

Draft
ORNL WORK PLAN
Operations, Maintenance and Services



Work Plan Name / Rev: 1503 GENERATOR TEST / 1

WORK SCOPE/DESCRIPTION		
Requester (Name/Badge/Division):	Stroud, Eric S / 00032122 / X126	
Location of work (Bldg/Rm/Other):	1503 / /	
Work Plan Title:	Monthly Emergency generator surveillance for Building 1503.	
Description of Service/Work Needed: Monthly generator surveillance of Emergency Generator 80-1503		
Charge Number, if required:		
Work Plan Grade/Worktype:	2 / 0	
Author (Name/Badge):	Stroud, Eric S / 00032122	
File Attachments:		
INSTRUCTIONS		
Prerequisites/Precautions: Per work instructions Generator Monthly Preventive/Post Maintenance Test Work Instructions , UT-ELEC-SR-001 . Additional Prerequisite/Precautions specific to this Emergency Generator 1503 Notfiy Complex Manager before testing. Notfiy Building manager the Automatic Test Switch (ATS) will be tested. The ATS is located North of the generator out side. Test the ATS by removing normal power.		
Directions: Per work instructions Generator Monthly Preventive/Post Maintenance Test Work Instructions , UT-ELEC-SR-001 .		
Post Work Testing: Per work instructions Generator Monthly Preventive/Post Maintenance Test Work Instructions , UT-ELEC-SR-001 .		
Closeout: Per work instructions Generator Monthly Preventive/Post Maintenance Test Work Instructions , UT-ELEC-SR-001 .		
JOB HAZARD EVALUATION		
HAZARDS	PERMITS / CONTROLS	
DOCUMENTATION REVIEW AUTHORIZATION (Approvals are certification of hazards assessment)		
Reviewer/Approver Roles	Signature	Date
Accountable Management (Service Provider, Line, Equipment Owner, or Facility Management)	Pierce, Michael	
Accountable Management (Service Provider, Line, Equipment Owner, or Facility Management)	Stroud, Eric S	
Fire Protection Engineer	Laubach, Eric	
Other Subject Matter Experts (SMEs)	Stroud, Eric S	
System Engineer, Accountable Equipment Owner, or Facility Engineer	Smith, Matthew R	
Work Package Concurrence		
Facility Manager		
Operations Supervisor		
Facility Manager Approval To Start Work		
Facility Manager		
Work Start Authorization		
Task Leader		
Work Acknowledged Complete		
Task Leader		
Worker Feedback:		

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PRE-JOB SAFETY REVIEW GUIDE		ID: 43678
Scope of Work: Review work package/plan to ensure all participants understand the work activity.		
Hazards: Review the hazards identified in Job Hazard Evaluation (JHE) / work plan (IOP). ☞ Since the work package / plan was written: 1) Have conditions changed? 2) Are there new hazards? Refer to Field Notes and Focus Areas.		
Hazard Controls / Permits: Review: ☞ Written permits for the work activity. ☞ Precautions, step warnings, Hold Points ... ☞ Personal Protective Equipment (PPE)		☞ Work instructions for information - e.g., steps where hazards are introduced. ☞ ORNL subject area requirements - e.g., non-permit hazard controls.
Performing Work: ☞ Discuss group/individual responsibilities for safe & effective work. ☞ Follow work instructions & safety procedures. ☞ Availability/location of materials, tools, etc. ☞ Any previous experiences / lessons learned? ☞ Response if work cannot be performed as planned. ☞ What is the worst thing that could happen? ☞ Are there <i>Potential error traps</i> with the job? → → ☞ Take a minute before: work start & leaving work area. ☞ Work Hand-off / Turnover - workers & Task Leader		→ Potential Error Traps: ☞ Time pressures ☞ Distractive environment ☞ High workload ☞ First time evolution ☞ First day back ☞ Vague guidance ☞ Over confidence ☞ Imprecise communications ☞ Work stress
Abnormal Situation Response: <u>Stop Work</u> : Observe an unsafe act, activity or condition that creates an imminent danger. <u>Emergency Response</u> : Discuss egress paths or other responses if problems are encountered.		
Field Notes and Focus Areas: (Use this area as a work space to record notes related to new hazards identified in the field or changed conditions. Record feedback in work package/plan information systems.)		

By signing below, I am indicating that I have been briefed on the potential hazards associated with completing this job.

Signature / Badge	Date	Signature / Badge	Date