

Unreviewed Safety Issue (USI) Screening Form

Title _____

 USI Report # _____-S
[to be provided by ESH once Form submitted]

 This is a: *[select one & provide details, including if temporary or permanent & date of discovery or implementation]*

<input type="checkbox"/>	Proposed Activity. Description of proposed activity or modification to facility, operating parameters, equipment, and/or documentation.	
<input type="checkbox"/>	Discovered Condition. Description of issue, situation, and/or condition that has either not been previously analyzed or is outside of the scope of analysis.	

USI Screening Questions

1.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Was/is the facility or surrounding soil affected?
2.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Was/is any movable shielding (i.e., shielding blocks, penetration shielding) affected?
3.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Was/is fencing (i.e., Radiological or Controlled Area) affected?
4.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Were/are components of the Radiation Safety Interlock System, including radiation monitors (i.e., chipmunks, TLMs) affected?
5.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Were/are components of the ODH Safety System affected?
6.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Were/are operation authorization documents (i.e., Beam Permits & Running Condition) affected beyond an editorial change?
7.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Was/is accelerator operator staffing affected?
8.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Was/is operational parameters (e.g., energy, intensity, cycle time, etc.) affected?
9.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Did/will an increased volume of cryogenics be introduced?
10.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Did/will a new high beam loss device (e.g., target, collimator, absorber, injector/extractor/bending magnet) be introduced?
11.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Will a hazard be introduced or will risk be increased?
12.	<input type="checkbox"/> yes	<input type="checkbox"/> unknown	<input type="checkbox"/> no	Were/are documents (i.e., procedures, operation authorization documents, etc.) related to accelerator operation updated and/or modified?

USI Screening Determination

The proposed activity/discovered condition: IS NOT a USI, activity may commence *[all ?s answered "no"]*
[select one] shall be evaluated for a USI *[any ? answered "yes" or "unknown"]*
If discovered condition: affected operations shall be STOPPED

 Screener
[Name, Fermilab ID # & Date]

 Machine Owner
[Name, Fermilab ID # & Date]

**Submit completed USI Screening Forms to the ES&H Division Accelerator
 Safety Department for appropriate records retention and notifications.**