

## Unreviewed Safety Issue (USI) Screening Form Proposed Activity

Proposed activity or m parameters,  USI Screen 1.	Activity. Do odification to equipment, a ning Ques of no	[to be provided by ESH once Form submitted] if a downtime modification or operational modification is intended & date of planned  escription of proposed of facility, operating and/or documentation.  Stions [For each question below, select yes or no. If there is any uncertainty, select yes.]  Will the facility or surrounding soil be affected?  Will any movable shielding (i.e., shieling blocks, penetration shielding) be affected?  Will fencing be affected?  Will components of the Radiation Safety Interlock System, including radiation
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JSI Screer  1. □ yes  2. □ yes  4. □ yes  5. □ yes	ning Ques	Stions [For each question below, select yes or no. If there is any uncertainty, select yes.]  Will the facility or surrounding soil be affected?  Will any movable shielding (i.e., shieling blocks, penetration shielding) be affected?  Will fencing be affected?
JSI Screer  1. □ yes  2. □ yes  3. □ yes  4. □ yes  5. □ yes	ning Ques	Stions [For each question below, select yes or no. If there is any uncertainty, select yes.]  Will the facility or surrounding soil be affected?  Will any movable shielding (i.e., shieling blocks, penetration shielding) be affected?  Will fencing be affected?
<ol> <li>□ yes</li> <li>□ yes</li> <li>□ yes</li> <li>□ yes</li> <li>□ yes</li> <li>□ yes</li> </ol>	s □ no s □ no	Will the facility or surrounding soil be affected?  Will any movable shielding (i.e., shieling blocks, penetration shielding) be affected?  Will fencing be affected?
<ol> <li>2.</li></ol>	s ono	Will any movable shielding (i.e., shieling blocks, penetration shielding) be affected?  Will fencing be affected?
3.	s 🗆 no	affected? Will fencing be affected?
4. □ yes 5. □ yes		
5. □ ye:	s 🗆 no	Will components of the Radiation Safety Interlock System, including radiation
		,
		monitors (i.e., chipmunks, TLMs) be affected?
	s 🗆 no	Will components of the ODH Safety System be affected?
6. □ yes	s 🗆 no	Will operation authorization documents (i.e., Beam Permits & Running
		Condition) be affected beyond an editorial change?
7. □ ye:	s 🗆 no	Will accelerator operator staffing be affected?
8.  □ yes	s 🗆 no	Will operational parameters (e.g., energy, intensity, cycle time, etc.) be affected?
9. □ yes	s □ no	Will an increased volume of cryogens be introduced?
10. □ ye:	s 🗆 no	Will a new high beam loss device (e.g., target, collimator, absorber,
		injector/extractor/bending magnet) be introduced?
11. □ ye:	s 🗆 no	Will a hazard be introduced or will risk be increased?
12. □ yes	s □ no	Will documents (i.e., procedures, operation authorization documents, etc.)
		related to accelerator operation be updated and/or modified?
ISI Screen	ning Dete	ermination
The propo	_	
[select one]	sca activit	shall be evaluated for a USI [any ?s answered "yes"]
[00.000		Shall be evaluated for a obligative sunswered yes j
Screener		Machine Owner
[Name, Ferm	ilab ID # & D	
- ,		omit completed USI Screening Forms to the ES&H Division Accelerator