

_____/_____/_____/_____/_____/_____/_____/_____
 (Print Date) (Initials) / (Date) (Initials) / (Date)



Work Procedure: WP 347-15
 Effective Date: 11/28/2018 Rev. 11

Applied Technology Services (ATS)

Operating, Safety, and Emergency Manual for ATS Industrial X-ray Machines

Yes No Approved for Nuclear Quality-Related Work ■■■ Periodic Use Reference Use

5.13 Radiation Signs

Signs which warn of the presence of ionizing radiation or material that emits radiation. They display the conventional three-bladed radiation symbol in magenta on a yellow background.

5.14 Radiographer

An experienced radiographer holding an agreement State or IRRSP card that carries the Combination endorsement, who performs radiographic testing with another radiographer, and who is responsible to the licensee for assuring compliance with State Regulations and this OS&E manual. Individual shall have a minimum of 320 hours of radioactive material experience (RAM) and 160 hours of (X-ray) experience using radiation machines, performing radiographic operations, radiation surveys and radiation safety related activities for a total of 480 hours.

An experienced radiographer holding an agreement State or IRRSP card that carries the X-Ray only endorsement, who performs X-ray only testing with another radiographer, and who is responsible to the licensee for assuring compliance with State Regulations and this OS&E manual. Individual shall have a minimum of 160 hours of (X-ray) experience using radiation machines, performing radiographic operations, radiation surveys and radiation safety related activities for a total of 160 hours.

5.15 Radiation Machine Radiographer Assistant

A qualified and certified individual who, under the DIRECT personal supervision of a radiographer trainer, uses exposure devices or survey instruments in radiography and assists the radiographer trainer by manipulating X-ray equipment, survey instruments, and related equipment under the trainer's supervision.

_____/_____/_____/_____/_____/_____/_____/_____
 (Print Date) (Initials) / (Date) (Initials) / (Date)



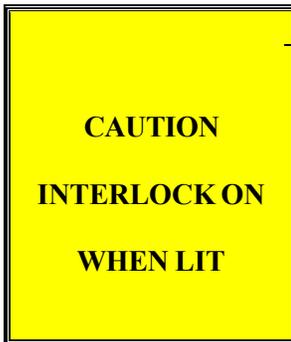
Work Procedure: WP 347-15
 Effective Date: 11/28/2018 Rev. 11

Applied Technology Services (ATS)

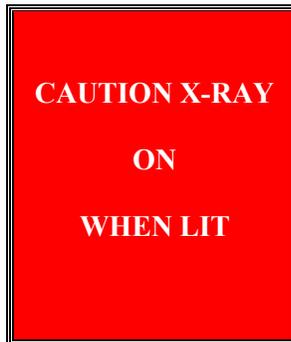
Operating, Safety, and Emergency Manual for ATS Industrial X-ray Machines

Yes No Approved for Nuclear Quality-Related Work Periodic Use Reference Use

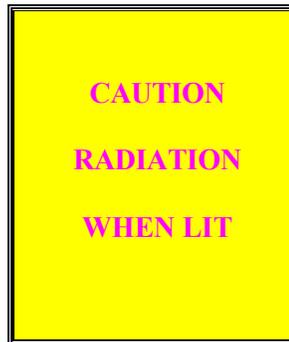
Appendix B – Warning Signs of Alarms



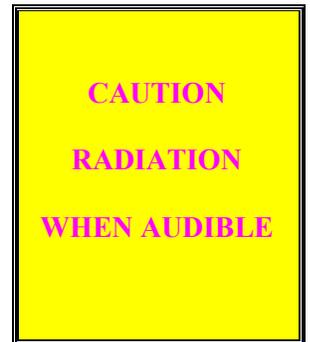
Yellow with
Black Letters



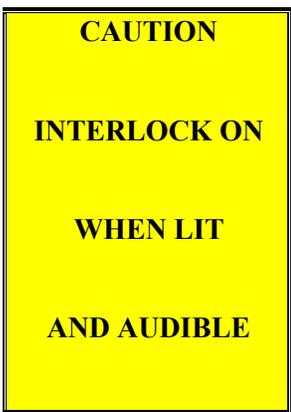
Red with
White letters



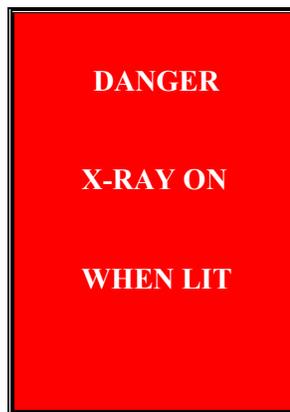
Yellow with
Magenta letters



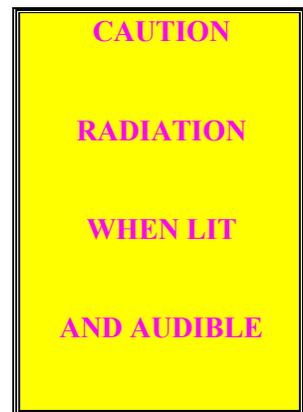
Note: The above signs require caution when in the area but an emergency does not exist.



Yellow with
Black Letters



Red with
White letters



Yellow with
Magenta letters

Note: If you are inside the vault and the above mentioned alarms are activated, immediately flip the “X-ray emergency shut-off switch on North wall of the vault”.



24 Hour Emergency Telephone
RSO 1-925-817-7426 / ARSO 1-925-719-2679

Radiation Survey Report

Location _____

Date _____

Personnel and Equipment

Table with columns: Survey Meter Serial No., Calibration Due, Battery Check, Note, Technicians, Name, Dosimeter (Serial No., Calibration Due Date, Initial Reading, End Reading, Total Dose), Alarming Rate Meter (Serial No., Calibration Due Date, Operational Check), Film Badge No.

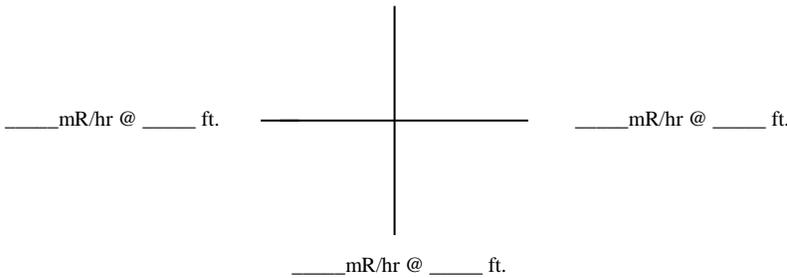
Exposure Device Model _____ Serial No. _____ Daily Equipment Inspection SAT _____ UNSAT _____

Environmental TLDs Used? Yes _____ No _____ Numbers: _____

The Above Has Been Reviewed and Found Acceptable: _____ (Radiographer's Signature)

kVp _____ mA _____ Time _____ Restricted Area Survey Curies _____ Time _____

kVp _____ mA _____ Time _____ _____ mR/hr @ _____ ft.



Level above surveyed and restricted: _____ Yes _____ No _____ N/A Level below surveyed and restricted: _____ Yes _____ No _____ N/A

Initial survey before first exposure: _____ AM PM (circle one) _____ mR/hr at boundary

Collimation of beam: _____ Yes _____ No (explain) _____

Additional Shielding: _____ Yes _____ No (explain) _____

Final survey after last exposure: _____ AM PM (circle one)

Total number of exposures _____ Total exposure time _____

Physical survey performed prior to moving tube head: _____ Yes _____ No

Exposure device (check one): _____ Moved to another location

_____ Returned to storage area

Radiographer's signature: _____ Date: _____

Radiation Safety Officer Review: _____ Date: _____

** A New Report Is Needed Whenever Any of the Above Conditions Change *



X-Ray Equipment Inspection

Inspected by:		Date:
Tube Head # :	Model:	S/N:
Control Panel:	Model:	S/N:

X-Ray Tube			
	ACCEPT	REPAIR	REPLACED
1. Check power chord.			
2. Check tube general condition			
3. Check condition of label ("Caution—X-Rays. This equipment produces X-rays when energized.")			
4. Serial number tags legible.			
Control Panel			
	ACCEPT	REPAIR	REPLACED
5. Check general condition of case.			
6. Check meter or display condition.			
7. Check timer.			
8. Check all connectors.			
9. Check warning lights functioning.			
10. Check key and switch lock.			
Control Cables			
	ACCEPT	REPAIR	REPLACED
11. Check all connectors.			
12. Check cables for damage to insulation.			



X-Ray Equipment Inspection

Power Cable			
	ACCEPT	REPAIR	REPLACED
13. Check connectors and electrical plug.			
14. Check insulation for damage.			
Remarks:			
Signature:			
Date:			



X-Ray Equipment Inventory

Inventoried by:	Date:
Location:	

	Manufacturer	Model	Control Number	Tube Head Serial Number	Maximum	
					kV	mA
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

Remarks:

Signature	Date
------------------	-------------



Assistant Radiographer Radiation Safety Training

I.

Assistant Radiographer:		Date of hire:
Date of birth:	LAN ID:	Jobsite:

II. The above named individual has satisfactorily completed PG&E – ATS qualification and certification testing for Assistant Radiographer as specified below:

1. Attended informative instruction of the topics outlined in the ATS Radiation Safety Procedure.
 - a. Basic Radiation Safety Class (minimum 40 hours state or NRC approved)
 - b. Needs and requirements for personnel training
 - c. Instructions in the O&EP
 - d. Radiographic Equipment
 - e. Review State/Federal Regulations

Minimum 8 hours b. through e. Number of hours: _____ Date _____

III. The above named individual has satisfactorily completed PG&E's Assistant Radiographer Training, Qualification, and Certification Testing as specified below:

1. Attended instruction on the topics outlined in the operating and emergency procedures.
 - a. Operating and Emergency Procedure Date _____
 - b. Radiographic Equipment Date _____
2. Successfully completed the written examination and oral review associated with the position of Assistant Radiographer.

Date _____ Score _____ / _____ / _____

IV. I hereby certify the above information is correct to the best of my knowledge.

Signature of Assistant Radiographer

Individual Administering Training/Exam

Date _____

Date _____

Approved by ATS RSO: _____ Date _____



Radiographer Radiation Safety Training

I.

Assistant Radiographer:		Date of hire:
Date of birth:	LAN ID:	Jobsite:

II. The above named individual has satisfactorily completed PG&E - ATS Qualification And Certification Program and has received radiation safety training and testing as specified below:

a. Attended instruction (40 hours) on topics outlined in the Qualification/Training Procedure (NRC 10 CFR Part 34, Appendix A), covering required subjects (1-5 below).

Subject	No. of hours:	Date:
1. Fundamentals of Radiation Safety		
2. Radiation Instrumentation		
3. Radiographic Equipment		
4. Inspection and Maintenance		
5. Case Histories of Radiography Accidents		

b. Received instruction in additional Company requirements as follows:

Subject	No. of hours:	Date:
1. Transfer, packaging, and transport of X-ray machines		
2. Requirements of State/Federal Regulations		
3. Terms and conditions of the Registration of X-ray machines		
4. Instructions in the Radiation Safety Program with emphasis on the Operating, Safety, and Emergency Procedures		

c. Completed on-the-job training (1 month minimum) as an Assistant Radiographer, directly supervised by a qualified Radiographer from: Date: _____ To _____

Name of the principle Radiographer trainer: _____

d. Passed a written examination to determine knowledge of topic outlined above.

Date: _____ Exam Score _____ / _____ / _____

e. Satisfactorily demonstrated competence to perform Industrial Radiography using an X-ray machine and to use the necessary tools and equipment associated with such operations. (Practical Examination)

Date: _____ Exam Score _____ / _____ / _____

III. I hereby certify the above information is correct to the best of my knowledge.

Signature of Radiographer	Individual Administering Training/Exam
Date _____	Date _____
Approved by the ATS RSO _____ Date _____	



Radiation Safety Audit for Radiographic Operations & Personnel

Location _____

Date _____

Technician 1) _____
 2) _____
 3) _____

1.0 TECHNICIANS	SAT	UNSAT	NOTES	
1.1 Technician are qualified (State or ID Cards)	<input type="checkbox"/>	<input type="checkbox"/>		
1.2 Dosimeters zeroed prior to start of shift	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Name</u>	<u>Dosimeter S/N</u>		<u>Calibration Due Date</u>	
1.3 Rate alarm meters checked for operability	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Name</u>	<u>Rate Alarm Meter S/N</u>		<u>Calibration Due Date</u>	
1.4 Survey Meters are operable and calibrated	<input type="checkbox"/>	<input type="checkbox"/>		
<u>Serial No.</u>	<u>Battery Condition</u>		<u>Calibration Due Date</u>	
1.5 Technicians know RSO and how to contact	<input type="checkbox"/>	<input type="checkbox"/>		
2.0 EQUIPMENT	SAT	UNSAT	N/A	NOTES
2.1 Daily Inspection Documented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.2 Exposure Device, S/N _____				
a. Required labels in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Leak test sticker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.3 Drive Assembly				
a. Crank assembly condition (label)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Source tube/extension condition (label)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.0 RADIATION AREA	SAT	UNSAT	N/A	NOTES
3.1 Boundary roped off adequately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.2 Radiation area signs posted sufficiently and conspicuously	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.3 High radiation area signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.0 OPERATION	SAT	UNSAT	N/A	NOTES
4.1 Area checked for personnel prior to each exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.2 Radiation readings at the perimeter noted and recorded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3 Area monitored during the exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4 Radiation survey includes the full circumference of the exposure device and the full length of the guide tube	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5 Collimator in use, when practical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.0 RECORDS	SAT	UNSAT	N/A	NOTES
5.1 Exposure Device utilization logged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.2 Shipping Report completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Notes:

Audit Performed By: _____

Date: _____



Training Record for Previously Trained Radiographers

Assistant Radiographer:		Date of hire:
Date of birth:	LAN ID:	Jobsite:

I. The above named Radiographer has been licensed previously to use X-ray machines as a fully qualified radiographer prior to employment at PG&E. To ensure that the individual has received adequate training prior to being designated as a qualified Radiographer, the following training and examination were given:

1. Informative instruction on PG&E's Operating, Safety, and Emergency Procedures (OS&EP), instruments, X-ray machines, devices, and equipment used in the course of Radiography operations. (Shall include NRC Case Histories)
 No. of hrs. _____ Date _____
2. Passed a written examination to determine individual's knowledge of topics outlined in Section 7.1.2 table 3 of the OS&EP.
 Date _____ Exam Score ____/____/____
3. Satisfactorily demonstrated the competence to perform Industrial Radiography using the X-ray machines and use of the necessary related tools and equipment associated with such operations.
 Date _____ Exam Score ____/____/____
4. Received instructions in the X-ray machine registration, OS&EP, and State and Federal Regulations for Control of Radiation.
 Date _____

II. Previous training and experience as a Radiographer as follows:

1. Received formal instruction on topics outlined in PG&E's OS&EP, NRC 10 CFR Part 34, Appendix A.
 Previous Company _____ Date _____
2. Was first qualified as a Radiographer at:
 Previous Company _____ Date _____
3. Worked as a Radiographer for the following company on the dates shown (report additional experience on the back of this form).

III. I hereby certify the above information is correct to the best of my knowledge.

Signature of Assistant Radiographer

Individual Administering Training/Exam

Date _____

Date _____

Approved by ATS RSO: _____ Date _____



WP 347-15.F08
Attachment 8

Radiation Survey Meter Checks

SURVEY METER NO.		
DATE OF CHECK		
CHECKED BY		
SIGNATURE		
CALIBRATION DATE		
DETAIL	SATISFACTORY	UNSATISFACTORY*
BATTERY FUNCTION TEST		
RANGE SWITCH FUNCTION		
SCALE & NEEDLE CONDITION		
CASE CONDITION		
CARRYING HANDLE		
Note* If unsatisfactory, remove from service until repairs, adjustments and calibrations have been completed.		



Radiation Related Formula And Half Value Thicknesses

Inverse Square Law

$$I_1/I_2 = D_2^2 / D_1^2$$

Example 1:

The intensity of radiation is 530 R/h at 5 feet away from a source. What is the intensity of the radiation at 10 feet?

Rework the equation to solve for the intensity at distance 2

$$I_2 = I_1 \times D_1^2 / D_2^2$$

Plug in the known values

$$I_2 = 530\text{R/h} \times (5\text{ft})^2 / (10\text{ft})^2$$

Solve for I_2

$$I_2 = 132.5 \text{ R/h}$$

In this instance the distance has been doubled and the intensity at that point has decreased by a factor of four.

Example 2:

A source is producing an intensity of 456 R/h at one foot from the source. What would be the distance in feet to the 100, 5, and 2 mR/h boundaries.

Convert R/hour to mR/hour

$$456\text{R/h} \times 1000 = 456,000 \text{ mR/h}$$

Rework the equation to solve for D_2

$$D_2 = \sqrt{\frac{I_1 \times D_1^2}{I_2}}$$

Plug in the known values and solve



Radiation Related Formula And Half Value Thicknesses

$$D_2 = \sqrt{\frac{456,000 \text{ mR/h} \times (1 \text{ ft})^2}{100 \text{ mR/h}}}$$

Using this equation the 100mR/h boundary would be at 68 feet, the 5mR/h boundary would be at 301.99 feet, and the 2mR/h boundary would be at 477.5 feet.

Example 3:

Doserate = 590mR/hr, what will the doserate be at 25ft?

$$\text{New Doserate} = \text{Old Doserate} \times D_1^2 / D_2^2$$

$$\text{New Doserate} = 590 \times 10^2 / 25^2$$

$$\text{New Doserate} = 94.4 \text{ mR/hr}$$

Half Value Thicknesses

Approximate HVL for various materials from Gamma sources:

Source	Half Value Layer in inches				
	Concrete	Steel	Lead	Tungsten	Uranium
Ir192	1.75	0.5	0.19	0.13	0.11
Co60	2.38	0.85	0.49	0.31	0.27
Se75	1.2	0.32	0.04	0.03	0.02

Approximate HVL for X-Rays

Peak Voltage (kVp)	Half Value Layers in Inches	
	Lead	Concrete
50	0.06	4.3
100	0.27	15.1
150	0.30	22.3
200	0.52	25.0
250	0.88	28.0
300	1.47	31.2
400	2.5	33.0



Radiography Experience Validation

Adaptation of California Title 17 Requirements for Radiography

California Title 17 has followed the State of Texas requirements in requiring there to be specific personnel available for machine radiography.

The object is to ensure that only experienced personnel perform and are responsible for radiation safety. To this end, there are some specific requirements that need to be considered.

These are:

Radiographer Trainer has to have at least two thousand hours of operational experience using X-Ray machines, which will include documentation of said experience and shall include:

- X-ray machine operation
- Radiation Safety Surveys
- Radiation Safety related activities

Please use the table below to document said experience; this document will be reviewed to assess your experience in hours to ensure we are compliant with Title 17.

Name of Radiographer: _____

State or IRRSP card first held from: _____

First date of radiation safety audits or experience: _____

COMPANY NAME	COMMENCEMENT DATE	EXPERIENCE HOURS	X, GAMMA, OR COMBINATION	INITIALS	DATE

Signature of radiographer: _____ Date: _____

Approved by ATS RSO _____ Date _____



INDUSTRIAL RADIOGRAPHY SAFETY TAILBOARD

This tailboard should be delivered to all personnel associated with work in the immediate vicinity of the radiography process, irrespective of their employer(s). It is the responsibility of the site supervisor to brief **ALL** of site-supervised personnel on the process to be undertaken, and address any questions or concerns **PRIOR** to commencement of radiographic activities. The lead radiographer shall give the brief.

PG&E performs radiography in order to assess certain conditions of either the parent material or welds associated with the gas transmission system.

To achieve this, PG&E may employ direct PG&E staff or contract companies to undertake the work.

Companies other than PG&E have had their operating, safety, and emergency manual documents reviewed. They are licensed by the State of California to carry appropriate radioactive materials to undertake the tasks requested. PG&E ATS is also registered with the State of California to undertake the same processes, but using x-ray generators as opposed to radioactive materials.

The plan of work will generally follow a process whereas the radiographers:

1. Erect legally designated boundaries using yellow and magenta colored ropes or cones with radiation warning signs.
2. Enter the work area and commence to establish the radiographic "shot or shots" of the component to be tested.
3. Exit the high radiation area and commence the exposure.
4. Upon completion of the work, survey the work equipment to ensure the equipment is in a safe condition.
5. Remove all boundaries or demarcations and associated warning signs.

The site is now safe to allow non-radiographic staff to return to work in the area.

There are legal obligations placed on those using such equipment, namely, no other persons other than the radiographers may enter the area once the boundaries are erected **AT ANY TIME** without expressed consent from the lead radiographer. As a non-radiographer, you may not reach under, over, or enter through the set boundaries.

This will be made clear by the radiographer in charge. Any willful disregard to this instruction is a violation and will be treated with appropriate disciplinary action.

That does not remove any rights you as an individual have in requesting a "stop work" where there is a perception of a safety issue. If this is the case, make the request at the very first opportunity to the lead radiographer without violating the above mentioned instructions.



DO NOT ENTER THE BOUNDARIES TO MAKE YOUR CASE.

Confined space attendants shall also remain outside of these boundaries when maintaining confined space entry requirements. This means the confined space attendant should be positioned to clearly see all personnel in the hole.

If rescue of radiographic staff is required inside the confined space due to their inability to self-extract from the confined space, then the nominated rescue staff under the rescue plan may enter the boundary.

In this instance as well as initiating the rescue, calls should be placed to the Radiation Safety Officer for the respective Company (this will be found in the contractor company vehicle) and **ALSO** to the PG&E ATS Radiation Safety Officer (RSO) – (Federico Necochea 925-817-7426) for help and assistance in processing the site and ensuring the site is safe. In absence of the RSO, the Alternate Radiation Safety Officer (ARSO) should be called (Kevin Rawlins 925-719-2679).

██████████

PG&E APPLIED TECHNOLOGY SERVICES
Radiation Safety Officer

██████████

Sr. Engineering Technician

**ATS Job Safety Analysis / Tailboard**Brief Job Description:

Date:		Time:		Location:				
Attendee Name			Lan ID	Initials	Attendee Name		Lan ID	Initials

Topics Discussed:

<input type="checkbox"/> Electrical Hazards/Arc Flash	<input type="checkbox"/> Safety At Heights	<input type="checkbox"/> Repetitive Movements
<input type="checkbox"/> Confined Space Hazard	<input type="checkbox"/> Cut Hazards/Sharp Edges	<input type="checkbox"/> Radiological Hazard
<input type="checkbox"/> Hazardous Chemical Exposure/Fumes	<input type="checkbox"/> Line of Fire / Pinch Points	<input type="checkbox"/> Flying particles
<input type="checkbox"/> Cold Stress/Heat Stress	<input type="checkbox"/> Fall Hazard	<input type="checkbox"/> Slip/Trip/Fall Hazards
<input type="checkbox"/> Working Near Bodies of Water	<input type="checkbox"/> Rotating Machinery	<input type="checkbox"/> Stored Energy/Pressure
<input type="checkbox"/> Heavy Lifting/Body Positioning	<input type="checkbox"/> Communication	<input type="checkbox"/> Weather Hazard
<input type="checkbox"/> Overhead Hazard	<input type="checkbox"/> Fire Hazards/Flammable Chemicals	<input type="checkbox"/> Hot Work/Welding/Grinding
<input type="checkbox"/> Public Safety	<input type="checkbox"/> Parking	<input type="checkbox"/> Driving
<input type="checkbox"/> Noise above 80 dB	<input type="checkbox"/> Environmental Hazard	<input type="checkbox"/> Traffic Hazards

Other:**Hazard Controls**Engineering Controls:**Administrative Controls:**

<input type="checkbox"/> Signage/Barriers	<input type="checkbox"/> Complete Permits	<input type="checkbox"/> Lock Out Tag Out
---	---	---

Other Administrative Controls:**PPE and Safety Equipment Required:**

<input type="checkbox"/> Safety Glasses	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Rain Gear
<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Radios
<input type="checkbox"/> Gloves	<input type="checkbox"/> Fall Harness	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> FR Clothing	<input type="checkbox"/> Dust Mask	<input type="checkbox"/> Air Monitor
<input type="checkbox"/> Steel-Toe Boots	<input type="checkbox"/> Long Sleeve Shirt	<input type="checkbox"/> Reflective Vest



ATS Job Safety Analysis / Tailboard

Other PPE:

Procedure Information N/A

Procedure #		Procedure Description:	
-------------	--	------------------------	--

Emergency Information

Task	Name	Task	Name
Perform CPR:		Contact Emergency Services:	
Retrieve AED:		Escort Emergency Services:	
Evacuation Area:			

Evaluation of Task Steps, Hazards and Controls

Task Steps	Hazards	Controls

Additional Notes:

