	Seismic/Stress Analysis	<input type="checkbox"/>	Tank Calibration Manual	<input type="checkbox"/>
Functional Design Criteria	<input type="checkbox"/>	Stress/Design Report	<input type="checkbox"/>	Health Physics Procedure	<input type="checkbox"/>
Operating Specification	<input type="checkbox"/>	Interface Control Drawing	<input type="checkbox"/>	Spares Multiple Unit Listing	<input type="checkbox"/>
Criticality Specification	<input type="checkbox"/>	Calibration Procedure	<input type="checkbox"/>	Test Procedures/Specification	<input type="checkbox"/>
Conceptual Design Report	<input type="checkbox"/>	Installation Procedure	<input type="checkbox"/>	Component Index	<input type="checkbox"/>
Equipment Spec.	<input type="checkbox"/>	Maintenance Procedure	<input type="checkbox"/>	ASME Coded Item	<input type="checkbox"/>
Const. Spec.	<input type="checkbox"/>	Engineering Procedure	<input type="checkbox"/>	Human Factor Consideration	<input type="checkbox"/>
Procurement Spec.	<input type="checkbox"/>	Operating Instruction	<input type="checkbox"/>	Computer Software	<input type="checkbox"/>
Vendor Information	<input type="checkbox"/>	Operating Procedure	<input type="checkbox"/>	Electric Circuit Schedule	<input type="checkbox"/>
OM Manual	<input type="checkbox"/>	Operational Safety Requirement	<input type="checkbox"/>	ICRS Procedure	<input type="checkbox"/>
FSAR/SAR	<input type="checkbox"/>	IEFD Drawing	<input type="checkbox"/>	Process Control Manual/Plan	<input type="checkbox"/>
Safety Equipment List	<input type="checkbox"/>	Cell Arrangement Drawing	<input type="checkbox"/>	Process Flow Chart	<input type="checkbox"/>
Radiation Work Permit	<input type="checkbox"/>	Essential Material Specification	<input type="checkbox"/>	Purchase Requisition	<input type="checkbox"/>
Environmental Impact Statement	<input type="checkbox"/>	Fac. Proc. Samp. Schedule	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Report	<input type="checkbox"/>	Inspection Plan	<input type="checkbox"/>		<input type="checkbox"/>
Environmental Permit	<input type="checkbox"/>	Inventory Adjustment Request	<input type="checkbox"/>		<input type="checkbox"/>

19. Other Affected Documents: (NOTE: Documents listed below will not be revised by this ECN.) Signatures below indicate that the signing organization has been notified of other affected documents listed below.

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Signature	Date	Signature	Date
OPERATIONS AND ENGINEERING		ARCHITECT-ENGINEER	
Cog Engineer M. A. McDonald-McNamar	<i>M.A. McDonald-McNamar</i> 3/24/93	PE	_____
Cog. Mgr. G. C. Henckel	<i>G.C. Henckel</i> 3/31/93	QA	_____
QA	_____	Safety	_____
Safety	_____	Design	_____
Security C. L. Benton	_____	Environ.	_____
Environ.	_____	Other	_____
Projects/Programs	_____		_____
Tank Waste Remediation System	_____		_____
Facilities Operations	_____	DEPARTMENT OF ENERGY	
Restoration & Remediation	_____	Signature or Letter No.	
Operations & Support Services	_____		
IRM	_____	ADDITIONAL	_____
Other V. L. Llewellyn	_____		_____
J. E. Gamin	_____		_____

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7. Abstract *3/29/93 N. Solik*

Demonstration Operations of the VOC-Arid ID provides this field access guide for visitors. This document provides guidance on obtaining access to the Hanford Site including security, medical and dosimetry, and hazardous waste worker requirements.

McDonald McNamar, M. A., 1993, *Field Access Guide for Visitors of the Volatile Organic Compound-Arid Intergrated Demonstration*, WHC-SD-EN-AR-002, Rev.1, Westinghouse Hanford Company, Richland, Washington.

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10. RELEASE STAMP

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LIST OF TERMS

The following definitions are used in the field access guide.

Volatile Organic Compound-Arid Integrated Demonstration (VOC-Arid ID). The VOC-Arid ID is one of the U.S. Department of Energy (DOE) integrated demonstrations designed to support the testing of emerging environmental management and restoration technologies.

Demonstration Operations. Demonstration Operations is the organization responsible for field operations of the VOC-arid ID. One of the responsibilities of Demonstration Operations is providing host site interface. This includes coordinating site access. Contacts within Demonstration Operations are identified in Appendix B. Addresses and telephone numbers are included.

Security Badge. A security badge is required for personnel access to work at or visit the Hanford Site. The security badge indicates which areas on the Hanford Site an individual can access.

DOE F 5631.2 Form. The DOE F 5631.2 Form is the U.S. Department of Energy Request for Visit or Access Approval form. It allows an employee from another DOE Site to transfer their clearance to the Hanford Site.

Visitor/Non-Employee Badge Request. The Visitor/Non-Employee Badge Request form (Form # BD-6000-167) determines where a visitor can go on the Hanford Site. The number of forms to be completed depends on where the visitor desires to go on the Hanford Site.

Central Badging Operation. The Central Badging Operation obtains security badges for all personnel for access to the Hanford Site.

Hazardous Waste Site. Any location where operations take place that exposes or potentially exposes individuals to hazardous wastes and/or hazardous substances. The hazardous waste sites are divided into as many zones as necessary to meet operational and safety objectives. This may include exclusion, contamination reduction, support, and control zones.

Exclusion Zone. The exclusion zone is the area where contamination does or could occur. Access to the exclusion zone requires specialized hazardous waste worker training.

Support Zone. The support zone is any part of the Hanford Site where exposure of workers to chemical or radiological hazards is not expected and where no personal protective equipment is required.

Medical Examination. The medical examination determines if a visitor is physically eligible to work inside the exclusion zone of a hazardous waste site. This examination may include a physical and mask fit.

Internal Dosimetry. Internal Dosimetry is a means for detecting internal radiation exposure levels in workers. The internal dosimetry examination may include a whole body count, chest count, and bioassay test. A whole body

count is always required for those who might enter an exclusion zone. The necessity for a chest count and any bioassay requirements are determined on a site-by-site basis.

Dosimetry and Medical Services Department. The Dosimetry and Medical Services Department provides medical examinations and services for Westinghouse Hanford Company employees, visitors, and subcontractor personnel.

Hazardous Waste Worker Training. Hazardous Waste Worker Training educates workers with hazards that may be encountered at the work site. The training required for entry into a hazardous waste site exclusion zone is a 40-hour hazardous waste worker training class that meets the requirements of 29 CFR 1910.120. Other site-specific training may include Noise Control, Radiation Worker Training, Respirator Training, etc., and will be specified in the site-specific Hazardous Waste Operating Plan (HWOP) for each site.

Hazardous Waste Operating Plan. The Hazardous Waste Operating Plan (HWOP) is intended to present information about task-specific hazards, monitoring procedures, and designated work practices, so that each worker can readily determine what they must do to work safely.

Health and Safety Officer. The Health and Safety Officer is an independent authority responsible for overseeing the preparation and review of the HWOP throughout the entire process.

Field Team Leader. The field team leader is responsible for field operations and safety. The field team leader also ensures that all personnel who enter the hazardous waste site have documented training and medical clearance.

1.0 INTRODUCTION

The purpose of this document is to provide members of the Volatile Organic Compound-Arid Integrated Demonstration (VOC-Arid ID) with guidance on field access to the Hanford site. This document covers Security, and Health and Safety Training.

Demonstration Operations has written this guide to assist visitors in completing requirements for access to the Hanford Site (Figure 1) and for access to hazardous waste sites (Figure 2). Different requirements need to be met depending on whether entry into exclusion zones is required. Table 1 summarizes the requirements for visitors.

This field access guide attempts to answer any questions the VOC-Arid ID members may have. The guide uses a question and answer format and provides such items as cost, requirements and contacts.

2.0 HANFORD SITE ACCESS REQUIREMENTS

For general access to the Hanford Site, a visitor must have a security badge.

Also, Westinghouse Hanford Company (WHC) requires that the following health and safety items are accounted for before a worker may access a hazardous waste site:

- Medical and dosimetry clearance
- Hazardous waste worker clearance.

Anyone entering the exclusion zone of a hazardous waste site is required to have specialized hazardous waste worker training. Hazardous waste worker training requires a commitment of resources (time and money). The amounts will vary depending on the particular site's access requirements. A thorough evaluation of the necessity to access a exclusion zone should be made by anyone intending to seek this training.

Demonstration Operations insists that a visitor starts the field access process three months prior to arriving at the Hanford Site. Appendix A provides a checklist to assist the visitor in meeting the requirements.

Appendix B also provides a points of contact listing if additional information is needed.

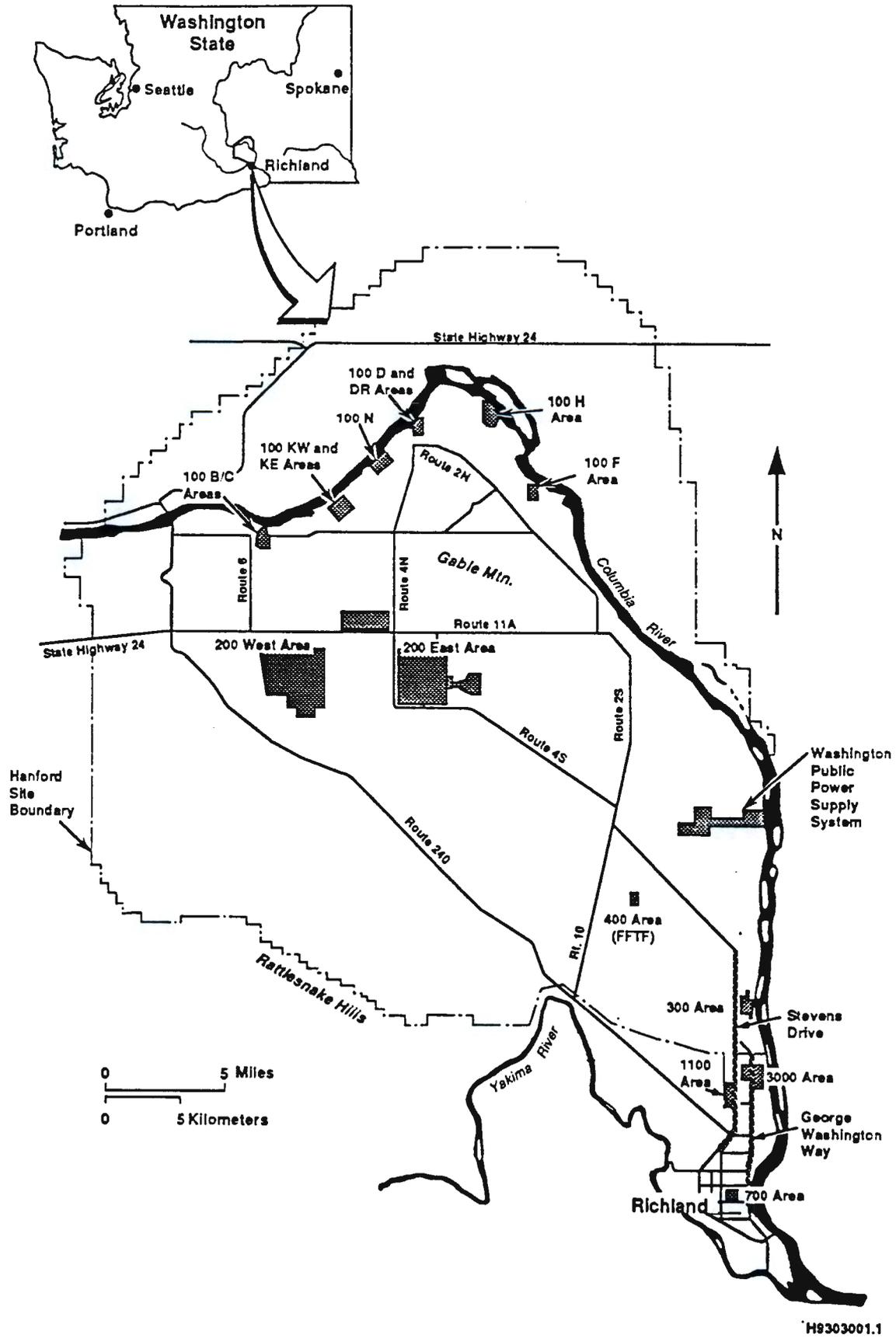


Figure 1. Hanford Site Map

Figure 2. Example of a Hazardous Waste Site

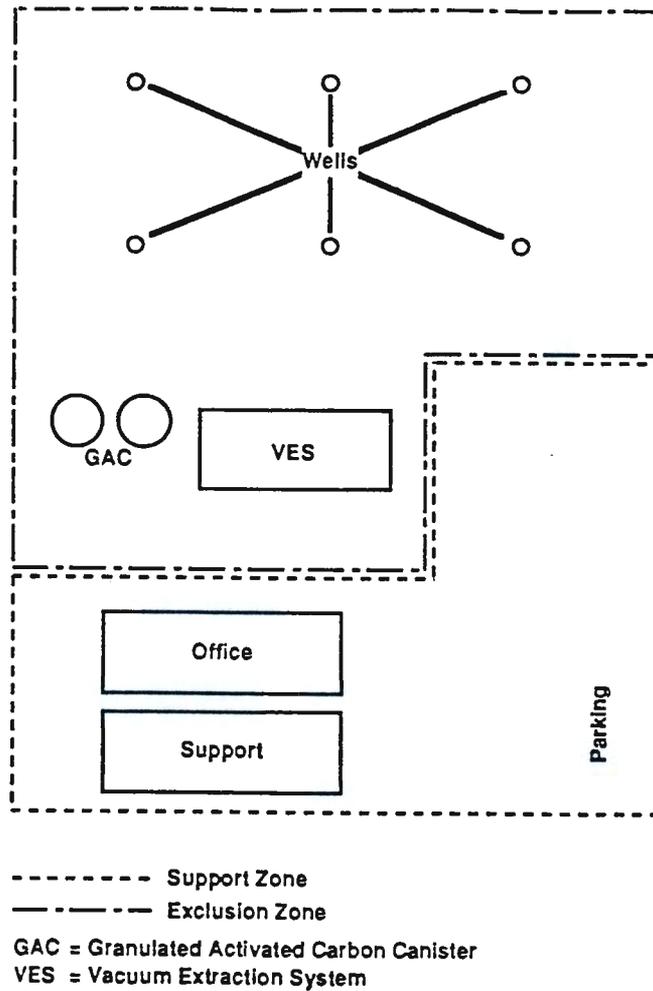


Table 1. Summary of Visitor Requirements

Activity	Visitor (without exclusion zone entry required)	Visitor (with exclusion zone entry required)
Hazardous Waste Site Training	Not required	Required
Medical and Dosimetry	Not Required	Required
Additional Training	Not required	As specified in HWOP
Security Clearance	Required	Required

3.0 SECURITY CLEARANCE

This section addresses questions VOC-Arid ID members might have concerning security badge requirements at the Hanford Site.

All visitors to the Hanford Site must be properly badged. All Security badges are issued by the Central Badging Operation located in the 3790 Building, 300 Area. The Central Badging Operation is responsible for coordinating the badging of uncleared visitors. Classified Visits and Foreign National Visitors are coordinated through the Access Control Unit located in the 3790 Building, 300 Area. Copies of security clearance forms referenced in this section can be found in Appendix C.

1. Q: Who requires a security badge?

A: Anyone requiring access to the Hanford Site.

2. Q: How is a security badge obtained?

A: The process of obtaining a badge depends on where the visitor is from, and if a security clearance is required.

If the visitor is a U.S. citizen and a security clearance is not required, only a "Visitor/Non-employee Badge Request" Form is needed. The WHC host must prepare the form, obtain the signature of a Level IV or above manager, and submit to the Central Badging Operation at least 24 hours prior to the visit.

If the visitor is from another U.S. Department of Energy (DOE) site and a security clearance is required, the DOE F 5631.2 and the "Visitor/Non-Employee Badge Request" Forms are required.

- The DOE F 5631.2 Form is initiated by the visitor through the visitor's home office. The use of this form allows a visitor's active clearance to be certified for use at the Richland Field Office.
- The "Visitor/Non-Employee Badge Request" is completed by Demonstration Operations. It specifies visitor access on the Hanford Site. It is the responsibility of Demonstration Operations to submit this form to Access Control.
- Prior to badge issuance the cleared visitor will be required to see the Visitor/Vendor video.

All uncleared visitors to WHC operated facilities are required to be escorted.

A foreign national visitor to the Hanford Site must have prior approval by the DOE. The processing time for a foreign national visitor varies from 4 to 9 weeks depending upon the nationality of the visitor, building/areas to be visited, and duration of the visit. For more information regarding a foreign national visitor

refer to the Security Manual WHC-CM-4-33, Section 1.11, "Unclassified Foreign National Visitors and Assignees Program."

3. Q: Who can be contacted to initiate the security badge process?

A: Demonstration Operations.

Appendix B provides addresses and telephone numbers for points of contact on the Hanford Site.

4. Q: How does the visitor receive the security badge?

A: The visitor, upon arrival at the Hanford Site, is escorted to the Security Operations Building (Figure 3) to obtain the security badge. The Security Operations Building is located in the 3790 Building of the 300 Area and operates from 7:30 a.m. to 4:00 p.m.

5. Q: How much does it cost to obtain a Security Badge?

A: There is no cost.

6. Q: Which Westinghouse Hanford Document provides this information?

A: WHC-CM-4-33, *Security Manual* (WHC 1988).

4.0 HEALTH AND SAFETY REQUIREMENTS

This section addresses health and safety requirements for access to a hazardous waste site on the Hanford Site. Health and safety issues include training, and medical and dosimetry requirements.

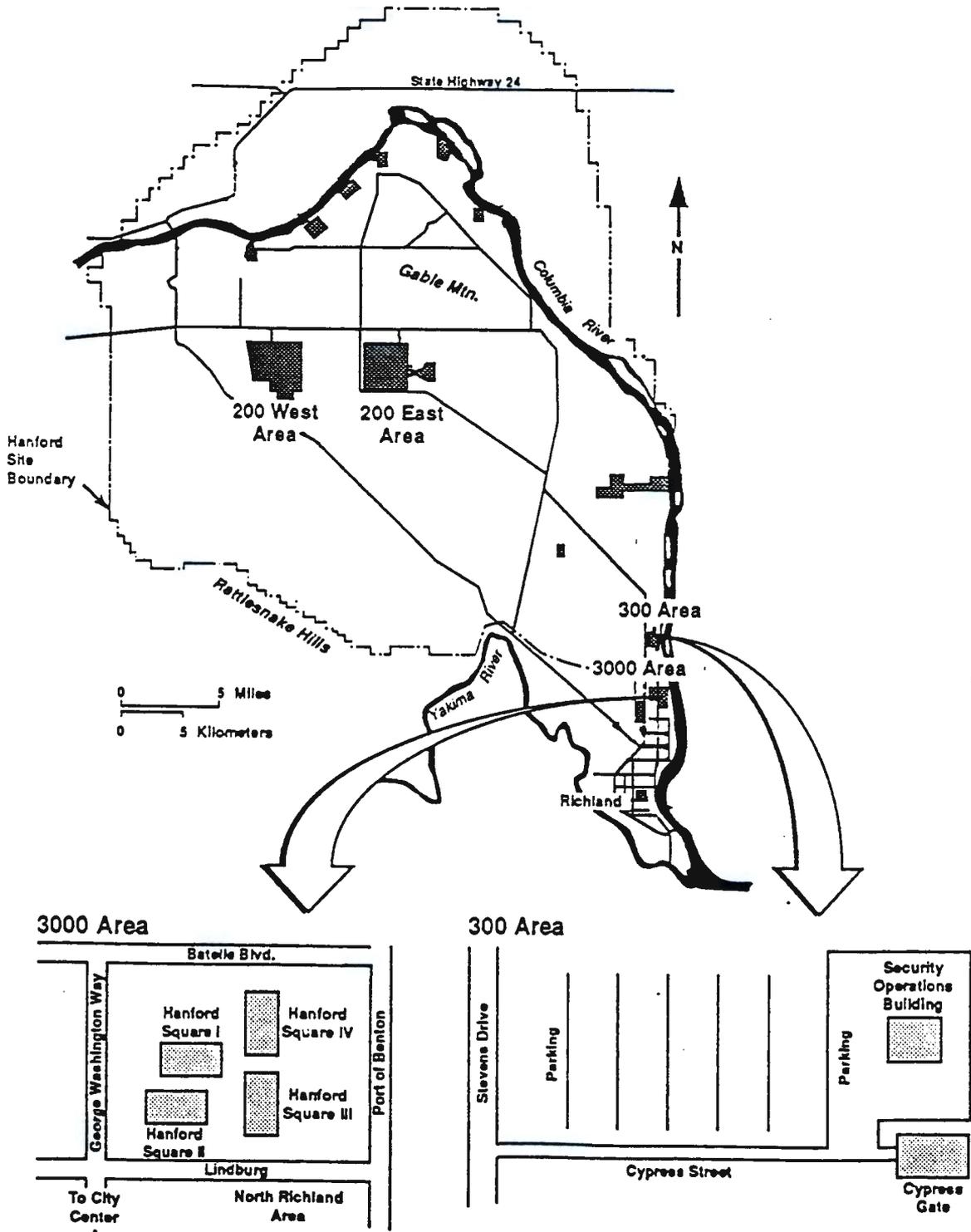
NOTE: These requirements only apply to those individuals intending to work inside an exclusive zone.

4.1 HAZARDOUS WASTE WORKER MEDICAL AND DOSIMETRY REQUIREMENTS

Anyone intending to work inside the exclusion zone of a hazardous waste site must have a medical and dosimetry examination. The examinations are required to ensure the health and safety of the visitor.

1. Q: Who is required to complete a medical and dosimetry examination?

A: Anyone intending to work inside or enter the exclusion zone of a hazardous waste site. Figure 2 displays an example of an exclusion zone for a hazardous waste site.



H9303001.3

Figure 3. Location of Security Operations and Hanford Square I Buildings

2. Q: Is everyone required to complete a medical and dosimetry examination for work at the Hanford site?

A: No.

A visitor not entering an exclusion zone is not required to complete a medical and dosimetry examination.

A visitor who enters exclusion zones must have a complete and medical and dosimetry examination. These services are offered on the Hanford Site. However, if the visitor can provide Dosimetry and Medical Services Department with a medical and dosimetry history, verifying that he/she has received a hazardous waste worker clearance, he/she will not need to retake the examinations. This information must be provided prior to the visit.

Q: What does a medical and dosimetry examination include?

A: The medical examination includes a hazardous waste worker physical and mask fit if required by the site-specific Hazardous Waste Operator Plan (HWOP).

The dosimetry examination includes a whole body count. Additional items such as a chest count and any bioassays may be required if stated in the site-specific HWOP.

4. Q: Where are the medical and dosimetry examinations conducted?

A: The examinations are conducted at any facility that provides hazardous waste worker medical and dosimetry examinations per 29 CFR 1910.120.

At the Hanford Site, the examinations are conducted at the Hanford Square I Building (Figure 3).

5. Q: Who is contacted to start the examination process?

A: WHC Dosimetry and Medical Services, or the Demonstration Operations Training Coordinator.

The Dosimetry and Medical Services Department assists in the following:

- Scheduling the medical and dosimetry examination
- Determining if the visitor has appropriate medical and dosimetry clearance to work at the Hanford Site.

6. Q: Who tracks the medical and dosimetry examination process?

A: The WHC Dosimetry and Medical Services Department tracks the medical and dosimetry examination process.

7. Q: What is the cost for a medical and dosimetry examination?

A: The cost varies, depending on the required examinations. Table 2 lists the current examination costs offered by WHC. Contact the Medical and Dosimetry Services point-of-contact to determine how costs are paid.

8. Q: Which WHC Document provides this information?

A: WHC-CM-4-3, *Industrial Safety Manual*, Volume 4, *Health and Safety Programs for Hazardous Waste Operations* (WHC 1992)
WHC-CM-4-10, *Radiation Protection* (WHC 1991)
WHC-CM-7-7, *Environmental Investigations and Site Characterization Manual* (WHC 1988)
- 1.1, "Hazardous Waste Site Entry Requirements"
- 2.1, "Preparation of Hazardous Waste Operations Plans"

4.2 HAZARDOUS WASTE WORKER TRAINING REQUIREMENTS

The WHC training requirements consist of classes that follow the guidelines of 29 CFR 1910.120. It must be understood that this training requires a commitment of resources.

1. Q: Who is required to take Hazardous Waste Worker Training?

A: Anyone intending to work inside the exclusion zone of a hazardous waste site.

Hazardous waste training is not required for all those working outside of the exclusion zone.

2. Q: Where can training be received?

A: Training is provided by WHC.

Training may be obtained at any site that provides Hazardous Waste Worker Training in accordance with 29 CFR 1910.120.

Figure 4 displays Quality Training Resource Centers (QTRC) locations that might also provide training.

3. Q: What classes are required to complete the Hazardous Waste Worker Training?

A: The 40-hour Hazardous Waste Worker Training class requirements as listed in 29 CFR 1910.120.

Table 2. Medical and Dosimetry Examinations and Costs

The following medical and dosimetry examinations are currently offered at the Hanford Site at the quoted rates. The rates are subject to vary. These examinations are for those who enter exclusion zones and are required if stated in the HWOP. Unless otherwise marked, the examinations may be taken onsite or offsite. The mask fit and the 40-hour hazardous waste worker physical need not be retaken if the worker can provide proof of training. However the whole body count, chest count, and bioassay will be performed on site only. The 40-Hour Hazardous Waste Worker Physical Examination will cost \$320 if it is the visitor's first time taking the examination. Otherwise, it will cost \$240 for an upgrade. The initial Whole Body Count will be \$150. Afterward, it will cost less.

EXAMINATION	COST
Physical for 40-Hour Hazardous Waste Worker (Initial) (Upgrade)	\$320 \$240
Mask fit	\$120
Whole Body Count (Initial)*	\$150
Chest Count *	\$300
Bioassay (for Strontium and Uranium) *	\$500

* These are site-specific and must be performed only on the Hanford Site.

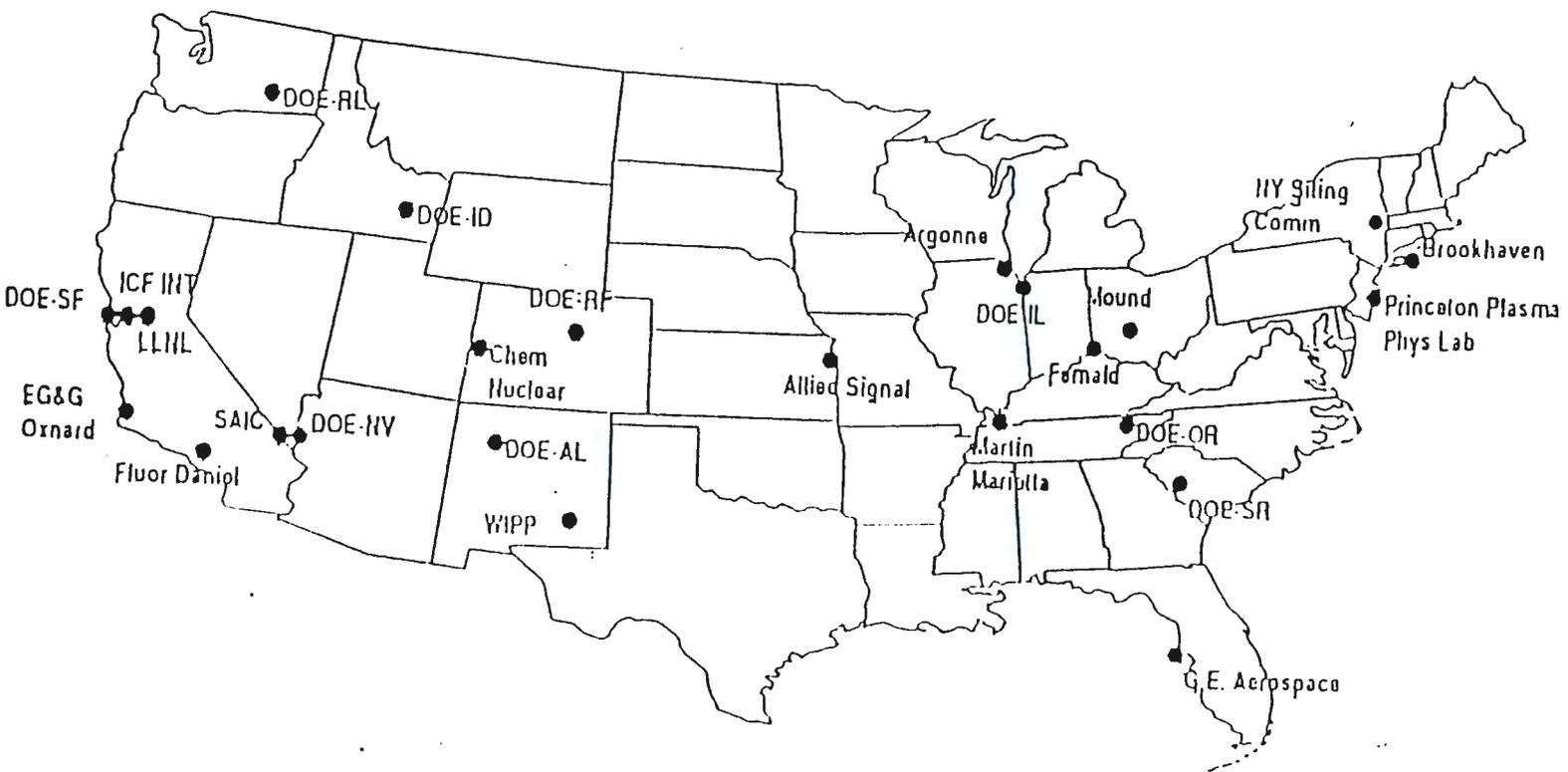


Figure 4. Locations of QTRC Services Throughout the United States

4. Q: Is any additional training required if a visitor completes the Hazardous Waste Worker Training through another DOE site or company?

A: Maybe.

Other site-specific training may be required for a visitor entering exclusion zones. Such training will be determined by the Health and Safety Officer and will be listed in the site-specific HWOP. Some training courses and their most recent costs are listed in Table 3.

5. Q: Who is contacted to initiate this process?

A: The Demonstration Operations Training Coordinator.

Appendix B provides the address and telephone numbers of this individual.

6. Q: Who tracks the hazardous waste training process?

A: The Demonstration Operations Training Coordinator.

7. Q: What is the cost of the training received?

A: The training costs offered by WHC are listed in Table 3.

8. Q: What documents provide this information?

A: 29 CFR 1910.120, *Hazardous Waste Operations and Emergency Response*
WHC-CM-4-10, *Industrial Safety Manual* (WHC 1992)
WHC-CM-7-7, *Environmental Investigations and Site Characterization Manual* (WHC 1988)

- 1.1, "Hazardous Waste Site Entry Requirements"
- 2.1, "Preparation of Hazardous Waste Operations Plans"

Table 3. Additional Training and Costs

The following training courses are currently offered at the Hanford Site at the quoted rates. The rates are subject to vary. These training courses are for those who enter exclusion zones and are required if stated in the HWOP. The training courses may be taken onsite or offsite. The courses need not be retaken if the worker can provide proof of training. The 40-Hour Hazardous Waste Worker Training class will cost \$500 if it is a visitor's first time taking the course. Otherwise, it will cost \$110 for requalification.

TRAINING	COST
Radiation Safety	\$300
SKA-PAK (Airline Respirator Training)	\$ 30
Hearing Conservation	\$ 25
40 Hour Hazardous Waste Worker (Initial) (Requalification)	\$500 \$110
CPR/First Aid	\$165

5.0 REFERENCES

- WHC, 1988a, *Environmental Investigations and Site Characterization Manual*, WHC-CM-7-7, EII 1.1 and 2.1, Westinghouse Hanford Company, Richland, Washington.
- WHC, 1988b, *Security Manual*, WHC-CM-4-33, Section 1.7, Westinghouse Hanford Washington, Richland, Washington.
- WHC, 1991, *Radiation Protection*, WHC-CM-4-10, Section 3.0, Westinghouse Hanford Company, Richland, Washington.
- WHC, 1992, *Industrial Safety Manual*, WHC-CM-4-3, Vol. 4, Westinghouse Hanford Company, Richland, Washington.

APPENDIX A
CHECKLIST

APPENDIX A

CHECKLIST

The following is a checklist designed for visiting members of the VOC-Arid ID for access to the Hanford Site. This checklist summarizes the requirements listed in Sections 2.0 through 4.0 of this document. Demonstration Operations suggests the visitor follows this checklist and begin the process three months prior to visiting the site.

Visitor's Name: _____

Contractor: _____

Date to arrive at Hanford Site: _____

THREE MONTHS PRIOR TO VISIT

<u>Date</u>	<u>Activity</u>
_____	<p>Determine the arrival date.</p> <ul style="list-style-type: none"> • This should be coordinated with Demonstration Operations Manager.
_____	<p>Obtain training and examinations.</p> <ul style="list-style-type: none"> • Contact the Demonstration Operations Training Coordinator to determine if you require hazardous waste site training and a medical and dosimetry examination. The training coordinator will set up the training and examinations if they are needed.
_____	<p>Initiate the security badge process.</p> <ul style="list-style-type: none"> • If employed at another DOE site, initiate the security badge process by contacting your Central Badging Operation and completing both a DOE F 5631.2 (DOE Request for Visit or Access Approval) form and Visitor/Non-Employee Badge Request form. • If employed at a non-DOE site, initiate the security badge process by contacting the Demonstration Operations to complete and submit a Visitor/Non-Employee Badge Request form.

TWO MONTHS PRIOR TO VISIT

<u>Date</u>	<u>Activity</u>
_____	<p>Ensure reception of training and examination records.</p> <ul style="list-style-type: none"> • Contact Demonstration Operations Training Coordinator to confirm that the Training Coordinator has records of any hazardous waste training, and/or medical and dosimetry examinations you have received.

_____ **Ensure initiation of badging process.**

- Contact the Westinghouse Hanford Central Badging Operation to confirm that the DOE F 5631.2 Form and the Visitor/Non-employee Badge Request Form have been received and approved. If the forms have not been submitted and approved, contact the Demonstration Operation Manager and/or Central Badging Operations.

ONE MONTH PRIOR TO VISIT

Date **Activity**

_____ **Confirm the reception of training and examination documentation.**

- Contact Demonstration Operations Training Coordinator to reassure that the Training Coordinator has records of any hazardous waste training, and/or medical and dosimetry examinations you have received.

_____ **Confirm the completion of badging process.**

- Contact the Westinghouse Hanford Central Badging Operation to reassure that the DOE F 5631.2 Form and the Visitor/Non-employee Badge Request Form have been received and approved. If the forms have not been submitted and approved, contact the Demonstration Operation Manager and/or Central Badging Operations.

APPENDIX B
CONTACTS

APPENDIX B

CONTACTS

This section provides the telephone numbers and addresses for contacts listed in the Field Access Guide.

Demonstrations Operations Contacts

Kim J. Koegler, Operations Manager
P.O. Box 1970, Mail Stop H6-05
Richland, WA 99352
(509) 376-2877 FAX: (509) 376-6476

Richard G. Beutler, Training Coordinator
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Richland, WA 99352
(509) 376-1613 FAX: (509) 376-6476

Maria A. McDonald McNamar, Engineer
P.O. Box 1970, Mail Stop H6-05
Richland, WA 99352
(509) 372-0439 FAX: (509)376-6476

Security Badge Contacts

WHC Central Badging Operation
P.O. Box 1970, Mail Stop L4-09
Richland, WA 99352
(509) 376-7894

Medical and Dosimetry Exam Contacts

WHC Medical and Dosimetry Services
P.O. Box 1970, Mail Stop S0-06
Richland, WA 99352
(509) 373-3124 or (509) 373-2295

Hazardous Waste Worker Training Contacts

Sue Wilcox, Hazardous Waste, WHC Training Records and Scheduling Group
P.O. Box 1970, Mail Stop G6-60
Richland, WA 99352
(509) 376-6736

APPENDIX C
SECURITY CLEARANCE FORMS

WHC-SD-EN-AR-002, Rev. 1

DOE F 5631.20
(07-90)
(Formerly DP-277)
EFG (07-90)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments)

OMB Control No.
910-1800
Burden Disclosure Statement
on Reverse of Part 5

PART "A"

To:

Date:

From:

Prepared by:

Symbol:

Telephone No. - Commercial:

It is requested that the following person(s) be granted visit/access approval:

FTS:

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CIBER		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIEN					
NAME OF FACILITY(IES) TO BE VISITED:				FOR THE INCLUSIVE DATES	DOE Security Official: Verifying DOE Clearance		
FOR THE PURPOSE OF:							
TO CONFER WITH THE FOLLOWING PERSON(S):							
SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:					ACCESS REQUESTED TO: Restricted Data <input type="checkbox"/> Yes <input type="checkbox"/> No Other Classified Info <input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior arrangements have/have not been made as follows:							

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
with DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature
See AP 380-150; OPNAV 5510.3F; AFR 205-11

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations/ or Headquarters Division Director

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT

Request for Visit or Access Approval Form
(sheet 1 of 5)

WHC-SD-EN-AR-002, Rev. 1

DOE F 5631 20
(07-90)
(Formerly DP-277)
EFG (07-90)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments.)

OMB Control No.
1910-1800
Burden Disclosure Statement
on Reverse of Part 5

PART "A"

To:

Date:

From:

Prepared by:

Symbol:

Telephone No.—Commercial:

It is requested that the following person(s) be granted visit/access approval:

FTS.

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIEN					
NAME OF FACILITY(IES) TO BE VISITED:				FOR THE INCLUSIVE DATES	DOE Security Official Verifying DOE Clearance		

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S):

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:

ACCESS REQUESTED TO:
Restricted Data Yes No
Other Classified Info Yes No

Prior arrangements have/have not been made as follows:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in accordance
with DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature

(See AR 360-150; OPNAV 5510.3F; AFR 205-1)

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations or Headquarters Division Director

2

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT

Request for Visit or Access Approval Form
(sheet 2 of 5)

WHC-SD-EN-AR-002, Rev. 1

DOE F 5631 20
(07-90)
(Formerly DP-277)
EFG (07-90)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
Not to be used for temporary or permanent personnel assignments.

CMB Control No
1910-1800
Burden Disclosure Statement
on Reverse of Part 5

PART "A"

To:

Date:

From:

Prepared by:

Symbol:

Telephone No. - Commercial:

It is requested that the following person(s) be granted visit/access approval:

FTS.

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIEN					
NAME OF FACILITY(IES) TO BE VISITED:				FOR THE INCLUSIVE DATES	DOE Security Official Verifying DOE Clearance		

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S):

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:

ACCESS requested to:
Restricted Data Yes No
Other classified info Yes No

Prior arrangements have/have not been made as follows:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
with DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official:

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature
(See AR 380-150; CPNAV 5510.3F; AFR 205-1)

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

is certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

approval is granted with limitations indicated below:

Manager of Operations/for Headquarters Division Director

3

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT

Request for Visit or Access Approval Form
(sheet 3 of 5)

WHC-SD-EN-AR-002, Rev. 1

DOE F 5631.20
(07-90)
(Formerly DP-277)
EFG (07-90)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments.)

OMB Control No.
5010-1800
Burden Disclosure Statement
on Reverse of Part 5

PART "A"

To:

From:

Date:
Prepared by:
Symbol:
Telephone No.—Commercial:

FTS.

It is requested that the following person(s) be granted visit/access approval:

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIAS					
NAME OF FACILITY(IES) TO BE VISITED:				FOR THE INCLUSIVE DATES	DOE Security Official Verifying DOE Clearance		

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S):

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:

ACCESS REQUESTED TO:
 Restricted Data Yes No
 Other classified info Yes No

Prior arrangements have/have not been made as follows:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
with DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official

*Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)*

*Signature
(See AF 380-150; OPNAV 5510.3F; AFR 205-1)*

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations/for Headquarters Division Director

4

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT

Request for Visit or Access Approval Form
(sheet 4 of 5)

WHC-SD-EN-AR-002, Rev. 1

DOE F 5631.20
(07-90)
(Formerly DP-277)
EFG (07-90)

U.S. DEPARTMENT OF ENERGY
REQUEST FOR VISIT OR ACCESS APPROVAL
(Not to be used for temporary or permanent personnel assignments.)

OMB Control No.
510-1800
Burden Disclosure Statement
on Reverse of Part 5

PART "A"

To:

Date:

From:

Prepared by:

Symbol:

Telephone No. - Commercial:

It is requested that the following person(s) be granted visit/access approval:

FTS.

LAST NAME, FIRST, MIDDLE INITIAL AND SOCIAL SECURITY NUMBER	CHECK		DATE OF BIRTH	ORGANIZATION	TYPE CLEARANCE	CLEARANCE NO.	DATE OF CLEARANCE
	U.S. CITIZEN	ALIAS					

NAME OF FACILITY(IES) TO BE VISITED:

FOR THE INCLUSIVE DATES

DOE Security Official Verifying DOE
Clearance

FOR THE PURPOSE OF:

TO CONFER WITH THE FOLLOWING PERSON(S):

SPECIFIC INFORMATION TO WHICH ACCESS IS REQUESTED:

Access requested to:
Restricted Data Yes No
Other classified info Yes No

Prior arrangements have/have not been made as follows:

CERTIFICATION FOR PERSONNEL HAVING DOD CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty and that permitting the above access will not endanger the common defense and security.

Authorized access to Critical Nuclear Weapon
Design Information (CNWDI) in Accordance
with DOD Directive 5210.2 Yes No

Name and Title, Requesting DOD Official

Title, Authorizing DOD Official
(See DOD Directive 5210.2 and 5210.8)

Signature

See AR 380-150; OPNAV 5510.3F; AFR 205-1)

CERTIFICATION FOR PERSONNEL HAVING DOE CLEARANCE

This certifies that the person(s) named above needs this access in the performance of duty.

Title

Requesting DOE or Other Government Agencies

PART "B"

Approval is granted with limitations indicated below:

Manager of Operations/ or Headquarters Division Director

5

SEE REVERSE OF PART 5 FOR PRIVACY ACT INFORMATION STATEMENT

Request for Visit or Access Approval Form
(sheet 5 of 5)

Complete for all Types of Release

Purpose		<input type="checkbox"/> Speech or Presentation <input type="checkbox"/> Full Paper (Check only one suffix) <input type="checkbox"/> Summary <input type="checkbox"/> Abstract <input type="checkbox"/> Visual Aid <input type="checkbox"/> Speakers Bureau <input type="checkbox"/> Poster Session <input type="checkbox"/> Videotape	<input type="checkbox"/> Reference <input checked="" type="checkbox"/> Technical Report <input type="checkbox"/> Thesis or Dissertation <input type="checkbox"/> Manual <input type="checkbox"/> Brochure/Flier <input type="checkbox"/> Software/Database <input type="checkbox"/> Controlled Document <input type="checkbox"/> Other	ID Number (include revision, volume, etc.) WHC-SD-EN-AR-002, Rev. 1 List attachments. Date Release Required
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Title FIELD ACCESS GUIDE FOR VISITORS OF THE VOLATILE ORGANIC COMPOUND ARID INTEGRATED DEMONSTRATIONS	Unclassified Category UC- N/A	Impact Level 4
---	---	-----------------------

New or novel (patentable) subject matter? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has disclosure been submitted by WHC or other company? <input type="checkbox"/> No <input type="checkbox"/> Yes Disclosure No(s).	Information received from others in confidence, such as proprietary data, trade secrets, and/or inventions? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify)
Copyrights? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If "Yes", has written permission been granted? <input type="checkbox"/> No <input type="checkbox"/> Yes (Attach Permission)	Trademarks? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (Identify)

Complete for Speech or Presentation

Title of Conference or Meeting NA	Group or Society Sponsoring NA
Date(s) of Conference or Meeting NA	City/State NA
Will proceedings be published? <input type="checkbox"/> Yes <input type="checkbox"/> No Will material be handed out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title of Journal NA	

CHECKLIST FOR SIGNATORIES

Review Required per WHC-CM-3-4	Yes	No	Reviewer - Signature	Indicates Approval	Date
			Name (printed)	Signature	
Classification/Unclassified Controlled Nuclear Information	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Patent - General Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	S. W. BERGLIN	<i>[Signature]</i>	3/25/93
Legal - General Counsel	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
Applied Technology/Export Controlled Information or International Program	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
WHC Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Communications	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
RL Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
Publication Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	J. Heumann	<i>[Signature]</i>	3/26/93
Other Program/Project	<input type="checkbox"/>	<input checked="" type="checkbox"/>			

Information conforms to all applicable requirements. The above information is certified to be correct.

<table style="width: 100%;"> <tr> <td style="width: 50%;"> References Available to Intended Audience <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No </td> <td style="width: 50%;"> INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP Stamp is required before release. Release is contingent upon resolution of mandatory comments. </td> </tr> <tr> <td> Transmit to DOE-HQ/Office of Scientific and Technical Information <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </td> <td rowspan="2" style="text-align: center;">  </td> </tr> <tr> <td> Author/Requestor (Printed/Signature) Date M. A. McDonald-McNamar <i>[Signature]</i> 3/25/93 </td> </tr> <tr> <td> Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External </td> <td></td> </tr> <tr> <td> Responsible Manager (Printed/Signature) Date G. C. Henckel <i>[Signature]</i> 3/25/93 </td> <td> Date Cancelled Date Disapproved </td> </tr> </table>	References Available to Intended Audience <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP Stamp is required before release. Release is contingent upon resolution of mandatory comments.	Transmit to DOE-HQ/Office of Scientific and Technical Information <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Author/Requestor (Printed/Signature) Date M. A. McDonald-McNamar <i>[Signature]</i> 3/25/93	Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External		Responsible Manager (Printed/Signature) Date G. C. Henckel <i>[Signature]</i> 3/25/93	Date Cancelled Date Disapproved
References Available to Intended Audience <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	INFORMATION RELEASE ADMINISTRATION APPROVAL STAMP Stamp is required before release. Release is contingent upon resolution of mandatory comments.								
Transmit to DOE-HQ/Office of Scientific and Technical Information <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Author/Requestor (Printed/Signature) Date M. A. McDonald-McNamar <i>[Signature]</i> 3/25/93									
Intended Audience <input type="checkbox"/> Internal <input type="checkbox"/> Sponsor <input checked="" type="checkbox"/> External									
Responsible Manager (Printed/Signature) Date G. C. Henckel <i>[Signature]</i> 3/25/93	Date Cancelled Date Disapproved								