

# ANL LCLS ESH Profile

The purpose of this report is to provide ANL LCLS Cost Account Managers with a method to identify actual or potential ESH hazards that may exist for the LCLS WBS Activities under their control. (ISM Step 1: Identify the Hazards).

ANL LCLS Cost Account Managers are requested to complete this form and return it to the ANL LCLS Quality Assurance Coordinator Tom Barsz at their earliest convenience or prior to authorizing work activities.

Upon receipt, the ANL LCLS Coordinator will enter the potential hazard into the ANL LCLS QA Database for tracking purposes and notify the appropriate APS Division ESH Coordinator that a hazard potential may exist. (ISM Step 2: Identify the Controls).

P3 ACT No	P3 WBS No.	P3 TITLE	P3 ES Date	PS EF Dat	P3 BC:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>ESH Profile: (Check all actual or potential ESH Hazards that may apply to this WBS Activity)</b>					
<input type="checkbox"/> On-Site Work by Contractor <input type="checkbox"/> Construction Work <input type="checkbox"/> Confined Space <input type="checkbox"/> Work over 6 ft high					
<input type="checkbox"/> Noise level >85dB <input type="checkbox"/> Respirator Use <input type="checkbox"/> Repetative Motion or Stationary Work <input type="checkbox"/> Lifting Activity					
<input type="checkbox"/> Energized Circuits or Stored Energy <input type="checkbox"/> Non Listed Electrical of Pressure Device <input type="checkbox"/> Loaned or Donated Equipment					
<input type="checkbox"/> Beryllium <input type="checkbox"/> Chemical <input type="checkbox"/> Magnetic Field <input type="checkbox"/> Electromagnetic Field <input type="checkbox"/> RF or microwave Radiation					
<input type="checkbox"/> Laser Energy or Equipment <input type="checkbox"/> Ionizing Radiation <input type="checkbox"/> Work in Controlled Area <input type="checkbox"/> Item exposed to APS Beam					
<input type="checkbox"/> Welding or Brazing activities <input type="checkbox"/> Pressure or Vacuum <input type="checkbox"/> Cryogenic Liquid <input type="checkbox"/> Automated Equipment					
Other ESH issue: <input type="text"/>					
(explain) <input type="text"/>					
<input type="text"/>					