

**Readiness Evaluation for
Demolition of Buildings 483-3D, 484-5D and 484-9D**

Approved by:

Melissa Hanshew

Digitally signed by Melissa Hanshew
Date: 2021.09.12 19:59:49 -04'00'

Melissa Hanshew, EC&ACP Operations Support Manager

Date

Issued by:



9-13-21

Kelsey Holcomb, EC&ACP Project Manager

Date

Summary

A readiness evaluation has been completed to determine the readiness to commence with the demolition and removal (D&R) of buildings 483-3D, 484-5D and 484-9D. The readiness evaluation has determined that demolition and removal of the structure can begin. There were no open items identified which require addressing prior to initiating demolition work.

The purpose of this evaluation is to ensure all appropriate industrial safety, environmental and health controls are in place prior to start of demolition work. DOE Standard DOE-STD-1120-98 Volume 1, Section 3.4.1 was used as guidance and the readiness evaluation checklist found in Appendix J was used as a guide to develop a specific checklist that is utilized in ER-AP-139, "Area Completion Projects Management Review Board" procedure. The checklist was completed by the Management Review Board Lead for the structures covered by this evaluation (Attachment 2). The scope of this evaluation looked at documents prepared by both the subcontractor and EC&ACP and actions to prepare this building for demolition and removal work.

This readiness evaluation meets the requirements stated in Manual 1C Procedure 501, "Decommissioning of Facilities".

Discussion

The Project Manager's signature on the cover sheet indicates all open items, if identified have been corrected or resolved prior to the start of demolition work. If open items were identified, an email or equivalent documentation should be used to document actions taken to address the open items or provide technical justification why no actions were required.

The evaluations intent is not to assess the technical content of each item on the checklist but to ensure the project team had adequately addressed each item needed prior to starting work. A walk down of the work areas was performed to determine readiness for commencement of demolition work.

Attachments

Attachment 1: Management Review Board Needs Evaluation

Attachment 2: Demolition Readiness Evaluation Checklist

Notes:

1. At the time of package development, the required Asbestos Project License and Demolition Permits had not been approved; therefore, the associated checklist items are identified as not completed. To ensure that asbestos abatement and demolition do not proceed without the necessary permits, STR Hold Points have been placed in the work package (FDD-1883451). This is not considered an Open Item since the work package has addressed this with Hold Points.

2. Checklist items (e.g. those involving support equipment inspection and maintenance, emergency preparedness equipment and support utilities) which are subcontractor managed are indicated as completed on the checklist if identified as a requirement in the subcontractor supplied documentation included in the work package and discussed with the STR.
3. Barricades and the associated postings, as well as equipment storage areas and traffic control measures shall be established after the pre-job briefing, upon mobilization. Locations may change during the demo depending on the specific area in which demolition is occurring. This is not considered an open item, since Work package (FDD-1883451) includes steps in each location to ensure barricades are established and equipment is set up. There is also a step to ensure traffic routes are established.

Demolition Readiness Evaluation Checklist

Q-SDD-D-00023

(Page 1 of 7)

Rev. 0

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

I. Safety Basis: Confirm that the hazard baseline documents are appropriate, complete, reviewed, and approved.

1. Hazard characterization report	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Hazard baseline document (e.g., SAR, BIO, or ASA)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
3. NEPA process (e.g., categorical exclusion) with approval EEC	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. TSRs	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
5. EE/CA	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

II. Required Permits (Confirm that all permits required have been approved)

1. Asbestos Abatement required or permit?	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Notice of Demolition (SCDHEC Permit 3428)	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Site Clearance Permit	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Site Use Permit	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
5. Stormwater Pollution Prevention Plan	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Soil Disturbance Notice	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

III. Project Plans: Confirm that the following project plans have been developed, reviewed, and approved by the appropriate parties and are in place.

1. Decommissioning Project Plan in accordance with 1C, Procedure 505	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Decommissioning End Points Document	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Pre-Demolition End Points Document	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Facility Decommissioning Evaluation	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
5. Characterization Plan	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Statement of Work	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
7. SDD Waste Identification Form (WIF) per Procedure FDP 5.07, EC&ACP Pre-Job for Waste Generation Activities.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
8. Worker protection plan (including asbestos abatement)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
9. Project Team has reviewed Lessons Learned from similar activities.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
10. Quality Assurance Plan (including records management and retention requirements).	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

IV. Work Controls: Confirm that the following documents have been developed, reviewed, and approved.

1. Work instructions detailing sequence of work in accordance with ACP-WC -400, Area Completion Projects Work Control Procedure are the other approved methods.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Prescreen Work Activities	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. AHA Work Activities	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Engineering Survey / Demolition Plan	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Material Safety Data Sheets for all hazardous substances to be used	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Verification of Hazardous Energy Isolation document issued.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Demolition Readiness Evaluation Checklist

(Page 2 of 7)

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

V. Support Facilities: Confirm the Existence and Adequacy of Facilities to Support Facility D&D Activities.

1. Space requirements	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Office space	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. Restrooms	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Change rooms	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. "Break" facilities.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Material laydown and storage space	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
f. Packaged waste storage	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
g. Flammable material storage	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
h. Hazardous chemical storage	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
i. Equipment maintenance and storage	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Postings	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Warning signs per DOE and OSHA requirements (e.g., restricted area, radiological control area, or high voltage)	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Hazardous chemical storage	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Equipment maintenance and storage	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Support Utilities	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. HVAC test complete and results documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. HEPA filter DOP test complete and results documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Temporary lighting	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Noise control and abatement	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Statement of Work	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
f. Utility air	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
g. Electric power	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
h. Potable water.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
i. Fire water	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
j. Sewer	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Systems and components to be removed are tagged or identified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
5. Lock and key requirements are completed and documented in accordance with approved procedures.	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Breathing air system	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Adequate volume	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Equipment used	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Air certified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
7. Necessary Isolations have been identified and completed / implemented	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Electricity isolation (Cold and Dark) per Procedure FDP 2.04	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Mechanical isolation (Cold and Dark) per Procedure FDP 2.04	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
8. Secondary Hazards have been identified	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Demolition Readiness Evaluation Checklist

(Page 3 of 7)

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

9. All hazardous materials have been identified and / or removed	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Asbestos	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. PCBs	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Pigeon droppings	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Lead	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
10. All special nuclear material (sources, etc.) controlled and accounted for	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

VI. Support Personnel

1. Waste handling and packaging personnel are adequately assigned	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Decontamination (including equipment and personnel)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
3. Medical personnel	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Necessary Support personnel have been assigned and briefed	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. RCO	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Waste Management / GCO	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Asset Management	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Emergency Preparedness	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Industrial Hygiene	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
f. Safety Engineer	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
g. Environmental Control / ECA	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
5. Material Control and Accountability personnel	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

VII. Support Equipment Preparation: Verify the readiness of support equipment (e.g., Inspection, Maintenance, and Testing Logs and Documentation Completed)

1. Heavy equipment test, inspection, and certification	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Trucks	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Cranes	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Bulldozers	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Backhoes	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Forklifts	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
f. Excavator with Concrete Attachment	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
g. Excavator with Metal Shear Attachment	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
h. Roll-Off Trucks	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
i. Clamshell	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
j. Wrecking Ball	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
k. Front-end loaders	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
2. Waste solidification systems	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
3. Volume-reduction equipment	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Shredders	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Compactors	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Decontamination equipment	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. High-pressure liquid	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Liquid abrasive	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Dry abrasive	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
d. Scalding, grinding, and chipping	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Chemical decontamination equipment or system	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

5. Hand and power tools inspect and test	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Proper guards	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Proper grounding (GFCI)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
6. Lifting and rigging tested and certified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Wire rope	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Slings (including rope)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Come-alongs (including block and tackle assemblies)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
d. Shackles	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Hooks	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
7. Preventative maintenance programs in place	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
8. Waste Containers	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Drums	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. Roll-Off Pans	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Sealand Container	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. B-25s	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
e. B-12s	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
f. Tankers	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
g. Load Luger Tanks	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
VIII. Traffic Control			
1. Loading, unloading, and staging zones designated and posted	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Traffic flow patterns established and marked	<input type="checkbox"/> Completed	<input checked="" type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Equipment	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Personnel	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Roadways, gates, doors, hallways, corridors, etc. evaluated for heavy or oversized equipment and material movement.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Hazardous material transport routing established	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Onsite	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Offsite	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
5. Waste disposal routing established (offsite)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Routing capable of supporting loads	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Local officials along the route are involved	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Permits obtained	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Transport routing, system upgrades. and modifications completed and approved.	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Onsite escort requirements available (e.g., security and radiation control)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
7. Approved waste packages for radioactive or hazardous substances available.	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Properly specified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Proper and approved labeling	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

IX. Industrial Safety and Hygiene: Ensure the availability of adequate quantities and functional adequacy of personnel protective equipment and materials.

1. All Personnel protective equipment (PPE) specified on AHA	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. First-aid kits	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Herbicide and pesticide spray	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Air monitors and samplers (with alarms)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Explosive gas	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. Hazardous chemicals	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Asbestos	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

X. Radiation Protection: Ensure availability of adequate quantities and functional adequacy personnel protective equipment and materials.

1. Personnel protective equipment (PPE) specified on RWP	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Respirators	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Breathing air support	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Portable radiation detectors	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
3. Decontamination supplies	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Fixed or stationary monitoring equipment	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. High-volume air samplers	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Constant air monitors (CAM) with alarms	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Area radiation monitors (ARM)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
d. Sample counting systems	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Personnel and equipment frisking stations	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
f. Portal monitors	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
5. If fissionable material is present, criticality detection and alarm systems are in place, tested, and results documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Contamination controls in place	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. Containments	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Tents	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Barriers	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
d. Step-off pads	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Laundry hampers	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
f. Proper postings	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
g. Fixatives	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
7. Temporary shielding in place	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

XI. Environmental Protection

1. Environmental surveillance program - required documents are in place with proper approvals	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
2. Effluent control (e.g., filtration and water treatment)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. All potential effluent discharges identified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Control system(s) adequate for effluent containment control	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Control system installed and tested with results documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

3. Effluent monitoring	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
a. All potential effluent discharge points identified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Effluent monitors installed and tested with results documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Sample locations identified and sample systems installed and functionally verified	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Dust abatement measures are in place (concrete dust, etc.)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

XII. Emergency Preparedness: Confirm the availability and functionality of the emergency preparedness system.

1. Communications	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Two-way radio	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Pagers	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
c. Telephones	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
d. Public address (PA) system	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
e. Alarms (e.g., fire, radiation, chemical, and criticality)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
2. Fire equipment - in place, functional, and properly labeled	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Sprinkler system	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. Pull boxes	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Fire and smoke detectors	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Fire extinguishers	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
e. Hydrants	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
f. Stand pipes	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
g. Water buffalos	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
3. Fire exits clearly marked and unobstructed	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Unique fire suppression material (e.g., halon, sand, and foam)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
5. Safety showers, eye wash, and decontamination facilities in place and functional	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
6. Emergency breathing air supply (e.g., SCBA)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
7. Emergency supply cabinet fully equipped and readily accessible	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
8. Emergency lighting available and operable	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
9. Emergency power or UPS available and operable	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

XIII. Worker Training, Testing, and Qualification: Verify that each worker has completed the following training, successfully tested and records are available verifying worker qualifications

1. Basic training completed - all workers	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. HAZWOPER	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. Radiological	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
2. Supervisor advanced training	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Radioactive waste supervisor	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
b. HAZWOPER supervisor	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A

Demolition Readiness Evaluation Checklist

(Page 7 of 7)

Project Name: D&D of 484-5D, 484-9D, 483-3D

MRB Lead:

WBS Number: 01.29.32.01.10.15.03

Kelsey Holcomb

Project Activity Summary:

D&D of 484-5D, 484-9D, 483-3D

3. Specialized worker training	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
a. Heavy equipment operator	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
b. Welder	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
c. Health physics technician (including radiological controls)	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
d. Special D&D equipment operator	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
e. Radioactive waste operations	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
f. Waste process equipment operator	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
g. Plutonium handling	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
4. Site-specific hazards indoctrination	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
5. Emergency response drills conducted and documented	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
6. Medical examination (including fitness requirements)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
7. Respirator and breathing air testing and qualification	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
8. Special PPE training and qualification	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
9. "Dry-run" or demonstration successfully conducted and documented for any new technology or equipment to be utilized	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
10. Work package indoctrination with the workers and walkdowns are completed	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
11. Other training as needed (e.g., fire watch, gas-free inspector, and rigger)	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
12. Specialized or facility specific OJT required before work can start	<input type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input checked="" type="checkbox"/> N/A
13. Training records (AQM) are available and updated for all workers involved	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

XIV. Subcontractors: Ensure that all subcontractors are mobilized as required and all pre-job and mobilization requirements are completed.

1. Approved/Awarded Statement of Work	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Subcontract Plan/Subcontract Award	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. STR appointed	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. OSR-1-183 has been completed and Category <u> B </u> has been assigned. All required documentation (i.e., Worker Protection Plan) and critical Task Specific Plans (TSPs) has been reviewed and accepted.	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

XV. Management of Change: Ensure that a change control system is in place and workers are familiar with the requirements

1. Pre-job meetings to discuss anticipated hazards and hazards controls conducted daily	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
2. Lessons learned from work completed	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
3. Work Control	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A
4. Response to unanticipated conditions of workplace	<input checked="" type="checkbox"/> Completed	<input type="checkbox"/> Not Completed	<input type="checkbox"/> N/A

Completed By:

Kelsey Holcomb

KELSEY HOLCOMB

Digitally signed by KELSEY
HOLCOMB
Date: 2021.09.07 12:44:54 -04'00'

Print Name

Signature

Date

Time