150.04
01/13/2000
Rev. 02

IDAHO NATIONAL ENGINEERING & ENVIRONMENTAL LABORATORY
FIELD WORK VISITATION FORM

Instructions

All blocks must be completed or addressed. Enter an "N/A" in blocks or sections where the information does not apply. Enter an "Unknown" in blocks or sections where the information is not known.

1. ORGANIZATION/AGENCY INFORMATION/POINT OF CONTACT

Enter the month, day, year, and time. Use 24-hour (military) time, for example, 0816 for 8:16 a.m. and 2115 for 9:15 p.m. Enter the name of the individual filling out the form. This may be the dispatcher or an agency submitter.

Enter the name of the agency/business/institution or organization who has responsibility for the work/project, e.g., Acme Drilling Co., Field Services, Cultural Resources.

Enter the name of the person at the agency/business/institution or organization who is the point of contact for field workers and is knowledgeable of their location. This individual may be contacted to initiate emergency notifications. This name may be the same as the work leader in the field.

2. FIELD WORK INFORMATION

Enter date when field work is to be started and to be completed on the INEEL. Enter those times that are not part of the normal 4x10 work schedule, Monday – Thursday.

3. COMMUNICATION SOURCES

Enter the name of the person acting as the work leader for those performing work in the field. Each work group shall have a designated work leader who can be contacted in an emergency event. If there is only one person doing the work, that individual's name will be listed as the work leader. Enter the radio net or talk group name or alias for use in contacting the field workers, e.g., F Net, "Ln/Crew." Enter the phone number of phones used in the field, i.e., a cell phone or SMR phone number. Enter the INEEL Paging System number of the work leader or individual performing field work. Enter types and number(s) of any other field communication equipment if not previously listed.

4. TRAINING INFORMATION

If the answers are YES, this indicates the workers have been issued security badges and have completed Blue Card/Orange Card training and received an ordnance briefing. If the answers are NO, forward to the CFA EP Planner. The Organization/Agency POC will be notified of this requirement.

5. WORK ACTIVITY INFORMATION (optional)

Enter a brief description of the type of field work being performed on the INEEL, e.g., well drilling, environmental study, air monitoring. This information is optional.

6. SPECIFIC WORK LOCATION

Record the grid number where the work will be performed, using the INEEL Grid Map as reference. Record an estimated distance of the work from the affected facilities.

7. VEHICLE INFORMATION (optional)

Record the type, make, and color of the vehicle being used by the field workers. This information is optional.

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Submit completed form to the Central Facilities Area (CFA) Alarm Center Dispatcher by one of the following methods: FAX 526-6791, Mail Stop 4108, or Telephone 526-2212. Instructions on page 1.

1. ORGANIZATION/ AGENCY INFORMATION/POINT OF CONTACT:

Date: _____ Time: _____

Recorded by: _____

Submitter's Name: _____ Representing (Org): _____

Organization Point(s) of Contact (POC) Name(s): _____

POC Work Phone Number: _____ POC Other Phone/Radio Net: _____ POC INEEL Pager: _____

2. FIELD WORK INFORMATION:

Work Schedule

Start Date: _____	Start Date: _____	Start Date: _____
End Date: _____	End Date: _____	End Date: _____

24-Hour operation? ☐ YES ☐ NO Work on back shifts? ☐ YES ☐ NO

Expected work hours: _____

3. COMMUNICATION SOURCES:

Work Leader name: _____ Number of workers in group: _____

Radio net/talk group: _____ Field phone number: _____ INEEL pager number: _____

Other communications methods: _____

4. TRAINING INFORMATION:

Have all workers received: (If answer is NO see instructions)

Security Badge? ☐ YES ☐ NO

Current blue card/orange card training? ☐ YES ☐ NO

Ordnance briefing? ☐ YES ☐ NO

5. WORK ACTIVITY INFORMATION: ***(optional)***

_____

_____

6. SPECIFIC WORK LOCATION:

INEEL grid map number: _____

Is work area within 3 miles of: ☐ TAN ☐ NRF ☐ INTEC ☐ TRA ☐ RWMC ☐ PBF/WROC ☐ ANL-W

If YES, how close? _____

7. VEHICLE INFORMATION: ***(optional)***

Make: _____ Type: _____ Color: _____