

Unreviewed Safety Issue (USI) Screening Form

Proposed Activity

Title _____

 USI Report # _____ -S
[to be provided by ESH once Form submitted]
[provide details, including if a downtime modification or operational modification is intended & date of planned implementation]

Proposed Activity. Description of proposed activity or modification to facility, operating parameters, equipment, and/or documentation.	
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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	Will the facility or surrounding soil be affected?
2.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will any movable shielding (i.e., shielding blocks, penetration shielding) be affected?
3.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will fencing be affected?
4.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will components of the Radiation Safety Interlock System, including radiation monitors (i.e., chipmunks, TLMs) be affected?
5.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will components of the ODH Safety System be affected?
6.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will operation authorization documents (i.e., Beam Permits & Running Condition) be affected beyond an editorial change?
7.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will accelerator operator staffing be affected?
8.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will operational parameters (e.g., energy, intensity, cycle time, etc.) be affected?
9.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will an increased volume of cryogens be introduced?
10.	<input type="checkbox"/> yes	<input type="checkbox"/> no	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"/> no	Will a hazard be introduced or will risk be increased?
12.	<input type="checkbox"/> yes	<input type="checkbox"/> no	Will documents (i.e., procedures, operation authorization documents, etc.) related to accelerator operation be updated and/or modified?

USI Screening Determination

 The proposed activity:
[select one]

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

 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.