

Unreviewed Safety Issue (USI) Screening Form

Discovered Condition

Title _____

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

Discovered Condition. Provide date of discovery, description of issue, situation, and/or condition that has either not been previously analyzed or is outside of the scope of analysis.	
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USI Screening Questions *[For each question below, select yes or no. If there is any uncertainty, select yes.]*

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

USI Screening Determination

 The discovered condition:
[select one]

- IS NOT a USI, activity may commence *[all ?s answered "no"]*
- shall be evaluated for a USI *[any ? answered "yes"]*

If checked, 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.