

# Final Acceptance Inspection

Proc. Ref. 8Q, 51

Work Request or Project Order Number <b>01883451</b>	Building and Area 485-D/ D Area	Date of Inspection 9-21-21
---------------------------------------------------------	------------------------------------	-------------------------------

**Scope of Inspection**  
Ensure the scope of 485-D is completed and in a satisfactory safe condition. Services will be accepted based on achieving the requirements of G-SOW-D-00013 including complete removal and disposal of all specifically identified materials and equipment, clean-up of the facilities, final removal of all equipment and materials utilized in performance of this work, and completion of all punch list items.

**Instructions**

The FA initiates this form in accordance with Manual 8Q, Procedure 51.  
The inspection is for safety items only that may include the following:

- |                           |                                                             |                                     |                                      |
|---------------------------|-------------------------------------------------------------|-------------------------------------|--------------------------------------|
| 1. Falling Hazards        | 11. Warning Devices                                         | 21. Temperature                     | 31. PPE Needed                       |
| 2. Tripping Hazards       | 12. Lighting                                                | 22. Noise Level                     | 32. Public Address System            |
| 3. Clearances             | 13. Safety Shower/Eyewash Unit                              | 23. Operating Procedures            | 33. Chemical Hazards                 |
| 4. Sharp Edges            | 14. Emergency Exit, Means of Egress, and Emergency Lighting | 24. Domestic Water Cross Connection | 34. Ergonomics Factors               |
| 5. Guards                 | 15. Fire Protection Equipment Systems                       | 25. Pinch Points                    | 35. Repetitive Motion/Failure Points |
| 6. Cleanliness            | 16. Painting (Color Coding, etc.)                           | 26. Pressure Relief Device          | 36. Confined Space (OSR 20-169)      |
| 7. Accessibility Controls | 17. Identification                                          | 27. Pressure Vessel                 | 37. Arc Flash Labeling               |
| 8. Overload Protection    | 18. Radiation Hazards                                       | 28. Stored Energy                   |                                      |
| 9. Exposed Wiring         | 19. Warning Signs                                           | 29. Component Lockout Capability    |                                      |
| 10. Grounding             | 20. Ventilation                                             | 30. Drawings Updated                |                                      |

**Status of Facility, Equipment, Structure, or Component**

- Satisfactory for Safe Operation, Occupancy, or Properly Dispositioned - No further action necessary.
- Conditionally satisfactory for Safe Operation, Occupancy, or Properly Dispositioned provided the following Unsatisfactory Conditions/Issues are addressed or corrected.
- Unsatisfactory for Safe Operation, Occupancy, or Not Properly Dispositioned until the following conditions/issues are corrected.

485-D : *NONE*

**Inspection Team**

Name (Print)	Signature	Organization	Location
Engineering <i>Brianna Zawacki</i> POC <i>Kirk</i>	<i>Brianna Zawacki</i>	EC+ACP	730-4B
Safety <i>Pete Bolig</i>	<i>Pete Bolig</i>	EC+ACP	730-4B
FPD <i>KAREN MORRIS</i>	<i>Karen Morris</i>	DOE	730B
STR <i>Allen Henderson</i>	<i>Allen Henderson</i>	STR	707-53B
<i>Steven Conner</i>	<i>Steven Conner</i>	EC+ACP	730-4B
<i>Tim West</i>	<i>Tim West</i>	EC+ACP	730-4B

The FA/FM documents successful closure of all findings and completion of any applicable testing by signing the inspection form, thus authorizing use, occupancy or closure of the applicable facility, equipment, structure, or component. Copies of the completed OSR 20-22 shall be forwarded to all inspection team members.

Custodian/FA/EM (Print) <i>Kelsey Holcomb</i>	Signature <i>Kelsey Holcomb</i>	Date 9-21-21
--------------------------------------------------	------------------------------------	-----------------

A copy must be retained in the file.