

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/17/80		444, RM101	CHIPS AND TURNINGS ON LATHE IGNITED.	
07/02/80		771, RM249	OVERHEAT CONDITION REPORTED BY UTILITIES IGNITED FILTERS.	
11/06/80		883, RM107	ELECTRICAL MALFUNCTION "A" PRESS SWITCH.	
11/08/80		883, RM107	ELECTRICAL MALFUNCTION "A" PRESS SWITCH.	
02/18/81		881, RM247	FIRE IN FILM DRYER.	
04/07/81		374, RMS809/3810	SACK FILTERS IGNITED IN SALT DRYER.	
04/19/81		444, RM245	ELECTRICAL SHORT IN TANK HEATER IGNITED PLASTIC TANK.	
05/12/81		444, RM101	CHIPS IGNITED ON LATHE	
06/16/81		881, RM137	SMALL TRANSFORMER OVERHEATED AND IGNITED	
08/04/81		447, RM502	BARREL OF CHIPS IGNITED WHILE BEING LOADED INTO CHIP ROASTER.	
08/07/81		OUTSIDE, SO. OF GATE #9	3/4 ACRE OF GRASSLAND BURNED	
08/10/81		865, RM136	LATHE CHIPS IGNITED IN BARREL.	
09/04/81		444, RM101	LATHE CHIPS IGNITED ON LATHE.	
09/10/81		444, RM182	CUTTING TORCH SPARK IGNITED WALL INSULATION.	
09/21/81		444, RM148	MAGNESIUM CHIPS IGNITED ON CUTTER.	
09/21/81		444, RM151A	MAGNESIUM IMPREGNATED BELT SANDER IGNITED WHEN STEEL WAS BEING SANDED ON THE SANDER.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
09/21/81		OUTSIDE, NORTH OF PLANT	10 ACRES OF GRASSLAND BURNED.	
10/02/81		OUTSIDE, PARKING LOT	LEAKING TRANSMISSION FLUID OVERHEATED AND IGNITED IN ENGINE COMPARTMENT.	
10/29/81		865, RM145	HIGH TEMPERATURE IN FURNACE CAUSED VAPORIZATION OF ZINC. TEMP. CONTROL CONTACTS STUCK.	
11/03/81		447, RM406B	METAL CHIPS IGNITED IN WOODEN SHIPPING BOX.	
11/25/81		444, RM101	METAL TURNINGS IGNITED ON LATHE	
12/22/81		123, RM126	TRANSFORMER ON BE ANALYZER IGNITED.	
01/05/82	SIR 82-01-559.1	559, RM102, BOX C-19	A CRUCIBLE BEING REMOVED FROM AN INDUCTION FURNACE FELL AND ROLLED INTO A PLASTIC SAMPLE RACK. THE EDGE OF THE SAMPLE RACK THEN CAUGHT FIRE. THE FIRE WAS OUT UPON THE ARRIVAL OF THE FIRE DEPARTMENT.	
01/20/82	SIR 82-01-371.1	371, ANALYTICAL LAB	TAPE, HOLDING SAMPLES OF BARIUM AND CESIUM TOGETHER, STUCK TO THE SLEEVE OF SOME COVERALLS AND WAS THROWN INTO THE LAUNDRY. THE "HOT" COVERALLS WERE RECOVERED ON JAN. 21 WHEN THEY SET OFF THE SURVEILLANCE INSTRUMENTS OF THE RADIATION MONITORS.	
01/28/82	SIR 82-01-123.1	123, RM131	A CARDBOARD BOX WITH 238 RADIOACTIVE SOURCES WAS INADVERTANTLY DISCARDED AS BUILDING TRASH. THE BOX WAS SITTING ON THE FLOOR ALONG WITH OTHER BOXES CONTAINING BUILDING TRASH.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
02/03/82	SIR 82-02-771.1	771, RM 149, BOX 44	A NEEDLE VALVE WAS FOUND TO BE LEAKING CONTAMINATED NITRATE SOLUTION. THE VALVE WAS SUPPOSED TO BE REMOVED BUT DUE TO LACK OF COMMUNICATION, THE VALVE WAS FORGOTTEN.	
02/04/82	SIR 82-01-778.1	778, LAUNDRY	THE ADDITIONAL LOAD PLACED ON THE LAUNDRY PLENUM FACILITY BECAUSE OF PLANT POPULATION INCREASE APPARENTLY CAUSED HEAT BUILDUP SUFFICIENT TO IGNITE FINE LINT IN PRE-PLENUM LINT SCREEN CHAMBER AND ACTIVATE SPRINKLERS.	
02/11/82		707, MODULE D	MODULE D. BIRDCAGE FELL OFF CHAINVEYOR TO RADIOGRAPHY. CAUSE WAS NOT IDENTIFIED - CONJECTURE: 1) SWAYING MOTION FROM STARTING/STOPPING OF CONVEYOR 2) CARRIER NOT PROPERLY INSTALLED ON BIRDCAGE OR 3) BIRDCAGE NOT PROPERLY	INSTALLED ON CHAIN. SIMILAR INCIDENT OCCURRED ON 4-30-81 (NO REPORT).
03/05/82	SIR 82-03-883.1	883, HEALTH PHYSICS	A HEALTH PHYSICS VACUUM PUMP WAS SHUT DOWN FOR REPAIRS. THE DAMAGE TO THE PUMP FROM NORMAL WEAR WAS JUDGED IMPOSSIBLE TO FIX. A NEW PUMP HAD TO BE ORDERED. THERE IS NO BACK UP PUMP OR PORTABLE PUMP TO TAKE ITS PLACE UNTIL A NEW PUMP ARRIVES.	
03/17/82	SIR 82-03-776.1	776, GLOVEBOX 630	PIPEFITTERS WERE CLEANING OUT THE PRIMER CONTAINER, WHICH CONTAINED A HARD MATERIAL LIKE SLUDGE, WITH A BAR. DURING THE CLEANING A SPARK AND FLASH OF FIRE RESULTED. IT WAS DETERMINED THAT THE BOX CONTAINED OVER 10% OXYGEN.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
03/19/82	SIR 82-03-771.2	771, RM149, LINE 24	NMSPI #82-5, A GLOVEBOX CONTAINED 3019G PU, EXCEEDING THE LIMIT OF 2500G.	
03/24/82	SIR 82-03-371.1	371, NDA	NMSPI #82-4, A VOLLRATH CAN OF PU02 WAS INADVERTANTLY PLACED ON THE RIM OF A FULL 10 GALLON SHIPPING CONTAINER.	
04/07/82	SIR 82-04-707.1	707, MODULE B, BOX B-100	CCL4 SPILL. ROLLING MILL OPERATOR LEFT SUPPLY LINE VALVE OPEN AT END OF SHIFT. SPRING LOADED DEMAND NOZZLE FAILED OPEN ON OFF-SHIFT FILLING GLOVE BOX, FLOWED THROUGH CRIT. DRAIN AND CONTAMINATED ROOM OVER 16 HOURS.	
4/08/82	SIR 82-04-881.1	881, RM296	TWO SHEETS OF PLYWOOD FELL TO THE FLOOR AFTER BEING DISLODGED FROM THE SOUTH OVERHEAD BRIDGE CRANE. A BOLT SUPPORTING THE OVERHEAD DUCTWORK BECAME ENTANGLED WITH THE PLYWOOD DRAGGING THE PLYWOOD FROM THE BRIDGECRANE.	
04/19/82	SIR 82-04-771.1	771, RM247, CHEM. MAKEUP	AN IMPROPERLY POSITIONED CAUSTIC FILL VALVE CAUSED THE OVERFILLING OF A VACUUM SYSTEM MIST TANK THAT RESULTED IN 11.65M KOH FLOWING ONTO THE VACUUM SYSTEM EQUIPMENT AND THE FLOOR OF THE AREA.	
04/29/82	SIR 82-04-123.1	123, ANALYTICAL LAB	AN EMPLOYEE TRANSFERRED 12M NITRIC ACID TO A PLASTIC BOTTLE AND CAPPED THE BOTTLE SECURELY. LATER, THE PRESSURIZED BOTTLE RUPTURED, SPRAYING THE CORROSIVE CONTENTS ONTO TWO EMPLOYEES.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
04/29/82	SIR 82-04-707.2	707, MODULE B	NMSPI 82-7, IN MODULE B, FOUR PART CARRIERS WERE FOUND ON THE FLOOR OF CHAINVEYOR 7-S8A AT THE TURNAROUND NEAR THE 1209 LINE. LIMITS ALLOW FISSILE MATERIAL TO BE IN CARRIERS ON THE PENDANTS OF THE CHAINVEYOR AND NOT ON THE CHAINVEYOR FLOOR.	
04/29/82	SIR 82-04-771.2	771, RM114, LINE 5	NMSPI #82-6, A USED FULFLO FILTER WAS PLACED TOO CLOSE TO OTHER FISSILE MATERIAL WHICH EXCEEDED POSTED SPACING REQUIREMENTS.	
05/04/82	SIR 82-05-WS.1	WIND SITE	TILT-DOWN TOWER WITH WIND MACHINE ATTACHED PIVOTED UNRESTRAINED ABOUT ITS BASE ALLOWING MACHINE TO CRASH INTO GROUND.	
05/06/82	SIR 82-05-371.1	371, ANION EXCHANGE UNIT	USED FILTER CARTRIGES WERE SPACED 12" FROM PUMP P-118. THE LIMIT STATES A MINIMUM OF 24" IS NECESSARY.	
05/06/82	SIR 82-05-771.1	771, RM114, LINE 5	NMSPI #82-9, PLACEMENT OF TWO LEACHED PARTS IN THE SAME SPRAY HOOD. ONLY ONE PART IS ALLOWED PER HOOD WITH NO EXCEPTIONS.	
05/10/82	SIR 82-05-707.2	707, MODULE A, BOX A-55	NMSPI #82-11, PU METAL FROM TWO APPROVED CASTINGS WERE IN THE COOLING SECTION OF THE BOX AT THE SAME TIME. ONLY ONE APPROVED CASTING CAN BE IN THE COOLING SECTION AT A TIME.	
05/10/82	SIR 82-05-771.3	771, RM147A	NMSPI #82-10, OVERLOADING OF A 55 GALLON DRUM WITH 524G OF WET FULFLO FILTERS. THE LIMIT IS 500G.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/11/82	SIR 82-05-771.2	771, RM114, LINE 3	NMSPI #82-13, DIRTY OXIDES WERE DRYED AND THEN CUT OUT OF THE LINE. IT WAS THEN DETERMINED THAT THE OXIDES CONTAINED 12% MOISTURE AND WERE THEREFORE CONSIDERED WET PU. THE OXIDES WEIGHED 1954G AND THE LIMIT FOR WET PU IS 400G.	
05/12/82	SIR 82-05-371.2	371, BOX 58	NMSPI #82-12, FIVE CONTAINERS WERE IN BOX 58 AT SAME TIME WHILE LIMIT IS FOUR.	
05/13/82	SIR 82-05-782.1	782, VENTILATION SYSTEM	THE SYSTEM SUPPORTING THE DRIVE SIDE ASSEMBLY OF FAN 406 BROKE AWAY FROM THE FAN HOUSING ALLOWING THE BEARING, SHAFT, AND ROTOR ASSEMBLY TO SHIFT POSITION. DAMAGED COMPONENTS INCLUDED BEARINGS, SHAFTS, BELTS, DAMPER, AND BELT GUARD.	
05/17/82	SIR 82-05-371.3	371, CAUSTIC TREATMENT	AN EMPLOYEE BECAME CONTAMINATED WHILE WORKING IN ROOMS 1117-1125. THE WORKER WAS SENT TO THE DECON. ROOM TO DECONTAMINATE HIMSELF. HE DID NOT HAVE HIMSELF MONITORED AFTERWARDS AND WENT HOME. IT WAS LATER DETERMINED THAT HE WAS STILL CONTAMINATED.	
05/18/82	SIR 82-05-707.3	707, MODULE A, BOX A-55	NMSPI #82-14, A CASTING CHARGE FOR A MOLD EXCEEDED THE APPROVED LIMITS BY 696G PU.	
05/24/82	SIR 84-05-771.2	771, RM114	DURING A SUPPLIED AIR OPERATION THE DOCKING RING UNITING THE HOOD AND SUIT SEPARATED AND SUIT WAS BREACHED. EMPLOYEE TRANSPORTED TO MEDICAL.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/15/82	SIR 82-06-444.1	444, RM116, MACHINE SHOP	A MACHINIST CAUGHT HER FINGER BETWEEN THE MILLING CUTTER AND THE FIXTURE OF A HORIZONTAL MILL WHILE CLEANING THE MACHINE. SHE RECEIVED SEVERE LACERATIONS TO THE MIDDLE FINGER OF HER RIGHT HAND.	
06/15/82	SIR 82-06-883.1	883, RM105	AN EMPLOYEE RECEIVED BURNS ON THE BACK OF HIS NECK AND BACK OF EARS WHILE REMOVING URANIUM INGOT FROM FURNACE. THE BURNS WERE A RESULT OF MOLTEN SALT PRODUCING GASES THAT ESCAPED FROM THE FURNACE AND BURNED THE OPERATOR.	
06/16/82	SIR 82-06-889.1	889	URANIUM MACHINING CHIPS FROM BLDG. 444 SPONTANEOUSLY IGNITED IN A WASTE DRUM WHICH HAD BEEN SENT TO BLDG. 889 TO BE CEMENTED FOR SHIPMENT TO THE NEVADA TEST SITE. NO CONTAMINATION WAS RELEASED.	
06/17/82	SIR 82-06-444.2	444, RM101, TRACER LATHE	A TRACER UNIT REMOVED FROM A LATHE WAS NOT BOLTED DOWN WHEN STORED BECAUSE THE BOLTS WERE MISSING. WHEN A MAINTENANCE MACHINIST BEGAN TO WORK ON THE UNIT IT FELL, LANDING ON HIS LEFT ARM. HE RECEIVED LACERATIONS WHICH WERE CLOSED BY SUTURES.	
06/26/82	SIR 82-06-771.1	771, RM247	A CHEM. OPERATOR WAS FILLING A 12N NITRIC ACID TANK (TANK #23) AND LEFT THE ROOM TO TAKE A SAMPLE TO THE LAB. THE AUTOMATIC SHUT-OFF VALVE FAILED AND 100 GALLONS SPILLED ONTO THE FLOOR OF THE ROOM AND INTO THE HALLWAY.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/29/82	SIR 82-06-374.1	374, RM4104	A LEAK IN THE PUMP DISCHARGE VALVE OF A 12N NITRIC ACID TANK WAS BEING FIXED. DUE TO A LACK OF COMMUNICATION, THE DISCHARGE VALVE WAS CLOSED RATHER THAN THE TANK DRAIN VALVE. APPROXIMATELY 600 LITERS OF ACID SPILLED ONTO THE FLOOR.	
07/07/82	SIR 82-07-371.1	371	CONTAMINATION SPILL DUE TO RUPTURED PVC LINE.	
07/13/82	SIR 82-07-771.1	771, RM114, TANK 950	WASTE OF 2.58G PU PER LITER WERE TRANSFERRED TO A TANK WHOSE LIMITS ARE $3.7 \times 10^{-3}$ G/LITER. THIS CAUSED A TOTAL WEIGHT OF 1250G IN THE TANK EXCEEDING THE 200G LIMIT.	
07/13/82	SIR 82-07-865.1	865, RM106	AN EMPLOYEE WAS USING A LECO MOUNTING PRESS AND WAS HOLDING THE CAMLOCK CLOSURE BY ITS HANDLE. THE HANDLE HAD WORKED LOOSE OVER TIME AND CAME LOOSE CAUSING THE OPERATORS FINGER TO BE SEVERELY CUT ON THE CAMLOCK CLOSURE.	
07/14/82	UOR 82-707-02	707, MODULE J	AN OPERATOR LEFT A GLOVEBOX WITHOUT MONITORING HIMSELF OUT. HE LEFT THE BUILDING CONTAMINATED. HIS CAR, CARPOOL CAR, AND HOUSE WERE ALL CHECKED FOR CONTAMINATION. NO CONTAMINATION WAS FOUND. THE OPERATOR DID HAVE A POSITIVE BODY COUNT.	
07/15/82	SIR 82-07-776.1	771/776 TRUCK GATE	ALARM TECHNICIANS WERE INSTALLING CONDUIT IN A TRENCH USING ELECTRIC POWER TOOLS. THE FIRE DEPT BEGAN RUNNING TESTS OF THE SPRINKLER SYSTEM IN 776. WATER RESULTING FROM THESE TESTS FILLED THE TRENCH WITH 4" TO 1' OF WATER CREATING AN ELECTRICAL HAZARD.	



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/28/82	UDR 82-334.03	334, ELECTRIC SHOP	WORKER RECEIVED SHOCK WHEN WORKING ON AN ARC WELDER. HIS FINGER WAS BURNED.	
08/04/82	SIR 82-08-771.1	771, RM148, LINE 19	A CHEM. OPERATOR PLACED TWO CONTAINERS OF PUF4 NEXT TO A X-FURNACE WITH PRODUCT IN THE REDUCTION VESSEL.	
08/09/82	SIR 82-08-771.2	771, RM149, LINE 22	A CAN OF MATERIAL WAS INTRODUCED INTO THE WEST BURN BOX THAT WEIGHED 3484G (LIMIT=3000G), WAS THE THIRD CONTAINER ADDED(LIMIT=2 CONTAINERS), AND WAS LARGER THAN THE 1 LITER LIMIT FOR THE BOX.	
08/10/82	SIR 82-08-771.3	771	NMSPI 82-19. THREE BATCHES OF MATERIAL WITH PU CONTENTS OF 366 G, 675 G, AND 717 G, WERE PROCESSED IN THE GLOVEBOX. THE ESTABLISHED LIMIT FOR EACH BATCH IS 200 G PU METAL.	
08/11/82	SIR 82-08-707.2	707, MODULE K	TWO PART CARRIERS WERE PRESENT IN THE TRANSFER AREA WHEN ONLY ONE IS ALLOWED. A CARRIER IS LIMITED TO 3000G PU AND EACH CARRIER CONTAINED 3896G.	
08/14/82	SIR 82-08-707.1	707, RM169, X-RAY UNIT	X-RAY UNIT DID NOT FULLY TERMINATE RADIATION OUTPUT AT THE END OF PRESET EXPOSURE. ONE PERSON RECEIVED A SMALL AMOUNT OF PENETRATING RADIATION OF UNKNOWN ENERGY LEVEL.	
08/18/82	SIR 82-08-771.4	771, RM238	TWO MACHINISTS WERE INSTALLING A SUPPLIED AIR FAN USING A HOIST. SMALL PIECES OF DEBRIS BEGAN FALLING SO THE FAN WAS LOWERED. UPON INSPECTION, IT WAS FOUND THAT THE CEILING CHANNEL WAS CORRODED CAUSING THE HOIST TO FAIL.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
08/18/82	SIR 82-08-881.1	881, RM265	SODIUM NITRATE AND WATER WAS USED AS AN ELECTROLYTE IN A CHEMICAL MILLING MACHINE. AS A PART WAS BEING RUN AN EXPLOSION OCCURRED. THE FORCE BLEW THE PLASTIC WINDOWS OFF THEIR SCREWS AND BLEW ELECTROLYTE TO THE CEILING. NO INJURIES, NO KNOWN CAUSE.	
08/20/82	SIR 82-08-444.1	444, RM101	A SPARK FROM A URANIUM CHIP IGNITED THE COOLANT OIL VAPORS ON THE LATHE.	
08/22/82	SIR 82-08-121.1	121, RIFLE RANGE	A BULLET BEING FIRED AT A TARGET HIT THE METAL FRAME OF THE TARGET AND RICOCHETED BACK AND STRUCK AN OBSERVER IN THE LEFT FOREARM. THE WOUND WAS NOT SERIOUS.	
08/30/82	SIR 82-08-371.1	371, INCINERATOR	A PUMP FAILED RELEASING 150 GALLONS OF WATER INTO ROOM 1125. THE VALVE HAD BEEN INSTALLED IMPROPERLY CAUSING THE UPPER COUPLING NUT TO BE STRIPPED FROM THE VALVE DURING THE FAILURE.	
08/30/82	SIR 82-08-LA.01	LAKE ARBOR MACHINE SHOP	A MACHINIST CUT HIS LEFT HAND ON A STAINLESS STEEL CHIP WHEN OPERATING A 10" EINCINNATTI LATHE.	
08/31/82	SIR 82-08-865.1	865, HIGH BAY	THE DOOR OF A LINDBERG FURNACE WAS BEING OPENED TO REMOVE A HOT PIECE OF STAINLESS STEEL. PRIOR TO REMOVAL OF THE STEEL, THE FURNACE DOOR SLAMMED SHUT AGAINST THE STOPS. THE DOOR LIFTING CHAIN HAD FAILED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
09/15/82	SIR 82-09-707.1	707 MODULE A,B	NMPS1 #82-20. IN THE TRANSFER AREA BETWEEN CHAINVEYORS OF MODULE A, FOUR PART CARRIERS WERE FOUND PRESENT ON THE GLOVEBOX FLOOR. ALSO, BETWEEN THE CHAINVEYORS OF MODULE B FIVE PART CARRIERS WERE FOUND ON THE GLOVEBOX FLOOR. LIMITS ALLOW A MAX OF TWO PART	CARRIERS TO BE PRESENT AT A TIME IN EACH OF THESE AREAS.
09/29/82	SIR 82-09-771.1	771	SIX CONTAINERS (APPROX 2500G OF OXIDE) WERE BAGGED FROM A CART INTO LINE 7. TEMPORARY LIMIT ALLOWED SIX CONTAINERS TO BE BAGGED IN PROVIDED EACH WAS LIMITED TO A MAX OF 1400G OF PUO2 AND THAT THE MATERIAL BEING TRANSFERRED CAME FROM LINES 8 AND 9 ONLY.	
10/01/82	SIR 82-10-776.1	776	SHEET METAL MAINTENANCE WAS WORKING ON FAN SHAFT WITH WELDER. A WORN CORD ON THE WELDER SENT AN ARC OF ELECTRICITY TO THE STEEL DECK PLATE. THE CORD WAS WORN FROM PEOPLE WALKING ON IT. THERE WAS NO SHOCK HAZARD.	
10/05/82	SIR 82-10-771.1	771, RM182, BOX 226	THE WRONG POWER BUTTON WAS PUSHED CAUSING POWER TO FLOW TO A FURNACE WHICH WAS NOT IN SERVICE. AS A RESULT, THE INDUCTION COIL OVERHEATED CAUSING THE INSULATION TO SMOKE, DISINTEGRATE, AND RUIN THE COIL.	
10/06/82	SIR 82-10-707.1	707, MODULE B	MOD B. HYDRA-FORM PRESS. ELECTRICIAN RECEIVED SHOCK WHILE ATTEMPTING TO LOCATE THE POWER SOURCES IN AN UNMARKED CONTROL CABINET.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/10/82	SIR 82-10-371.1	371	NMSP1 #82-22. PROCESS WASTE SOLUTION WAS TRANSFERRED FROM A CRITICALLY SAFE VESSEL TO A CRITICALLY UNSAFE VESSEL WITHOUT SOLUTION SAMPLE ANALYSIS. SOLUTION WAS TO BE CIRCULATING AND WAS INADVERTENTLY TRANSFERRED TO 374.	
10/14/82	SIR 82-10-883.1	883	AN ELECTRICIAN WAS HOOKING UP WIRING ON A BULLARD VERTICAL LATHE. HE WAS STANDING ON AN OILY MOTOR, SLIPPED AND FELL ONTO THE FLOOR PLATES AROUND THE MACHINE AND RECEIVED LACERATIONS TO THE RIGHT HAND AND LEFT CHEEK BONE.	
10/25/82	SIR 82-10-371.2	371	CHEMICAL REACTION RESULTING IN VAPORS BEING INHALED BY TWO EMPLOYEES.	
10/28/82	UOR 82-371.04	371/374	CRITICALITY ALARM SOUNDED FOR AN UNKNOWN REASON. NOTHING WAS FOUND WRONG WITH THE ALARMS AND NO CONTAMINATION WAS FOUND.	
10/28/82	SIR 82-11-750.1	750	NMSP1 #82-23. ASSEMBLY OPERATIONS FOR A SPECIAL DEVICE STARTED WITHOUT HAVING NMSL AUTHORIZATION ON HAND.	
11/05/82	SIR 82-11-782.1	782, 779, 729, 779A	ACTIVATION OF NEUTRON ALARM CAUSED EVACUATION OF BLDGS. 779, 779A, 729, 782. MALFUNCTION OF DETECTORS IS ASSUMED TO BE THE CAUSE.	
11/09/82	SIR 82-11-886.1	886	THE CRIT. ALARM OCCURED AT THE INSTANT THAT A SCALE CHANGE WAS MADE ON A REACTOR MONITOR INSTRUMENT DURING A CRITICAL MASS EXPERIMENT. NO CRITICALITY HAD OCCURED. ALARM WAS THE RESULT OF A FAILED SOLDER JOINT AND A QUESTIONABLE ELECTRONIC COAX CABLE.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
11/16/82	UOR 82-707.05	707, MODULE B	A FURNCE OVERHEATED MELTING THE LEAD SHIELD. THE INSULATION IN THE FURNACE CAUSED HEAVY SMOKE.	
11/16/82	SIR 82-11-771.1	771, CAFETEEN	EMPLOYEE CONTAMINATED BY CAFETEEN TABLE.	
11/16/82	SIR 82-11-883.1	883	THE OPERATION IS A TIG WELD OF DEPLETED URANIUM IN A WELDING BOOTH. OPERATOR RECIEVED ARC BURN TO HIS EYES.	
11/22/82	SIR 82-11-771.2	771	TWO CHEMICAL OPERATORS REMOVING AND PACKAGING RASCHIG RINGS BECAME HYPERVENTILATED, WHICH MADE THEM FEEL DIZZY.	
12/02/82	UOR 82-883.06	883	AN EXHAUST FAN OVERHEATED WHICH CAUSED THE BEARINGS TO SEIZE, BENDING THE SHAFT AND CAUSING THE FAN TO SELF DESTRUCT. THE GEAR BOX STARTED ON FIRE.	
12/08/82	SIR 82-12-371.1	371	OPEN FLAME EMITTING FROM THE BOTTOM OF ELECTROREFINING TILT-POUR FURNACE #8. ARGON SHUT OFF AND FURNACE ALLOWED TO COOL.	
12/10/82	SIR 82-12-777.1	777	AN OPERATION WAS BEING PERFORMED TO MIX THE MOLTEN SALT BATH IN THE 8E ELECTROREFINING CELL. AN ARGON SUPPLY HOSE WAS BLOWN OFF ITS CONNECTION TO THE SPARGING TUBES. MOLTEN SALT WAS FORCED OUT THE TUBES AND SPRAYED TWO EMPLOYEES RESULTING IN BURNS.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
12/17/82	SIR 82-12-381.1	381, FL. DISPOSAL TRAPS	CHARCOAL FIRE IN FLOURINE DISPOSAL TRAPS. SPARKS FROM SECONDARY TRAP WERE CARRIED TO THE THIRD AND FOURTH TRAPS, IGNITING THEM.	
12/17/82	SIR 82-12-559.1	559, RM102, BOX C-4	NMSPI #82-24. THE MAXIMUM ALLOWABLE NUMBER OF VIALS ALLOWED OUT IN THE WORK AREA WAS EXCEEDED. (LIMITS FROM GB C-4)	
12/18/82	SIR 82-12-750.1	750, POTABLE STEAM GEN.	WHILE ACID CLEANING THE PORTABLE STEAM GENERATOR IN BLDG. 750, WITH INHIBITED HYDROCHLORIC ACID, FUMES WERE GIVEN OFF WHICH GOT INTO THE SUPPLIED AIR SYSTEM.	
12/21/82	SIR 82-12-886.1	886, 559	THE RTV SEALANT IN THE JOINT OF THE OUTER CAN FAILED, PROBABLY DUE TO HEAT AND/OR RADIATION DAMAGE. THIS ALLOWED SOME WATER TO ENTER THE CAN. EVENTUALLY, THIS MOISTURE BREACHED THE LID OF THE INNER CAN, ALLOWING THE WATER AND PU TO REACT.	
12/28/82	SIR 82-12-444.1	444, RM201, FURNACE 6	MACHINE TURNINGS CONSISTING OF BE, STAINLESS STEEL, AND DEPLETED URANIUM WERE BEING HEATED IN THE FURNACE TO OXIDIZE THE URANIUM TURNINGS. THE TURNINGS WERE HEATED TO THE OIL'S IGNITION POINT WITHOUT FLAME TO OXIDIZE THE VAPORS AS THEY WERE GENERATED.	
01/03/83	SIR 83-01-WES.1	251, WIND SITE	SHORT CIRCUIT IN 480 VOLTAGE CABLE CAUSED A MINOR EXPLOSION UNDERGROUND BENEATH TRANSFORMER T-12.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
01/13/83	SIR 83-01-121.1	121, PARKING LOT	AN M-114 TANK CRAWLED UP ON THE RIGHT REAR CORNER OF AN AUDI FOX, 2 DOOR SEDAN, CAUSING EXTENSIVE DAMAGE TO THE VEHICLE. NO DAMAGE TO TANK.	
01/24/83	SIR 83-01-707.1	707, MODULE D	NMSPI 83-1. TWO PENDANTS ON CHAINVEYOR 70S6 (#324 AND #325) SPACED 48" APART LIMIT = 54" MINIMUM SPACING.	
02/01/83	SIR 83-02-771.1	771, RM153, GB 153D	NMSPI 83-2. PRECIPITATOR POT LARGER THAN 4-LITERS. POSTED LIMIT STATED NO CONTAINERS GREATER THAN 4-LITER CAPACITY.	
02/08/83	SIR 83-02-447.1	447, RMS01	URANIUM CHIP FIRE. SPARKS FROM A GRINDING OPERATION WENT INTO A PAN OF D-38 CHIPS IGNITING THEM.	
02/15/83	SIR 83-02-371.1	371	NMSPI 83-3. CONTENTS OF TANK D-152A APPROVED FOR TRANSFER TO BLDG 374 TANK D-152B WAS BEING RECIRCULATED AND VALVE ALLOWING TRANSFER WAS STUCK OPEN.	
02/15/83	SIR 83-02-883.1	883, "A" SIDE	CINCINNATI 1/2 PLATE SHEAR. OPERATOR HAD TIPS OF TWO FINGERS SMASHED.	
03/01/83	SIR 83-03-707.1	707, MODULE B	AN EMPLOYEE RECEIVED SECOND DEGREE BURNS TO HIS RIGHT ARM WHILE ATTEMPTING TO REMOVE AN ITEM FROM MOD B PRESSURE VESSEL.	
03/04/83	SIR 83-03-707.2	707	TEST OF EMERGENCY POWER, EMERGENCY GENERATOR STARTED BUT DELIVERED NO POWER. LOSS OF POWER TO CERTAIN GLOVEBOX EXHAUST FANS RESULTED IN LOSS OF NEGATIVE BOX PRESSURE AND RELEASE OF CONTAMINATION.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
03/06/83	SIR 83-03-WES.2	250, WIND SITE	SHORT CIRCUIT IN 480 VOLTAGE CABLE CAUSED A MINOR EXPLOSION UNDERGROUND BENEATH T-11 TRANSFORMER.	
03/17/83	SIR 83-03-771.1	771, CAFETEEN	ICE CREAM FREEZER COMPRESSOR EXPLODED WHEN COMPRESSOR FAILED TO SHUT DOWN AFTER REACHING COOLING SET POINT.	
03/24/83	UOR 83-1--776 83-1	776, RM161 NW CORNER	A PRESS BREAKDOWN RESULTED IN A PU FIRE.	
03/25/83	SIR 83-03-771.2	771, RM149, LINE 33	INCINERATOR DRUM FILTRATION LINE. PROCESS WATER LINE WAS CONTAMINATED WITH 3 MOLAR CAUSTIC (KOH) AND PLUTONIUM AT LINE 33.	
04/04/83	UOR 83-2--SAGE 83-1	881, 374 TRANSFER	WASTE BEING PUMPED INTO VALVE VAULT ACCIDENTALLY, CAUSING OVERFLOWING. ALARM SIGNALING MOISTURE IN VAULT FAILED.	
04/15/83	SIR 83-04-371.1	371	NMSPI 83-6. PLASTIC PEN CONSTRUCTED AROUND TANK D-293B WAS NOT SLIT.	
04/15/83	SIR 83-04-776.2	776, SR-4 TANK	NMSPI 83-5. MTCE OPRN ON TANK SR-4 HAD TEMP LIMIT FOR MAX SIZE 1-LITER CONTAINER. ACTUAL CONTAINER IN USE WAS TWO LITERS.	
04/18/83	SIR 83-04-T883.1	865, OUTSIDE	SEVERE ANKLE SPRAIN SUFFERED BY SECURITY INSPECTOR WHO FELL INTO AN EXCAVATION WHILE RESPONDING TO AN ALARM.	
04/19/83	SIR 83-04-707.2	707, MODULE J, BOX J-10	WHILE BURNING SCRAP, BELIEVED CONTAMINATED WITH CCL <sub>4</sub> , IN THE OXIDE FURNACE, EXPLOSION OCCURRED SENDING SHRAPNEL THROUGH THE GLOVE BOX HEPA INTAKE FILTER CONTAMINATING MODULE J.	



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
04/21/83	SIR 83-04-771.1	771, RM114	NMSPI 83-7. LINE 5, PARTS IN BOTH THE DISSOLVER VESSEL AND THE LEACHING VESSEL AT SAME TIME - NOT ALLOWED BY LIMITS	
04/22/83	SIR 83-04-707.1	707, MODULE K, GB K-45	NMSPI 83-8. MOD K. 2111 G PU ON SCALE IN K-45. LIMIT = 1500 G PU MAX IN SCALE AND WORK AREA.	
04/23/83	SIR 83-04-371.2	371	NMSPI 84-9. CRIT DRAIN IN SUBBASEMENT FOR GLOVEBOX 80 WAS TAPED UP.	
04/26/83	SIR 83-04-371.3	371	MAINTENANCE WORKER RECEIVED CONTAMINATED ACID BURN TO SKIN WHILE WORKING IN SUPPLIED ATR. ACID WAS DRIPPING FROM A SWAGLOCK FITTING.	
05/02/83	SIR 83-05-371.1	371	LEAK OF RADIOACTIVE CONTAMINATED SOLUTION TO COMPRESSOR ROOM 2101, WHICH IS A NONRADIOACTIVE CONTROL AREA.	
05/09/83	SIR 83-05-371.2	371	NMSPI 83-10. TWO DRUMS WITH LESS THAN 200 G WERE STACKED ON TWO DRUMS WITH MORE THAN 200 G. LIMITS ALLOW STACKING ONLY WITH LESS THAN 200 G.	
05/15/83	UCR 83-3--371 83-1	371	CONTAMINATED NITRIC ACID OVERFLOWED INTO CARBON STEEL TANKS. ACID CORRODED THESE TANKS SPILLING ONTO THE FLOOR.	
05/17/83	SIR 83-05-443.1	443, CENTRAL STEAM PLANT	AN ENGINEER WAS ATTEMPTING TO LIGHT OFF BOILER #4 ON NATURAL GAS UNDER ADVERSE WEATHER CONDITIONS. EXPLOSION OCCURED CAUSING THE OUTER SKIN AT A CORNER SEAM TO RUPTURE.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/17/83	SIR 83-05-883.1	883, RM 1, TANK A-25	EMPLOYEE WAS ON LADDER LEANING OVER THE TOP OF THE TANK TO CHECK THE LEVEL. THE LADDER SLIPPED CAUSING THE EMPLOYEE TO FALL CREATING A FRACTURE TO THE LEFT ELBOW AND INJURING HIS LEFT SHOULDER.	
05/18/83	SIR 83-05-371.3	371	SPILL OF NON-CONTAMINATED PROCESS WATER. A THREADED UNION-HALF OF A PVC BALL CHECK VALVE BROKE.	
05/19/83	SIR 83-05-771.1	771, RM146A	LINE MT-1. A BOTTLE MARKED FREON WAS USED TO DEGREASE A BATCH OF PLUTONIUM TURNINGS/SLUDGE. THE BOTTLE ACTUALLY CONTAINED ALUMINUM NITRATE WHICH REACTED WITH THE PLUTONIUM. THE REACTION OXIDIZED AND DISSOLVED SOME OF THE MATERIAL.	
06/07/83	SIR 83-06-776.1	776	INTERRUPTION OF AIR SUPPLIED TO USERS. VALVE SET ON EMERGENCY AIR RATHER THAN HOUSE AIR.	
06/13/83	SIR 83-07-771.1	771, RM153	OVERHEAD WASTE DRAIN LEAKED CONTAMINATED 300 SQ. FT. FLOOR SPACE, PIPES, A WALL, AND A GLOVEBOX.	
06/20/83	SIR 83-06-440.1	OUTSIDE, FORK TRUCK	FORK TRUCK #331-748. EMPLOYEE RIDING ON THE FORK TRUCK BECAME PINNED BETWEEN GAS TANK FILLER SPOUT AND POWER POLE. THE DRIVER THOUGHT HE WAS FAR ENOUGH AWAY FROM THE POLE.	
06/22/83		707, MODULE C	MODULE C. CONTAMINATION OF 25 GLOVES, 250 SQ FT. AND CLASSIFIED DOCUMENTS. FAILED TO SELF-MONITOR. SAME EMPLOYEE REPEATED INCIDENT ON 7-5-83	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/22/83	SIR 83-06-771.1	771, RM114	CONTAMINATION RELEASE TO PROCESS AREA.	
06/27/83	SIR 83-06-444.1	444, RM104	THE SIGHT GLASS PORTS ON HHC #4 VACUUM SHATTERED CAUSING MINOR DAMAGE TO THE INTERIOR OF THE CHAMBER.	
06/27/83	SIR 83-07-444.1	447	ENERPAC HYDRAULIC PIPE BENDER. A HIGH PRESSURE HOSE FITTING, WHICH HAD BEEN MODIFIED, RUPTURED SPRAYING HYDRAULIC OIL APPROX. 50+ FEET. NO INJURIES BUT POTENTIAL FOR ONE.	
07/01/83	SIR 83-07-371.1	371, PLUTONIUM RECOVERY	INADVERTENT CUTTING OF OWN BREATHING AIR SUPPLY HOSE IN A CONTAMINATED ATMOSPHERE BY MAINTENANCE PERSONNEL.	
07/01/83	SIR 83-07-371.3	371, DOCK 18T	NMSPI 83-11. TRUCKING PERSONNEL STACKING 55-GALLON DRUM OF RESIDUES INTO BACK OF TRUCK. LIMITS DO NOT ALLOW STACKING OF DRUMS.	
07/06/83	UOR 83-5--371 83-2	371	A CRITICALITY ALARM SOUNDED DUE TO A MALFUNCTION. SOME CONTAMINATION OCCURRED DURING EVACUATION.	
07/06/83	SIR 83-07-371.4	371, 374	PUBLIC ADDRESS SYSTEM FAILURE.	
07/08/83	SIR 83-07-771.2	771, RM149, LINE 22	NMSPI 83-12. WEST STORAGE SECTION OF LINE 22, ONE CAN WITH 2062 G PU AND ONE CAN WITH 2109 G PU. LIMIT = 2500 G PU.	
07/08/83	UOR 83-8--771 83-2	771	TWO AIR EFFLUENCE SAMPLERS SHOWED HIGHER THAN NORMAL PU CONCENTRATIONS. NO CAUSE COULD BE DETERMINED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/13/83	UCR 83-4--331 83-1	331, TRUCKING	SIX CONTAMINATED DRUMS WERE MOVED SPREADING CONTAMINATION TO TWO TRUCKS, FOUR TRUCKERS, AND TWO VANS.	
07/13/83	SIR 83-07-331.1	771A, 776	WASTE DRUMS WERE BEING MOVED FROM 771A TO 776. NEXT DAY, ANOTHER DRIVER AND LABORER USED SAME TRUCK AND THEIR SHOES BECAME CONTAMINATED. THROUGH TRACING, CONTAMINATED DRUMS WERE FOUND, 3 VEHICLES WERE CONTAMINATED ALONG WITH VARIOUS AREAS ON PLANTSITE.	
07/18/83	SIR 83-07-444.1	444, RM101	A HOT CHIP WAS, UNKNOWINGLY, PUT INTO THE PAIL, IGNITING THE CHIP THAT WAS IN THE PAIL.	
07/19/83	SIR 83-07-371.2	371, 374	SYSTEM MALFUNCTION CAUSED NEUTRON ALARM TO SOUND. NO CRITICALITY HAD OCCURED. CONTAMINATION SPREAD TO HALLWAY AND SOIL OUTSIDE DURING EVACUATION. SOME PERSONNEL WERE TAKEN TO MEDICAL AND BODY COUNTER.	
07/20/83	SIR 83-07-444.2	444, RM101	FIRE IN CHIP BUCKET. CHIP BECAME IGNITED DURING SHORT INTERRUPTION OF COOLANT, THEN FELL FROM TOOL AND FOUND ITS WAY TO THE BUCKET OF CHIPS BY MACHINIST'S FEET.	
07/20/83	SIR 83-07-779.1	779, RM137	NMSPI 83-13. BOX 106-1 HAD 14 CONTAINERS TOTALING 16 LITERS IN VOLUME. LIMIT = 2000G IN MAX-SIZE 4-LITER CONTAINER.	
07/25/83	SIR 83-10-S&W.1	771	NMSPI 83-A. BAG FOUND WITHOUT PROPER SLITS CUT IN IT. PLASTIC PEN ALLOWED TO SAG AND FORM A RESERVOIR MORE THAN TWO INCHES DEEP WHILE BEING DISASSEMBLED. CONTAMINATED LIQUID ACCUMULATED IN THE RESERVOIR.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/31/83	SIR 83-07-371.5	374	LIQUID WASTE OPERATIONS. HAND INJURY FROM WASTE DRUM MOVEMENT THROUGH A GUILLOTINE DOOR.	
08/02/83	UOR 83-6--771 83-1	771, RM149	A WASTE COLLECTION TANK WAS FOUND TO CONTAIN MORE THAN THE 200 G PU LIMIT.	
08/05/83	UOR 83-7--444 83-1	445, NORTH SIDE	WORKERS INHALED GRAPHITE DUST WHILE ATTEMPTING TO UNCLOG HOPPER.	
08/09/83	SIR 83-08-776.1	776, RM134	NMSPI 83-14. OIL TRAY IN GLOVEBOX 752 EXCEEDED 2" DEPTH SPECIFIED IN LIMITS.	
08/13/83	SIR 83-08-881.1	881, TEST CELL #6	DESTRUCTION OF PRODUCTION UNIT. TOO MUCH PRESSURE APPLIED TO LEFT SIDE OF UNIT DURING TESTING.	
08/25/83	SIR 83-08-771.2	771	FILTER PLENUM, 3RD STAGE FU2B. DURING SUPPLIED AIR JOB FILTER TECHS (3) REPORTED GETTING SICK FROM ACID FUMES. CAUSE UNKNOWN.	
08/25/83	SIR 83-08-883.1	883	"A" ROLLING MILL. EMPLOYEE FELL FROM LADDER WHILE ADJUSTING THE MILL THICKNESS GAGE INDICATING POINTER.	
08/29/83	SIR 83-08-865.1	865	INGOT BEING LOADED INTO MOLTEN ZINC BATH HAD MOISTURE ON IT AND CAUSED THE ZINC TO SPLATTER. SOME LANDED ON OPERATOR. OPERATOR INCURRED NO BURNS.	
09/06/83	UOR 83-9--883 83-1	883	A WORKER CRUSHED 2 FINGER TIPS IN A ROLLING MILL. A FINGER GUARD HAS BEEN INSTALLED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
09/12/83	SIR 83-09-371.1	371	CAN IN STACKER/RETRIEVER CONTAINED 3300 G PU. LIMIT = 300 G PU.	
09/15/83	SIR 83-09-707.1	707, MODULE J	NMSPI 83-15. MOD J, BOX J-35 FURNACE CHAMBER. A CASTING WAS MADE WHICH EXCEEDED THE APPROVED CHARGE OF THE MOLD USED IN THE FURNACE BY APPROXIMATELY 730 G PU.	
09/16/83	SIR 83-09-707.2	707, MODULE J	NMSPI 83-16. MOD J, BOX J-10, CAN OF OXIDE IN CONNECTING SECTION WEIGHED AT 3200 G PU LIMIT = 2500 G PU.	
09/21/83	UOR 83-10-111 83-1	121	A CRITICALITY ALARM TONE FAMILIARIZATION TEST WAS CONDUCTED BUT NOT EVERYONE HEARD THE ANNOUNCEMENT AND THEREFORE SOME PEOPLE EVACUATED.	
09/29/83	SIR 83-09-707.3	707, MODULE B	NMSPI 83-18. MOD B, BOX B-105. FOUR 4-LITER BOTTLES WERE SIDE-BY-SIDE INSTEAD OF 12" EDGE-TO-EDGE AS REQUIRED BY POSTED TEMPORARY LIMIT.	
10/04/83	SIR 83-05-776.1	776, SIZE REDUCTION	NEW BARREL STORAGE AREA, DRUMS WERE STACKED BY SIZE REDUCTION BEFORE LIMITS APPROVED.	
10/05/83	SIR 83-10-444.1	444	OPERATOR WAS CLEANING A CRUCIBLE WHEN SOME SMOLDERING URANIUM OXIDE WAS ACCIDENTALLY SUCKED UP INTO THE HOUSE VACUUM SYSTEM, CAUSING AN OVERHEAT ALARM IN THE HOUSE VACUUM HOPPER.	
10/11/83	SIR 83-10-771.1	771	NMSPI 83-19. FOUR POSITION TRANSFER CART HAD TOO MUCH SHIELDING.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/14/83	SIR 83-10-771.2	771	NMSPI 83-20. 55-GALLON DRUM LIMIT EXCEEDED WHEN CAN WAS COUNTED AT CAN COUNTER TO BE 300 G, THEN PLACED IN DRUM WITHOUT BEING SPLIT AND RECOUNTED.	
10/17/83	SIR 83-10-707.1	707, MODULE A	NMSPI 83-21. MODULE A, A-25 CASTING FURNACE. MOLD CAST WITH CHARGE EXCEEDING APPROVED CHARGE BY ABOUT 643 G PU.	
10/25/83	SIR 83-10-444.2	444, BASEMENT	OIL FILLED CAPACITOR CONNECTED TO 2300 VOLT SECONDARY OF TRANSFORMER 444-3 EXPLODED. OIL FOUND TO HAVE PCB'S. AREA HAD TO BE DECONTAMINATED. THREE OTHER CAPACITORS REMOVED AND SHIPPED TO WASTE MANAGEMENT FOR DISPOSAL.	
10/25/83	SIR 83-10-865.1	865	TWO MAINTENANCE ELECTRICIANS WERE TROUBLESHOOTING LIGHTING PANEL AND TOUCHED A WIRE TO THE RESET BREAKER CAUSING AN ARC-FLASH INJURING THE TWO ELECTRICIANS.	
10/26/83	SIR 83-10-707.2	707, MODULE C	NMSPI 83-22. MODULE C, BOX C-110 CONTAINED FIVE CANS. LIMIT IS FOUR CANS.	
11/09/83	SIR 83-11-371.1	371	TWO NCA DETECTORS WERE TRIPPED AS A RESULT OF RF WAVES FROM TWO-WAY RADIOS IN USE ON A NEARBY SUPPLIED AIR JOB. MINOR CONTAMINATION WAS SPREAD INSIDE THE BLDG. FROM THE SUPPLIED AIR JOB. NO CRITICALITY HAD OCCURRED.	
11/16/83	SIR 83-11-881.1	881	A PRESSURE RELIEF VALVE, WHICH IS TO PROTECT A 500 PSIG TRANSDUCE FROM OVERPRESSURIZATION, WAS REMOVED FROM THE SYSTEM DUE TO SUSPECTED LEAKS. THE PART WAS PLUGGED AND THE SYSTEM PRESSURIZED. OVERPRESSURIZATION INADVERTENTLY OCCURRED CAUSING	BLOWING THE CAP OFF THE UNIT.

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
11/17/83	SIR 83-11-881.2	881, ASSEMBLY	INSPECTION	INSPECTOR INSPECTING PARTS WAS UNAWARE THE PARTS HAD LIVE ACTUATORS INSTALLED. POSSIBILITY FOR EXPLOSION WAS GOOD.
11/21/83	SIR 83-11-444.1	444		URANIUM CHIP FIRE. MACHINIST DID NOT KEEP PAIL HALF FULL OF COOLANT TO SUBMERGE CHIPS IN. FIRE WAS IMMEDIATELY PUT OUT WITH COOLANT HOSE.
11/23/83	SIR 83-11-776.2	776		FIRE IN BRIQUETTING. 776, RM 131, BOX 630. FLAME AND SMALL RELEASE OF ENERGY DURING THE BRIQUETTING OPERATION DUE TO SOLID METAL BEING COMBINED WITH TURNINGS.
12/03/83	SIR 83-12-707.1	707, BOX K-45		NMSPI 83-24. CONTAINER CONTAINED 1543 G PU METAL, LIMIT = 1500 G.
12/09/83	SIR 83-12-779.1	779		A GLOVEBOX WINDOW WAS BROKEN DUE TO EXCESS VACUUM CAUSED BY THE BOX ATMOSPHERE SAMPLING SYSTEM LEAK AND THE ARGON GAS BEING TURNED OFF TO THE BOX PRESSURE CONTROLLER.
12/12/83	SIR 83-12-777.1	776, 777, 778		ALARM SYSTEM PERSONNEL WERE STRIPPING OUT "J" BOXES AND CONDUIT FROM THE OLD HONEYWELL SYSTEM IN THE 700 AREA. WHILE CUTTING OUT WIRING IN "J" BOX 778-4, THEY CUT THE CRITICALITY ALARM CABLES. THIS CAUSED THE ALARMS TO GO OFF.
12/15/83	SIR 83-12-771.1	771, LINE 7		NMSPI #83-23, OPERATOR CLEARED PLUGGED DISCHARGE OF FLUORINATOR, 6500G PU FLUORIDE (4530G PU) FELL TO FLOOR. LIMIT = 3500G PU. CLASSIFIED REPORT.



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
12/21/83	UGR 84-2-776 84-1	776	AN ELECTRICIAN WORKED WITHOUT A RESPIRATOR ON A PUMP WHICH WAS CONTAMINATED. A BODY COUNT REVEALED AN ELEVATED LUNG COUNT.	
01/06/84	SIR 84-01-779.1	779, RM223, HHC #1	HIGH VOLTAGE INTERLOCK WIRING NOT OPERATIVE. EMPLOYEE ASSUMED POWER SUPPLY DISCONNECTED AND RECEIVED SHOCK AND BURNS.	
01/12/84	SIR 84-01-777.1	777, RM432	A WELDER WAS OVERCOME BY OZONE DURING WELDING OPERATION. HE WAS WEARING FULL FACE RESPIRATOR. THE INTAKE FILTER ON THE RESPIRATOR WAS LOW ENOUGH TO THE WELDING SURFACE TO CAUSE OZONE TO ENTER.	
01/16/84	UGR 84-1--771 84-1	771	CRITICALITY ALARM SOUNDED WHEN SET OFF BY RADIO FREQUENCY "NOISE" NEAR THE DETCTORS.	
01/17/84	SIR 84-01-771.1	771, RM114	FIVE USED FULFLO FILTER CARTRIGES WERE FOUND IN THE LINE. ONLY FOUR ARE ALLOWED.	
01/24/84	SIR 84-01-771.3	771, RM181A	A 55 GALLON DRUM WAS LEFT UNATTENDED WITH THE LID OFF. 55 GALLON DRUMS CAN ONLY BE LEFT UNATTENDED WHEN THE LID IS ON.	
01/30/84	SIR 84-02-371.3	371, RM3189	NMSPI 84-4. 17 DRUMS EXCEEDED THE 200 G LIMIT.	
01/30/84	SIR 84-01-771.2	771, RM114	A PAN MEASURING 7" X 12" X 2" WAS USED TO COLLECT MATERIAL FROM AN OFFGAS LINE. THE ACCEPTED SIZE IS 6" X 9 1/2" X 2".	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
01/30/84	SIR 84-02-776.1	776, SIZE REDUCTION	A MISLABELED DRUM OF MATERIAL WAS PACKED INTO A WASTE BOX WHICH EXCEEDED THE 350 G LIMIT ON THE BOX.	
01/31/84	SIR 84-01-444.1	444	AN NDT TECHNICIAN WAS REMOVING SOME FILM WHEN HE NOTICED THE GAMMA ALARMS FLASHING RED. HEALTH PHYSICS CHECKED AREA AND FOUND NO GAMMA RADIATION. ALARM APPARENTLY MALFUNCTIONED.	
02/02/84	SIR 84-02-707.1	707	NMSP1 84-6. HS&E AREA MGR GAVE VERBAL INSTRUCTIONS TO PROD CONT EMPLOYEE WHICH VIOLATED ESTABLISHED HANDCARRY LIMITS.	
02/04/84	SIR 84-02-371.1	371	ROOMS 1117, 1125, 1115, 1105. 2500 GALLONS OF POTASSIUM HYDROXIDE WAS RELEASED WHEN CPVC VALVE FAILED.	
02/06/84	SIR 84-02-371.4	371	A SHIPPING CONTAINER WAS LABELED AS EMPTY WHEN IT ACTUALLY CONTAINED FLOURINE. THE CONTAINER WAS TRANSFERRED FROM 371 TO 771 BEFORE IT WAS FINALLY NOTICED.	
02/06/84	SIR 84-02-707.2	707, BOX C-60	NMSP1 84-8. NUMBER 7 HEALD AXIMATIC N.C."TM" BASE LATHE BOX 7C-60. OIL PAN EXCEEDED MAXIMUM 2" DEPTH.	
02/06/84	SIR 84-02-771.2	771, RM182, 707, A, J, K	NMSP1 84-7. BLDG 771 AND 707. NON-APPROVED FURNACE EQUIPMENT (SCREENS) USED ON TOP OF FUNNELS DURING CASTING. ALL FURNACE EQUIPMENT MUST BE APPROVED BY CRIT ENGR.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
02/07/84	SIR 84-02-771.4	771, LINE 37	INCINERATOR FIRE. A FIRE OCCURRED IN THE SORTING BOX NEXT TO THE INCINERATOR. TWO GLOVES WERE BURNED OFF OF THE BOX AT THE RING WHERE THEY ATTACH TO THE GLOVEBOX. APPARENT CAUSE: IGNITION OF FUMES COMING FROM THE PAINT STRIPPER-SOAKED WIPES.	
02/08/84	SIR 84-02-447.1	447, LOADING DOCK	A TRACTOR TRAILER WAS LOADED NOSE HEAVY. WHEN THE TRACTOR WAS PULLED OUT FROM UNDER THE TRAILER, THE TRAILER PIVOTED ON ITS LANDING GEAR AND ITS NOSE STRUCK THE GROUND.	
02/08/84	SIR 84-02-771.3	771	THE CRITICALITY DRAIN IN A BOX WAS PARTIALLY PLUGGED WITH TOOLS.	
02/12/84	SIR 84-02-771.5	771, LINE 3	NMSPI 84-11. TWO CONTAINER + ONE CONTAINER OF FLOOR SWEEPINGS WERE DETERMINED TO CONTAIN TOTAL OF 5974 G PU. LIMIT = 5000 G.	
02/15/84	SIR 84-02-559.1	559, RM103, HOOD MH-11	NMSPI 84-10. BOX MH-11 CONTAINED A 20-LITER BATTERY JAR. THIS GREATER THAN 4-LITER CONTAINER WAS NOT APPROVED FOR THIS HOOD.	
02/15/84	SIR 84-02-771.6	771, RM148	BUTTON BREAKOUT. ELECTRICIAN EITHER BUMPED OR BRUSHED UP AGAINST THE CRIT DRAIN FLANGE. RESPIRATORS WERE NOT WORN. POSSIBLE INHALATION.	
02/15/84	SIR 84-02-991.1	991	MACHINIST WAS REMOVING BELTS BY TRYING TO ROLL THE BELTS FROM THE SHEAVES. GLOVE OF LEFT HAND WAS PINCHED BETWEEN BELTS AND PULLED FINGERS INTO SHEAVES. AMPUTATION OF 4 AND 5 FINGER.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
02/16/84	SIR 84-02-886.1	886	A DELAYED CRITICAL FOR A URANIUM EXPERIMENT IS SUPPOSED TO LAST OVER 1 MINUTE. DURING THE EXPERIMENT IT BRIEFLY FELL TO 45 SECONDS.	
02/20/84	SIR 84-02-707.3	707, MODULE K	A MOLD WAS CAST EXCEEDING THE ESTABLISHED LIMITS BY 1878 G.	
02/29/84	SIR 84-02-444.2	444, TOOLGRIND SHOP	OPERATOR WAS REMOVING BURR FROM DRILL BIT ON GRINDER. HE WAS USING AN INCORRECT PROCEDURE AND THE BIT GOT CAUGHT IN THE GRINDING WHEEL CUTTING THE OPERATOR'S FINGER.	
02/29/84	SIR 84-03-777.1	777, RM430	NMSPI 84-13. RED PART CARRIER STORED WITHOUT REQUIRED 24" SPACING FROM OTHER MATERIAL.	
03/01/84	SIR 84-03-865.1	865	AN ELECTRIC WORKER WAS USING CO2 GAS TO PROPEL A LINE THROUGH A CONDUIT. HE WAS OVERCOME BY THE CO2. THE WORKER DID NOT HAVE CONFINED SPACE ENTRY PERMIT.	
03/05/84	SIR 84-03-371.1	371	NMSPI 84-14. 4-LITER CONTAINER INTRODUCED INTO GB40, ROOM 3206. LIMIT SPECIFIED CONTAINER TO 2-LITER MAXIMUM VOLUME.	
03/16/84	SIR 84-03-771.1	771, RM149, LINE 50	NMSPI 84-15. CAUSTIC FILTRATION. SOLUTION GREATER THAN DISCARD LEVEL CONCENTRATION SHIPPED TO BLDG 774 ON P.M. SHIFT.	
03/20/84	SIR 84-03-776.1	776, UTILITIES	PROCESS WASTE WATER WAS PUMPED ONTO THE FLOOR. THE PUMP COMES ON AUTOMATICALLY WHEN THE LEVEL IN THE TANK BECOMES TOO HIGH.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
03/26/84	UOR 84-02-776	776	AN ELECTRICIAN RECEIVED A LUNG BURDEN. PROBABLY FROM SERVICING A CONTAMINATED PUMP WHICH HE BELIEVED TO BE UNCONTAMINATED.	
03/28/84	SIR 84-03-444.1	444	A CYLINDRICAL PART WAS PLACED ON THE MAGNETIC CHUCK TO GRIND SURFACES. IT CAME LOOSE AND THE EMPLOYEE REACHED FOR IT WITH HIS RIGHT HAND, INJURING HIMSELF.	
03/30/84	SIR 84-03-771.2	771, RM114, LINE 3	NMSPI 84-16. PAN OF FISSILE MATERIAL LESS THAN 12" E-E- FROM OTHER FISSILE MATERIAL AND GREATER THAN 2" IN DEPTH IN PAN (HEAPED).	
03/31/84	SIR 84-06-750.1	707	FISSILE MATERIAL OF OVER 200 G WAS HAND CARRIED OUTSIDE OF A BUILDING.	
03/31/84	SIR 84-03-771.3	771	NITRATE SOLUTION DRIPPED ON EMPLOYEE FROM TRANSFER LINE. LEAK DUE TO POOR WELDING JOB. AREA AND EMPLOYEE CONTAMINATED.	
03/31/84	SIR 84-05-771.1	771, RM169, FILE CABINET	A FILING CABINET CONTAINED VIALS HOLDING PU OF ABOUT 20G. THE VIALS WERE RETURNED TO THE GLOVEBOX IN ROOM 128.	
04/04/84	SIR 84-04-371.1	371, RM1117	MAINTENANCE PIPEFITTER INSTALLED TWO GASKETS RATHER THAN LENGTHENING VALVE. THE GASKETS BLEW OUT RESULTING IN CONSIDERABLE AMOUNT OF LOW LEVEL CONTAMINATED LIQUID ON THE FLOOR.	

1/15/90

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
04/04/84	SIR 84-04-371.2	371, RM1117	NMSPI 84-17. THREE 1-LITER CONTAINERS WERE STACKED	LIMIT REQUIRES 12" EDGE TO EDGE SPACING.
04/05/84	SIR 84-04-771.1	771, LINE 3	NMSPI 84-18. NO. SECTION OF LINE 3, EXCEEDED BOTH TOTAL MASS LIMIT AND INDIVIDUAL CONTAINER MASS LIMIT.	
04/06/84	SIR 84-04-771.2	771, LINE 3	NMSPI 84-19. LINE 3, CONTAINER ON HOTPLATE SPACED 7" FROM FULFLO FILTER CARTRIDGE. LIMIT REQUIRES MINIMUM 12" EDGE-TO-EDGE SPACING.	
04/10/84	SIR 84-04-889.1	889, 866	RAW PLANT WATER OVERFLOWED THE TANK TO THE PROCESS LIQUID WASTE SYSTEM. HOLDING TANKS OVERFLOWED, ALLOWING WATER TO RUN OUTSIDE ONTO THE ROOF AND TO THE GROUND. BUILDINGS DECONTAMINATED. NO RELEASE.	
04/12/84	SIR 84-04-559.1	559, RM102	A PU SAMPLE IGNITED IN A GLOVEBOX.	
04/17/84	SIR 84-04-371.3	371, RM2317, GB 78	NMSPI 84-20. EIGHT USED FULFLO FILTERS IN BOX. LIMIT ALLOWS MAXIMUM OF FOUR USED FILTERS.	
04/24/84	SIR 84-04-559.2	559, RM102	MORE THAN 10 VIALS WERE LOCATED IN THE WORK AREA.	
04/26/84	SIR 84-05-371.2	371, RM1105	NMSPI #84-24, A PLASTIC HOUSE WAS CONSTRUCTED WHICH DID NOT CONTAIN ENOUGH CRITICALITY DRAINS.	
04/26/84	SIR 84-04-776.2	776, RM156	OVERHEATING OF TEFLON RING CAUSING GASEOUS FUMES. MISUNDERSTANDING AS TO OVER TEMPERATURE	WANTED 500 DEGREES FARENHEIT AND OPERATOR THOUGHT CENTIGRADE. SIX TRANSPORTED TO MEDICAL.

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
04/27/84	SIR 84-05-559.1	559, RM102	A VIAL CONTAINED 55 G PU. THE LIMIT IS 25 G.	
04/28/84	SIR 84-05-707.1	707, MODULE C	NMSPI 84-23. DRUM OF WET COMBUSTIBLES LOADED BY 707 FAB PERSONNEL CONTAINED 794 G PU (733 G AFTER SPLITTING). LIMIT = 500 G PU.	
05/03/84	SIR 84-05-371.1	371, RM1105	ACIDIC SOLUTION SPILL RESULTING IN MAJOR LEVELS OF CONTAMINATION. OCCURRED DURING ROUTINE MAINTENANCE WORK. THREE EMPLOYEES TAKEN TO MEDICAL.	
05/03/84	SIR 84-05-776.2	776, SIZE REDUCTION	NMSPI 84-25. TWO CRATES LOADED IN EXCESS OF MAX 350 G PU AND 5 G PU IN ANY CUBIC FOOT.	
05/04/84	SIR 84-05-371.3	371	A TWO INCH PVC UNION BROKE. APPROXIMATELY 500 GALLONS OF WATER FLOWED. NO CONTAMINATION WAS FOUND.	
05/04/84	SIR 84-05-707.2	707	CHIP CAN EXCEEDED SPECIFIED LIMIT.	
05/09/84	SIR 84-05-559.2	559, RM101	NMSPI 84-21. BOX C-29 CONTAINED 120 SAMPLE VIALS. LIMIT = MAXIMUM OF TEN VIALS.	
05/09/84	SIR 84-05-776.1	776, RM146	EMPLOYEE RECEIVED A KNIFE WOUND TO RIGHT THIGH WHEN WORKING IN SUPPLIED AIR	
05/16/84	SIR 84-05-881.1	881, ELEVATOR	OPERATOR DROVE A FORK LIFT OF 5800 LBS. ONTO AN ELEVATOR WITH A MAXIMUM CAPACITY OF 2500 LBS. THE ELEVATOR WOULD NOT MOVE WITH THIS AMOUNT OF WEIGHT ON IT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/17/84	SIR 84-05-371.4	371, RM1117	A SUPPLIED AIR HOOD AND A 55 GALLON BAG WERE LEFT OUTSIDE A SUPPLIED AIR HOUSE, OPEN AND UNDER LIQUID PROCESS LINES.	
05/21/84	SIR 84-05-371.5	371, RM1115	OVERFLOWING OF TANKS D-293 A/B (CRIT DRAIN SYSTEM C) ONTO FLOOR OF ROOM 1115.	
05/22/84	SIR 84-05-371.6	371, RM3206, GB 42	NMSPI 84-29. TWO LARGE PLASTIC BAGS WITHOUT SLITS WERE PROPPED OPEN ON CART UNDER FISSILE SOLUTION LINE.	
05/24/84	UOR 84-3--FR 84-1	121	A MACHINE GUN ROUND DETONATED UPON FIRING SENDING SHRAPNEL OUT OF THE EJECTION PORT. THREE GUARDS AROUND THE GUN WERE INJURED.	
05/24/84	SIR 84-05-707.3	707, MODULE H, RM136	NMSPI 84-30. MOD H. STORAGE RACKS LOADED WITH OY PARTS. LIMIT = ONLY SPECIFIC APPROVED ASSEMBLIES.	
06/06/84	SIR 84-06-771.1	771, RM148	NMSPI 84-31. LINE 20, SECTION 884, BUTTON BREAKOUT. 2 1/2" DIA SOLID SAMPLE RACK FOUND INSIDE CRIT DRAIN.	
06/07/84	SIR 84-06-371.2	371, RM3206	NMSPI 84-32. AL-17 CONTAINED TWO 1-LITER CANS OF FISSILE MATERIAL. LIMIT ALLOWS MAXIMUM OF ONE 4-LITER CONTAINER.	
06/11/84	SIR 84-06-881.1	881, RM296	CHUCK JAW BROKE LOOSE AND THROWN INTO HOOD DAMAGING MACHINE AND CAUSING SLIGHT ARM INJURY TO EMPLOYEE.	
06/14/84	SIR 84-06-707.1	707	MATERIAL IN WASTE DRUM CONTAINED 583 G PU WHICH IS OVER THE ACCEPTED LIMIT.	



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/16/84	SIR 84-06-371.1	371	FALSE ACTIVATION OF NCA SYSTEM DUE TO RF WAVES FROM TWO-WAY RADIOS.	
06/20/84	SIR 84-06-774.1	774, RM210	HOIST FRAME FAILURE. NOTICEABLE TORSIONAL DEFLECTION OF THE BEAM COLUMN CONNECTION OF THE GANTRY CRANE USED IN LIFTING A 4200 POUND TANK. EXCESSIVE LATERAL FORCE APPLIED.	
06/22/84	SIR 84-06-776.1	776	A SLAB OIL CART WAS USED WITHOUT THE PERMISSION OF CRITICALITY ENGINEERING.	
06/23/84	SIR 84-07-776.1	776, RM144	CRATE LOADED TO 597 GRAMS EXCEEDING THE 350 GRAM LIMIT. CRATE WAS REPACKED INTO TWO CRATES.	
07/03/84	SIR 84-07-707.2	707, MODULE K	NUCLEAR SAFETY MASS LIMITS EXCEEDED IN K-45 BOX BY 46 GRAMS.	
07/03/84	SIR 84-07-707.1	707, BOX K-55 FURNACE	LEAKING CRUCIBLE CONTAINING PLUTONIUM METAL WAS FOUND IN FURNACE. IT WAS FOUND THAT 3016 GRAMS HAD DRIPPED FROM THE CRUCIBLE. THE MATERIAL WAS REDISTRIBUTED WITHOUT PROBLEM.	
07/07/84	SIR 84-07-771.1	771, RM149, LINE 42	VALVE FAILURE ON TANK 470 CAUSED A FOUR FOOT AREA TO BE CONTAMINATED.	
07/13/84	SIR 84-07-707.3	707, BOX K-85 FURNACE	A MOLD WAS CAST WHICH EXCEEDED THE ACCEPTED LIMITS BECAUSE THE WRONG MOLD WAS PLACED IN THE FURNACE. THE ACTUAL MASS IN THE MOLD WAS NOT ABOVE THE LIMITS.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/13/84	SIR 84-07-771.2	771, RM114, LINE 6	CRITICALITY DRAIN OVERFLOWED WHEN AUTOMATIC SHUTDOWN VALVE FAILED.	
07/17/84	SIR 84-07-865.1	865	A HEATING FURNACE CONTAINING URANIUM WAS DROPPED OFF A TRUCK CAUSING CONTAMINATION TO THE ROAD.	
07/17/84	SIR 84-07-886.1	886	CRITICALITY ALARM SET OFF WHEN BEING CHECKED BY TECHNICIAN. HE IMMEDIATELY TURNED OFF THE ALARM CAUSING A NEW EMPLOYEE TO BE CONFUSED AND NOT EVACUATE THE BUILDING.	
07/20/84	SIR 84-07-371.2	371	10 GALLON AND 55 GALLON DRUMS WERE MIXED IN A SHELF SECTION WHICH IS NOT ALLOWED.	
07/20/84	UOR 84-4-550 84-1	550, TOWER B-3	A GUARD ALTERING THE GRIP OF HIS PISTOL WITH SANDPAPER ACCIDENTALLY FIRED IT INTO A BULLET PROOF WINDOW.	
07/20/84	SIR 84-08-707.1	707, BOX A-45 FURNACE	THE PAPERWORK FOR MACHINING A PART DID NOT AGREE WITH THE PART ITSELF. IT WAS DISCOVERED THAT THE WRONG MOLD WAS USED DURING CASTING. THE CHARGE DID NOT EXCEED WEIGHT LIMITS, HOWEVER.	
07/20/84	SIR 84-07-889.1	889	URANIUM CHIP FIRE IN A DRUM CAUSED BECAUSE MATERIAL IMPROPERLY PACKAGED FOR TRANSPORTATION. THE WATER SURROUNDING THE CHIPS LEAKED OUT EXPOSING THE CHIPS TO AIR.	
07/22/84	SIR 84-08-771.1	771, RM166 A,B	A 30 GALLON BAG, USED TO HOLD DECONTAMINATION SUPPLIES, HAD NO SLITS CUT IN IT TO PREVENT ACCUMULATION OF SOLTN.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/25/84	SIR 84-07-371.1	371, METAL PROD. FACILITY	EMPLOYEE CLEANING TOP OF GLOVEBOX FELL WHEN DESCENDING THE LADDER. THE EMPLOYEE SUFFERED A SEVERE INJURY TO HIS LEFT WRIST AND A MINOR CUT ON THE LEFT TEMPLE.	
07/25/84	SIR 84-08-771.2	771, LINE 24	OPERATING PERSONNEL WERE ASKED TO BAG WET INCINERTOR ASH. THE CONTAINER USED TO HOLD THE ASH EXCEEDED THE FOUR LITER LIMIT.	
07/26/84	SIR 84-07-559.1	559, RM102, HOOD CH-3	AN ANALYTICAL LAB TECHNICIAN FAILED TO MAKE A CORRECT VACUUM HOSE CONNECTION CAUSING CERIC SULFATE SOLUTION TO SPRAY INTO THE PERSON'S FACE. EYES WERE FLUSHED WITH WATER.	
08/06/84	SIR 84-08-S&W.1	771	TWO 30 GALLON BAGS WERE UNDERNEATH FISSION SOLUTION LINES BUT DID NOT CONTAIN SLITS TO PREVENT ACCUMULATION OF SOLUTION	
08/07/84	SIR 84-08-771.3	771, LINE MT-1	A PLASTIC BAG OF ~14 LITERS VOLUME WAS TAPED TO A PROCESS LINE TO HOLD SURGEON'S GLOVES. NO SLIT WAS IN THE BAG TO PREVENT BUILD UP OF LIQUID.	
08/08/84	SIR 84-08-371.2	371, CSV INERT SYSTEM	NEGATIVE PRESSURE IN CENTRAL STORAGE VAULT WENT TO POSITIVE. WORKERS CORRECTED PROBLEM WHEN SYSTEM WAS IN AIR-PURGE MODE. THIS VIOLATED PROCEDURE.	
08/09/84	SIR 84-08-707.2	707, MODULE B, BOX B-7D	A NEW EQUIPMENT BOX WAS INSTALLED NEXT TO A VERY SIMILAR BOX. THE SAME LIMITS WERE THEREFORE PLACED ON THE NEW BOX. CRITICALITY ENG. HAS TO SET THE LIMITS FOR A NEW BOX.	

11/15/90

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
08/10/84	SIR 84-08-371.1	371, ELECTROREFINING	A TILT POUR FURNACE WS LOADED TO 4149 G PU. THIS VIOLATED LIMIT OF 4000 G PU.	
08/16/84	SIR 84-08-371.3	371, FLUORINE SUPPLY	A FLUORINE PRESSURE REGULATOR FAILED RELEASING 4.5 POUNDS OF FLUORINE GAS.	
08/27/84	SIR 84-08-771.4	771, RESIDUE PROCESSING	FURNACE FIRE CAUSED BY REPLACING INITIATORS BEFORE FURNACE HAD SUFFICIENTLY COOLED, STARTING A FIRE.	
08/29/84	SIR 84-08-776.1	776, SIZE REDUCTION	A DRUM OF TANTALUM METAL WAS BEING REPACKED. WHEN ONE PACKAGE WAS REMOVED FROM THE DRUM, SPARKS AND FIRE WERE NOTED. THE PACKAGE WAS FOUND TO CONTAIN CALCIUM AND SODIUM METAL CAUSING THE PACKAGE TO REACT WITH AIR.	
09/05/84	SIR 84-09-559.1	559, RM102, BOX C-4	A VIAL CONTAINING 118 G PU WAS FOUND IN THE GLOVEBOX. THE LIMIT FOR THIS VIAL IS 25 G.	
09/06/84	SIR 84-09-776.1	776, SIZE REDUCTION	A VOLUME REGULATOR INSTEAD OF A PRESSURE REGULATOR WAS INSTALLED ON A METAL WASTE BOX IN WHICH PRESSURE EXPERIMENTS WERE BEING CONDUCTED. AS A RESULT THE BOX WAS OVERPRESSURIZED.	
09/13/84	SIR 84-09-776.2	776	CRITICALITY ALARM SOUNDED WHEN BEING WORKED ON. THE WORKER STOPPED THE ALARM BUT EVERYONE EVACUATED.	
09/17/84	SIR 84-09-771.2	771, RM164, BOX 83	233 G FISSILE MATERIAL ACCUMULATED IN BOX 83 EXCEEDING THE 200 G LIMIT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
09/21/84	SIR 84-09-707.1	707, MODULE D	JANITORS WERE SWEEPING THE FLOOR NEAR A GLOVEBOX THAT, UNKNOWN TO THEM, WAS LEAKING CONTAMINATION. THE CONTAMINATION WAS CONSEQUENTLY SPREAD AROUND THE ENTIRE ROOM.	
10/04/84		771/776, TUNNEL	NOX VAPORS WERE DETECTED IN 771/776 TUNNEL. MALFUNCTION IN THE EXHAUST DAMPER SYSTEM WAS APPARENTLY AT FAULT.	
10/07/84	SIR 84-10-662.1	662	ELECTRICIAN SET UP MOLD AND LOAD A "CALDWELD" CHARGE INTO THE MOLD. WHEN THE CHARGE WAS IGNITED, IT CAUSED A LARGE FIREBALL A MOLTEN METAL TO LAND ON THE ELECTRICIAN'S HAND.	
10/12/84	SIR 84-10-371.1	371, NDA & MC OPERATIONS	A CAN CONTAINING 2389 G PU WAS SHIPPED IN A 10 GALLON CONTAINER WITH A CAN CONTAINING 1569 G PU. THE RULE STATES THAT NO CAN CONTAINING OVER 2250 G CAN BE SHIPPED IN THE SAME 10 GALLON CONTAINER.	
10/12/84	SIR 84-10-771.1	771, LINE 42, ANTON EXCH	TWO USED FULFLO FILTER ELEMENTS ON A DRYING RACK WERE SPACED LESS THAN 12" FROM A FULFLO CANNISTER USED FOR FLOOR PICKUP SOLTNS.	
10/14/84	SIR 84-11-771.1	771, R&D CRUSHER	A PLASTIC BAG WAS USED TO HOLD WET CONTAMINATED KIM-WIPES. THE BAG DID NOT CONTAIN SLITS AND COULD HAVE FILLED TO 16 LITERS VIOLATING THE 4 LITER LIMIT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/26/84	SIR 84-11-707.1	707, MODULE K FURNACE	MATERIAL MEANT FOR A FIGURE 8 MOLD WAS POURED INTO A FEED INGOT MOLD. THIS VIOLATED THE LIMIT FOR INGOT MOLDS BY 681 G.	
11/07/84	SIR 84-11-771.2	771, OY LEACH PART CASINE	THE MASS LIMIT WAS EXCEEDED FOR A STORAGE SHELF. 3 PARTS WERE ON SHELF AND ONLY 2 ARE ALLOWED.	
11/14/84	SIR 84-11-883.1	883, PIT FURNACE	WHILE CHECKING A CONTROL CIRCUIT WITH A BECKMAN METER, THE INTERNAL METER OR TEST LEADS SHORTED AND BURNED THE HANDS OF A MAINTENANCE ELECTRICIAN.	
11/21/84	SIR 84-11-442.1	442, FILTER TEST FACILITY	A PENETROMETER, WHICH TESTS LARGE HEPA FILTERS, OVERHEATED AND WAS SHUT DOWN, BUT OVERHEATING CONTINUED. THE PENETROMETER'S AUTOMATIC SHUT-OFF FEATURE BYPASSES THE ELECTRICAL SOLENOID WHICH WAS CAUSING THE OVERHEAT.	
12/12/84	SIR 84-12-771.1	776, RM131, BOX 601	AN INGOT TO BE ROLLED WAS THICKER THAN THE ALLOWABLE LIMIT FOR ROLLING.	
12/13/84	SIR 84-12-881.1	881, SPRINKLER SYSTEM	A DELUGE VALVE OPENED WHEN THE FIRE DEPT. WAS WORKING ON A DEFECTIVE HEAT DETECTION HEAD. THE VALVE OPERATING THE SPRINKLER SYSTEM SHOULD HAVE BEEN CLOSED.	
12/14/84	SIR 84-12-771.2	771, RM164, BOX 83	213 G PU WAS IN BOX 83 EXCEEDING THE 200 G LIMIT	
12/17/84	SIR 85-01-707.3	707, MODULE B	A MAN LOST HIS BREATHING AIR WHILE IN SUPPLIED AIR SUIT DUE TO A KINK IN HIS HOSE. HE REMOVED HOOD AND PLACED HIS RESPIRATOR ON WITH A HOT GLOVE CAUSING INTERNAL CONTAMINATION.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
12/19/84	SIR 85-01-707.2	707, RM171	A PORTABLE NEUTRON DETECTOR SOUNDED. PERSONNEL DID NOT EVACUATE BECAUSE PRIMARY SYSTEM DID NOT SOUND. THE CAUSE OF THE PORTABLE DETECTOR ACTIVATING IS NOT KNOWN.	
01/03/85	SIR 85-01-371.1	371	RADIO FREQUENCY WAVES SET OFF CRITICALITY ALARM. ONE MAN CONTAMINATED PARTS OF BUILDING WHILE EVACUATING BECAUSE HE HAD BEEN WORKING IN A CONTAMINATED AREA.	
01/08/85	SIR 85-01-444.1	444, BASEMENT	EXHAUST FANS SHUT DOWN DUE TO VOLTAGE DROP. THEY MUST BE MANUALLY RESTARTED. THEY WERE FORGOTTEN WHEN OPERATIONS RESUMED.	
01/08/85	SIR 84-08-442.1	771, RM149	THREE FILTERS WERE REMOVED FROM LINE AT ONE TIME VIOLATING THE PROPER PROCEDURE OF REMOVING ONLY ONE FILTER AT A TIME.	
01/09/85	SIR 85-01-707.1	707, MODULE J	A BUTTON LOAD FOR FOUNDRY OPERATIONS EXCEEDED THE WEIGHT LIMIT OF 2500 G BY 58 G.	
01/15/85	SIR 85-01-886.1	886	A PORTABLE NEUTRON ALARM SOUNDED WHEN A MAN WORKING ON IT ACCIDENTALLY SET IT OFF. ALL BUT FOUR PEOPLE EVACUATED THE BUILDING.	
01/17/85	SIR 85-01-707.4	707	THREE BUTTON LOADS FOR FOUNDRY OPERATIONS EXCEEDED THE 2500 G LIMIT.	
01/20/85	SIR 85-01-371.2	371	TWO LOCK NUTS ON AN AIRLOCK DOOR FAILED CAUSING THE DOOR TO FALL ON A WORKERS HAND. SHE WAS ALONE WHEN RULES REQUIRE THAT TWO PEOPLE BE TOGETHER. THEREFORE, SHE HAD TO YELL FOR ASSISTANCE.	

01/15/90

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
01/22/85	SIR 85-01-774.1	774	LIQUID WASTE WAS TRANSFERRED FROM A CRITICALLY SAFE HOLDING TANK TO A CRITICALLY UNSAFE HOLDING TANK.	
01/26/85	SIR 85-02-371.1	371	ELECTRICIANS WERE PERFORMING WORK ON THE BUILDING ELECTRICAL POWER SYSTEM. AS POWER WAS SHUT DOWN, IT WAS DISCOVERED THAT THE PA SYSTEM WAS NOT BACKED BY EMERGENCY POWER.	
01/31/85	SIR 85-12-779.1	779A, RM160	TWO 5.2 LITER LEAD ENCASEMENTS FOUND IN GLOVEBOX EXCEEDING ESTABLISHED LIMITS OF FOUR LITERS.	
02/12/85	SIR 85-12-334.1	334, PLATE SHEAR	AN EMPLOYEE CRUSHED HIS FINGER WHEN ADJUSTING A PLATE ON A PLATE SHEAR.	
02/22/85	SIR 85-5-371.2	371, RM3412	NMSP1 85-5. INFRACTION OCCURRED WHEN A CONTAINER WITH 1276 GRAMS OF PLUTONIUM OXIDE WAS PLACED IN A GLOVEBOX WITH A LIMIT OF 200 GRAMS.	
02/28/85	SIR 85-03-559.1	559, RM102	A VIAL CONTAINED 28 G PU EXCEEDING THE 25 G LIMIT.	
03/16/85	SIR 85-03-371.1	371, METAL PRODUCTION	OPERATOR EXCEED 3000 G LIMIT BY 223 G ON A CHARGE IN A FURNACE.	
03/16/85	SIR 85-03-750.1	778	CRITICALITY ALARM WENT OFF DURING TESTING.	
03/18/85	SIR 85-3-PS2.1	559/779, CRIT. ALARMS	BUILDING 779 CRITICALITY DETECTION SYSTEM ACTIVATED, 21 SECONDS LATER, BUILDING 559 ALARMS SOUNDED. ALSO, SINGLE DETECTORS ACTIVATED IN BUILDING 776, COLUMN LINE D2W AND BUILDING 886. ALL ALARMS WERE FALSE ALARMS.	



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
03/24/85	SIR 85-04-776.1	776, RM127	THREE DRUMS CONTAINED MORE THAN THE 200 G LIMIT.	
03/25/85	SIR 85-03-559.2	559, RM102	A GLOVEBOX CONTAINED 11,855 G PU EXCEEDING THE 8000 G LIMIT.	
03/26/85	SIR 85-04-771.1	771, RM181	A CONTAMINATED BAG PORT CAUSED A SAAM ALARM TO SOUND. AN OPERATOR WAS CONTAMINATED - SHE HAD NOT GONE THROUGH THE PRE-GLOVE CHECK.	
03/28/85	SIR 85-03-771.1	771, RM247	A TANK CONTAINING NITRIC ACID OVERFLOWED. THE OPERATOR LEFT THE ROOM WITHOUT TURNING OFF THE TRANSFER VALVE. AUTOMATIC SHUT OFF VALVE FAILED ALSO.	
04/02/85	SIR 85-04-371.1	371, RM3189	FOUR 55 GALLON DRUMS CONTAINED MORE THAN THE 500 G PER DRUM LIMIT.	
04/03/85	UOR 85-01--371 85-1	371, RM3515	A CHEMICAL OPERATOR INHALED RADIOACTIVE MATERIALS DUE TO A LEAKY SEAL ON A CRUCIBLE DROP.	
04/06/85	SIR 85-02-776.1	776, PLANT SERVICES	A BOX THAT WAS NOT TO BE STACKED WAS IMPROPERLY LABELED AND A FORKLIFT OPERATOR STACKED IT.	
04/10/85	SIR 85-04-771.2	772, RM149	TWO PLASTIC BAGS DID NOT CONTAIN SLITS TO PREVENT LIQUID BUILD-UP OF OVER FOUR LITERS.	
04/12/85	SIR 85-04-900.1	900, LUMP SUM, ELECT SHOP	EMPLOYEE SHOCKED WHEN WORKING ON A DISCONNECT BOX.	
04/15/85	SIR 85-04-559.1	559, RM102	A VIAL CONTAINED 47.3 G EXCEEDING THE 25 G LIMIT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/08/85	SIR 85-05-371.1	371	A CRITICALITY ALARM SOUNDED DURING AN UNANNOUNCED TEST.	
05/16/85	SIR 85-05-779.1	779A, RM160	A VACUUM CLEANER BAG CAUGHT FIRE IN A GLOVEBOX AFTER SUCKING UP METALLIC SODIUM AND POTASSIUM.	
05/29/85	SIR 85-6-371.1	371, RM3189	TWO CANS OF MATERIAL WERE UNACCOUNTED FOR DURING THE MAY 1985 INVENTORY. THE SUBJECT CANS WERE LOCATED IN ROOM 3189, ENCLOSED IN A 10-GALLON SHIPPING CONTAINER WHICH WAS AMID AN ARRAY OF 24 EMPTY 10-GALLON CONTAINERS.	
06/10/85	SIR 85-06-371.2	371, METAL PRODUCTION	A FURNACE WAS LOADED TO 4182 G EXCEEDING THE 4000 G LIMIT.	
06/13/85	SIR 85-06-771.1	771	A CRITICALITY DRAIN OVERFLOWED WHEN A VALVE WAS ACCIDENTALLY LEFT OPEN.	
06/14/85	SIR 85-06-559.1	559, RM102	A CAN CONTAINED 2139.4 G PUO2 EXCEEDING THE 2000 G LIMIT.	
06/15/85	SIR 85-06-371.1	371	TWO CANS WERE UNACCOUNTED FOR. A SEARCH REVEALED THEY WERE WITH EMPTY CONTAINERS. AN EMPTY TAG HAD NOT BEEN REMOVED FROM THE CANS PREVIOUSLY.	
06/27/85	SIR 85-06-771.2	771	A SOLTN WAS TO BE TRANSFERRED FROM A PENCIL TANK TO A RASCHING-RING FILLED TANK. THE WRONG TANK WAS DRAVED CAUSING A VIOLATION OF THE ACCEPTED LIMIT OF 150 G /LITER PU.	
06/28/85	SIR 85-06-447.1	447, RM32, CHIP ROASTER	A THERMALLY HOT OXIDE BARREL WAS PLACED NEAR A PIECE OF CARDBOARD WHICH THEN IGNITED. THE SPRINKLER SYSTEM PUT OUT THE FIRE.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/01/85	SIR 85-07-771.1	771, RM114	A FULFLO FILTER WAS SPACED ONLY 6" FROM A FILTER CANISTER WHICH WAS IN USE. THIS VIOLATED THE SPACING REQUIREMENTS.	
07/11/85	SIR 85-07-771.2	771, RM149	PACKAGE OF IMPURE PUO2 WEIGHED 3861 G WHILE LIMIT IS 2500 G.	
07/17/85	UOR 85-2-779 85-1	779, RM160	A RESEARCH FURNACE LEAKED RADIOLOGICAL CONTAMINATION WHEN IT OVERHEATED CAUSING A FIRE. A BACK UP CAN USED TO CONTAIN RADIOLOGICAL CONTAMINATION LEAKS WAS NOT USED.	
07/17/85	UOR 85-2-779 85-1	779	A CONTROLLER OF FURNACE WAS OPERATED IN MANUAL MODE CAUSING HEAT AT 99% OF MAXIMUM RATE. A CRUCIBLE RUPTURED AND NO SECONDARY CONTAINMENT CUP WAS USED. THE ALLOY BECAME MOLTEN. THE GLOVEBOX ATMOSPHERE WAS BREACHED RELEASING CONTAMINATION TO ROOM.	
07/18/85	SIR 85-07-664.1	664, WASTE CRATES	A CRATE CONTAINED FILTERS HAVING ~14 G PU IN A ONE CUBIC FOOT AREA. THE ALLOWABLE LIMIT IS 5 G PU IN A ONE CUBIC FOOT AREA.	
07/19/85	SIR 85-07-771.4	771, UTILITIES	WATER RUNNING INTO EXHAUST FAN CAUSED SHORT CIRCUIT. WHEN ATTEMPT WAS MADE TO RESTART FAN, WORKER RECEIVED SHOCK AND FIRE STARTED.	
07/23/85	SIR 85-07-771.3	771, RM181	CONTAMINATION RELEASED WHEN GLOVE WAS BEING REMOVED FROM BOX.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/31/85	SIR 85-09-707.1	707, MODULE K	SCREWDRIIVER SLIPPED PENETRATING WORKERS HAND CAUSING A PLUTONIUM CONTAMINATED WOUND.	
08/02/85	SIR 85-08-707.1	707, MODULE J	A CAN CONTAINED 2648 G PU EXCEEDING THE LIMIT OF 2500 G.	
08/05/85	SIR 85-08-707.2	707, MODULE A	A FEED INGOT WAS USED IN A DIE CAST WORK AREA WHICH IS NO LONGER ALLOWED.	
08/12/85	SIR 85-08-371.1	371, RM3602	TWO CANS OF MATERIAL WERE IN THE AIRLOCK AT ONE TIME EXCEEDING THE LIMIT OF 3000 G PU.	
08/18/85	SIR 85-08-121.1	121, PISTOL RANGE	A CYLINDER RUPTURED IN A .38 SPECIAL HAND GUN BEING USED ON THE PISTOL RANGE.	
08/25/85	SIR 85-08-771.1	771, RM247	TANK OVERFLOWING ONTO FLOOR WHILE OPERATOR WAS OUT OF ROOM.	
08/27/85	SIR 85-09-776.1	776	WORKER EXPOSED TO RADIATION DUE TO A DEFECTIVE SUPPLIED AIR SUIT. 20-25 MINUTES PASSED BEFORE HE WAS MONITORED OUT.	
08/29/85	SIR 85-09-69.1	900, CTR RD GUARD POST	GATE CLOSED ON VEHICLE BECAUSE GUARD THOUGHT VEHICLE HAD CLEARED.	
08/29/85	SIR 85-9-371.1	371	INFRACTION OCCURRED WHEN A 10 GALLON DRUM WAS PLACED UNDER GLOVEBOX 48F.	
09/19/85	UOR 85-3-771 85-1	771, RM149	FLOOR SWEEPINGS IN LINE 20 WERE PLACED IN A PLASTIC CONTAINER AND TAKEN TO THE COLD STORAGE AREA NEAR LINE 27, ROOM 149. THE CONTAINER CONTAINING PLUTONIUM AND PLUTONIUM COMPOUNDS PRESSURIZED AND SUBSEQUENTLY RELEASED RADIOACTIVE MATERIAL TO ROOM.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
09/19/85	UOR 85-3-771 85-1	771, RM149	GLOVEBOX FLOOR SWEEPINGS CONTAINING MOISTURE WERE ADDED TO SWEEPINGS OF CALCIUM METAL. THE EXOTHERMIC REACTION CAUSED A PRESSURE BUILD-UP WHICH CAUSED THE CAN SEAL TO BREAK RELEASING RADIOLOGICAL CONTAMINATION.	
09/20/85	UOR 85-4-707 85-1	707	WATER WAS RELEASED INTO GLOVEBOX DUE TO COOLING WATER HOSE RUPTURE. THE DISTILLED WATER WAS PICKED UP AND DISPOSED OF IN DEGREASER POTS CONTAINING CCL4. NEXT SHIFT, NORMAL DEGREASING RUN WAS MADE IN THESE POTS. REACTION CAUSED A FIRE OF CHIPS, GLOVEBOX	PRESSURIZATION, AND A CONTAMINATION RELEASE.
09/21/85	UOR 85-4--707 85-1	707	A RAPID EXOTHERMIC REACTION BETWEEN CCL4/H2O AND PU RESULTED IN A FIRE IN THE BOX AND SOME CONTAMINATION TO THE ROOM.	
09/21/85	UOR 85-4-707 85-1	707, MODULE C, BOX C-110	COOLING WATER HOSE RUPTURED AND DISTILLED WATER LEAKED INSIDE GLOVEBOX. WATER WAS REMOVED IN CCL4 DEGREASER POTS. POTS WERE NOT DRAINED AND REFILLED WITH FRESH CCL4 FOR NEXT SHIFT. ON NEXT SHIFT, POT WAS FILLED WITH CCL4 UNAWARE THAT H2O WAS PRESENT.	PLUTONIUM CHIPS WERE ADDED TO POTS AND UNDERWENT A RAPID EXOTHERMIC CHEMICAL REACTION WITH CCL4 AND H2O.
09/22/85	SIR 85-09-P1.1	762, PORTAL 1	GATE CLOSED ON VEHICLE BECAUSE GUARD THOUGHT VEHICLE HAD ALREADY PASSED THROUGH.	
09/27/85	SIR 85-10-707.1	707	WELD OVERPENETRATED A PIT ASSEMBLY CAUSING THE INSIDE OF THE CHAMBER TO BECOME CONTAMINATED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/03/85	SIR 85-10-374.1	374, WASTE TRANSFER SYSTE	WASTE TRANSFERRED TO TANK BEFORE ALL SIGNATURES WERE OBTAINED.	
10/04/85	SIR 85-10-886.1	886, CML	AN ELECTRONIC MALFUNCTION OF A SEMICONDUCTOR IN A NEUTRON PICOAMMETER CAUSED THE CRITICALITY ALARM TO SOUND CAUSING AN EVACUATION.	
10/11/85	SIR 85-10-68.1	100, GATE 8	GATE CLOSED ON TRUCK GOING THROUGH GATE. GUARD ACCIDENTALLY HIT "FAST CLOSE" BUTTON.	
10/19/85	SIR 85-10-371.1	371, PRODUCTION OPERATION	A TOTAL CHARGE TO A TILT FURNACE EXCEEDED THE LIMIT OF 4000 G.	
10/23/85	SIR 85-10-68.2	100, SOUTH GATE	FAULTY GATE CLOSED ON A VEHICLE. THE STOP BUTTON WAS REPLACED.	
10/27/85	SIR 85-10-371.2	371, SLUDGE PROCESSING	TWO HOBART POWER MIXING BOWLS WERE PLACED INTO A GLOVEBOX. THE LIMIT IS ONLY ONE MIXING BOWL.	
10/31/85	SIR 85-11-707.1	707, MODULE C, BOX 115	FIVE VIALS WERE FOUND TO EXCEED THE LIMIT OF 30 G.	
11/01/85	SIR 85-11-771.1	771	LIQUID WAS TRANSFERRED FROM A SAFE PENCIL TANK TO AN UNSAFE ANNULAR TANK.	
11/05/85	SIR 85-11-779.1	779, MANHOLE	UNDERGROUND WIRING WAS PARTIALLY SHORTED CAUSING INSULATION TO BURN.	
11/20/85	SIR 85-11-371.1	371, RM3204	A JAR MILL USED TO PULVERIZE ASH WAS USED TO CRUSH MATERIAL SO IT WOULD FIT THROUGH A WIRE MESH SCREEN. THE JAR MILL HAD NO NUCLEAR MATERIAL SAFETY LIMITS, HOWEVER.	

1/15/90

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
11/22/85	SIR 85-12-865.1	865, BERYLLIUM B-BOX	BERYLLIUM RELEASED DUE TO POOR HOUSEKEEPING, TURBULENCE CAUSED BY NEG. PRESSURE, AND A FLOW REVERSAL OF AIR. 100% CLEAN-UP OF GLOVEBOX IS IMPOSSIBLE WITH CURRENT DESIGN OF GLOVES.	
11/25/85	UOR 85-5--371 85-2	371/374	A CRITICALITY ALARM SOUNDED DUE TO A MALFUNCTION IN THE ALARM.	
11/26/85	UOR 85-6--707 85-2	707	A GLOVEBOX BREACH RESULTED IN SAAMS ALARMING. POSTIVE PRESSURE WAS NOTICED IN SOME OF THE GLOVEBOXES. THE REASON IS UNKNOWN.	
11/26/85	UOR 85-6-707 85-2	707, MODULES J,K	AN AIR REVERSAL OCCURRED IN MODULE J DUE TO BREACH IN GLOVEBOX SYSTEM. MODULE K ROOM ATMOSPHERE WAS POSITIVE TO HALLWAYS, CONTRARY TO UTILITY INSTRUMENTATION READINGS. INCIDENTS ARE NOT NECESSARILY RELATED. MINIMUM CONTAMINATION IN MODULE K.	TWELVE EMPLOYEES REQUIRED BODY COUNTS.
11/27/85	SIR 85-12-707.1	707, MODULE B	A PART CARRIER CONTAINED 3748 G OF MATERIAL, EXCEEDING THE LIMIT OF 3000 G.	
12/03/85	SIR 85-12-771.1	771	EMPLOYEE MIXED BLEACH, WATER, AND CLEANING AGENT TOGETHER CAUSING A GAS THAT MADE THE EMPLOYEE FEEL SICK.	
12/03/85	UOR 85-7-771 85-2	771, RM164	A GLOVEBOX WAS UNDERGOING CLEANUP AND EXPLODED WHEN ACETONE IGNITED FROM A SPARK BY A HOT PLATE.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
12/03/85	UOR 85-7-771 85-2	771	A GLOVEBOX EXPLOSION INJURED A TECHNICIAN WHEN THE WINDOW STRUCK EMPLOYEE. EXPLOSION CAUSED BY PRESENCE OF A MIXTURE OF FLAMMABLE SOLVENT VAPORS BEING IGNITED BY A SPARK FROM A HOTPLATE DURING CLEANUP OPERATIONS.	
12/05/85	UOR 85-8--991 85-1	991	A TRASH BAG CONTAINING RADIOACTIVE WASTE WAS FOUND IN THE "COLD" TRASH.	
12/09/85	SIR 85-12-771.3	771, EAST ANNEX	TWO DRUMS EXCEEDED MAXIMUM AMOUNT OF FISSILE MATERIAL OF 500 G PER DRUM.	
12/15/85	SIR 85-12-771.2	771	HIGH URINE SAMPLE. SENSITIVE REPORT.	
12/23/85	SIR 85-12-69.1	900, CTR RD GUARD POST	SCANNER ALARM SOUNDED CAUSING GATE TO CLOSE. VEHICLE SKIDDED INTO GATE. DRIVER WAS PROBABLY SPEEDING.	
01/06/86	SIR 86-01-69.1	900, CTR RD GUARD POST	GATE ACTIVATED FOR CLOSING IN RESPONSE TO SCANNER ALARM. VEHICLE FAILED TO BACK UP AND WAS HIT BY GATE.	
01/09/86	SIR 86-01-707.1	707, PLANT AIR SYSTEM	THE OPERATING PLANT AND INSTRUMENT AIR COMPRESSOR FAILED. THE AIR PRESSURE DROPPED TO 30PSIG WITH ALL OF THE AIR OPERATED EQUIPMENT GOING TO THEIR FAILSAFE POSITIONS.	
01/13/86	SIR 86-01-P2.1	OUTSIDE, PORTAL 2	A GATE WAS CLOSING WITH A CAR IN ITS PATH. THE GUARD DEPRESSED THE STOP BUTTON BUT THE GATE CONTINUED, STRIKING THE CAR.	



11/15/90

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
01/14/86	SIR 86-01-374.1	374, SALT CRETE	WORKERS CLEANING OUT MIX TANK BURNED BY IRRITANTS FROM TANK.	
01/14/86	SIR 86-01-707.2	707, ELECTRICAL SYSTEM	AN EMERGENCY GENERATOR DID NOT START WHEN THE POWER WENT OUT.	
01/14/86	SIR 86-01-771.1	771, RM149	FIVE CONTAINERS CONTAINING FISSILE MATERIAL WERE PLACED INTO GLOVEBOX VIOLATING LIMIT OF FOUR CONTAINERS.	
01/14/86	SIR 86-01-69.2	900, CTR RD GUARD POST	GATE CLOSED WHEN SCANNER ALARM SOUNDED. VEHICLE IN PATH OF GATE WAS HIT.	
01/14/86	SIR 86-01-883.1	883, CONTROL ROOM CRANE	A BLOCK ON A CRANE WAS BEING LIFTED AND FAILED TO STOP AT THE UPPER LIMIT. THE CABLE KEPT WINDING UNTIL IT BROKE, CAUSING THE BLOCK TO FALL. A LIMIT SWITCH WAS FOUND INOPERATIVE.	
01/20/86	SIR 86-01-707.3	707, MOD K, J-K CONVEYOR	A CANON CONVEYOR WAS FOUND TO EXCEED THE LIMIT OF 2500 G PU BY 475 G.	
01/24/86	SIR 86-01-771.2	771, RM149	COMBUSTIBLE MATERIAL OF OVER 1000 G WAS PLACED IN A GLOVEBOX VIOLATING THE LIMIT.	
01/31/86	SIR 86-02-707.2	707, MODULE J, BOX J-20	FOUR CANS OF OXIDE WITH ABOUT 2200G EACH WERE FOUND IN AN AREA RESTRICTED TO A MAXIMUM OF 6000G PU. IN ADDITION THESE CANS WERE SPACED BETWEEN 6" AND 10" APART IN VIOLATION OF THE 12" MINIMUM SPACING.	
01/31/86	SIR 86-02-707.2	707, MODULE J, BOX J-20	FOUR CANS OF OXIDE WITH ABOUT 2200G PU EACH WERE FOUND IN AN AREA RESTRICTED TO 6000G MAXIMUM. THE CANS WERE ALSO SPACED ONLY 6" APART IN VIOLATION OF THE 12" LIMIT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
01/31/86	SIR 86-01-776.1	776, SIZE REDUCTION	LOW AIR FLOW IN SUPPLIED AIR SUIT CAUSED WORKER TO BECOME ILL.	
02/01/86	SIR 86-02-707.3	707, MODULE B	SCRAP METAL ON A BLANKING PRESS EXCEEDED LIMITS OF 200 G BY 152 G.	
02/04/86	SIR 86-02-881.1	881, NEUTRON GENERATOR	A NEUTRON GENERATOR ASSEMBLY DROPPED 12 FEET WHEN THE HOIST MECHANISM FAILED.	
02/05/86	SIR 86-02-707.1	707, MODULE B	OIL IN FURNACE CAUGHT FIRE WHEN PLASTIC LINE MELTED. PUT OUT BY WORKERS.	
02/06/86	SIR 86-02-559.1	559, RM102	A MATERIAL CONTROL CARD WAS NOT FILLED OUT FOR A CONTAINER AND THE CONTAINER WAS NOT WEIGHED PRIOR TO THE ADDITION OF MORE MATERIAL.	
02/15/86	SIR 86-02-444.2	444, FENCE PROJECT	LADDER PROPPED AGAINST STEEL POST SLIPPED CAUSING EMPLOYEE TO FALL CUTTING HIS SIDE.	
02/15/86	SIR 86-02-771.1	771	CONTAMINATED EMPLOYEE. SENSITIVE REPORT.	
02/18/86	SIR 85-11-771.2	771, RM149	TWO CONTAINERS COMBINED EXCEEDED LIMIT OF 2500 G PU.	
02/20/86	SIR 86-02-771.2	771, RM114, LINE 11	A VAC TRAP WOULD NOT DRAIN AND IN AN ATTEMPT TO FIX THE PROBLEM, AN OPERATOR FELT DROPS OF LIQUID FALLING ON HIS HEAD. HE WAS FOUND CONTAMINATED AND TAKEN TO MEDICAL. IT WAS DETERMINED THAT A WELD IN THE NECK FLANGE HAD FAILED, ALLOWING STEAM	CONDENSATE TO LEAK OUT. A FURTHER INSPECTION FOUND 4 VAC TRAPS WITH FAULTY WELDS.

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
02/27/86	SIR 86-02-771.3	771, 2ND FLR, INCINER FIL	DUE TO A LACK OF ARGON TO A WELDING TORCH, IT SPARKED AND FLYASH BEGAN TO SMOLDER ON A FILTER.	
03/05/86	SIR 86-03-444.1	444, PRECISION SHOP	ELECTRICAL INSULATION WAS WORN OFF BY A CORNER ON A TRAY. THIS CAUSED SPARKS, IGNITING OIL IMPREGNATED LINT AND DUST.	
03/06/86	SIR 86-03-776.1	776, FBI	SAMPLE WAS OPENED WITHOUT RESPIRATORY PROTECTION OR A RADIATION MONITOR PRESENT. SAMPLE WAS CONTAMINATED.	
03/10/86	SIR 86-3-664.1	664, CRATE COUNTER	LSA WOODEN CRATE PUNCTURED BY FORK LIFT	
03/17/86	SIR 86-3-771.1	771, RM114, LINE 3	NMSPI 86-7. OPERATORS INTRODUCED TWO CANS OF MATERIAL INTO LINE 3, FAILING TO OBSERVE MIXED FEED LEFT IN A BATCH CAN ON THE BATCHING TABLE. THE COMBINED WEIGHT WAS 5429 GRAMS WHICH IS OVER THE LIMIT OF 5000 GRAMS FOR THE AREA.	
03/19/86	SIR 86-05-774.1	774, RM202	12 NORMAL NITRIC ACID WAS SPILLED WHEN AN OPERATOR WAS TRYING TO DESCALE A BUBBLER TUBE. THE OPERATOR RECEIVED BURNS ON HIS KNEES.	
03/24/86	SIR 86-03-707.1	707, NCA SYSTEM	TWO NEW CRITICALITY ALARMS WERE INADVERTENTLY SET OFF IN NDT.	
03/24/86	SIR 86-03-707.2	707	A CRITICALITY ALARM SOUNDED AND THE UTILITY OPERATORS ON DUTY DID NOT EVACUATE AND REPORT TO THEIR ASSEMBLY AREA.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
03/28/86	SIR 86-04-776.1	776, RM209	NEWLY INSTALLED EXHAUST AND RECIRCULATING FANS WERE RUNNING BACKWARDS DUE TO AN OUT OF PHASE ELECTRICAL MISTAKE.	
04/08/86	SIR 86-04-779.1	779, RM139	NMSPT#86-8. LAB PERSONNEL CHANGED NMSL'S, POSTED THE CHANGED LIMITS, AND FOWARDED A COPY OF THE CHANGED LIMITS TO CRIT. ENGINEERING FOR APPROVAL. THE POSTING OF THE ALTERED LIMIT RESULTED IN A PROCEDURAL INFRACTION.	
04/15/86	SIR 86-04-MW.1	OUTSIDE, MEYER WEDDLE	MEYER WEDDLE TRAILER AREA. A 15 TON CRANE WAS BEING OPERATED WITHOUT RIGGERS AND TIPPED OVER. THE CRANE OPERATOR JUMPED AND FRACTURED HIS LEFT ANKLE AND INJURED HIS RIGHT KNEE.	
04/24/86	SIR 86-05-771.5	771, RM114, LINES 13,14	TWO CHEM. OPERATORS WERE FOUND AFTER WORKING A DRYBOX. 11 MORE GLOVES WERE FOUND CONTAMINATED, BUT NO HOLES IN ANY GLOVE WERE FOUND. THE PROCEDURE FOR SELF MONITORING AFTER WORKING IN GLOVEBOXES WAS APPARENTLY NOT FOLLOWED,	WHICH CAUSED SPREADING OF CONTAMINATION.
04/24/86	SIR 86-4-776.2	776, RM154 MOLTEN SALT	MAXIMUM COMBINED VOLUME OF CONTAINERS WERE EXCEEDED ON NUCLEAR MATERIAL SAFETY LIMITS	
04/28/86	SIR 86-05-771.1	771, RM114	TWO CARPENTERS WERE ASSIGNED TO REMOVE A HANDLE ON A SHIELD FOR DECONTAMINATION. THEY LEFT FOR LUNCH BEFORE REMOVING THE HANDLE AND UPON RETURNING FOUND THE HANDLE ALREADY REMOVED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/03/86	SIR 86-05-771.2	771, RM114, LINE 7	NMSPI #86-11, TWO CONTAINERS WERE SPACED LESS THAN 12" APART AND 3047G PU WERE PRESENT IN AN AREA WHERE ONLY 2500G ARE ALLOWED.	
05/05/86	SIR 86-05-69.1	900, GATE	GATE WAS ACTIVATED FOR CLOSING BY A GUARD IN RESPONSE TO A SCANNER ALARM. A DRIVER WAS NOT PAYING ATTENTION AND RAN INTO THE CLOSED GATE.	
05/06/86	SIR 86-05-771.3	771, RM249	NEGATIVE ON THE INCINERATOR PLENUM AIRLOCK WAS NONEXISTENT DURING UNDRESSING OF PERSON IN SUPPLIED AIR SUIT CAUSING PERSON TO BECOME CONTAMINATED. THIS HAPPENED BECAUSE BOTH EQUALIZER VALVES WERE CLOSED AT THE SAME TIME.	
05/10/86	SIR 86-05-771.4	771, RM247	AN OPERATOR WAS FILLING A NITRIC ACID HOLDING TANK. THE VALVE TO THE SIGHT GLASS, USED TO OBSERVE THE LEVEL OF THE TANK, WAS CLOSED AND THE TANK OVERFLOWED. THE OPERATOR RECEIVED ACID BURNS OVER 12% OF HIS BODY.	
05/16/86	SIR 86-05-771.6	771, RM114, LINES 6,7	TWO CHEM. OPERATORS FOUND THEMSELVES CONTAMINATED AFTER USING NEW GLOVES. UPON INSPECTION IT WAS FOUND THAT ALMOST 70% OF THE NEW GLOVES HAD CRACKS AND MINUTE TEARS IN THEM. UPON CHANGING THE GLOVES, CONTAMINATION WAS RELEASED INTO THE ROOM.	
05/22/86	SIR 86-5-121.1	121, SOUTH PARKING LOT	HOT GASES EMITTED BY MILES (LASER GUN) EQUIPMENT DAMAGED PAINT ON PARKED CARS DURING SECURITY EXERCISES	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
05/23/86	SIR 86-06-771.1	771, RM180D, LINE 21-C	NMSPI 86-12. SLUDGE MATERIAL IN A PAN WAS DRY, BUT NOT PLACED IN 8801 CAN BEFORE BEING INTRODUCED INTO THE OPERATING LINE.	
05/29/86	SIR 86-06-443.1	443, STEAM PLANT	A HEATED AIR TEST CONDUCTED ON HEPA FILTERS RESULTED IN A FIRE. THE FIRE WAS CONTAINED WITHIN THE CHUCK ASSEMBLY. THE FILTERS DID NOT PASS THE TEST.	
05/29/86	SIR 86-6-443.1	443, STEAM PLANT	FILTER BEING SUBJECTED TO HEATED AIR TEST CAUGHT ON FIRE AND PRODUCED SMOKE IN SMALL QUANTITIES WITHIN STEAM PLANT.	
05/29/86	SIR 86-05-779.1	779A, RM152, BOX 7248	SWEEPINGS CONTAINING PUH2 WERE PLACED IN AN AIR ATMOSPHERE GLOVEBOX IN A PAN, WHICH WAS PLACED ON A HOT PLATE. DUE TO THE THERMAL ENERGY FROM THE HOT PLATE AND THE OXYGEN IN THE BOX, THE SWEEPINGS OXIDIZED, EMITTING A SMALL HYDROGEN FLAME.	CONTAMINATION WAS FOUND ON THE FLOOR BUT NONE WAS FOUND ON THE BOX, THE FLOOR WAS PROBABLY CONTAMINATED FROM A BAG CUTTING OPERATION ON AN EARLIER SHIFT.
06/02/86	SIR 86-06-707.1	707, MODULE B, BOX B-25A	NMSPI 86-13. SPECIAL ORDER PARTS BEING PROCESSED AT THE DENSITY DETERMINATION WORK STATION WERE FOUND TO BE ABOVE THE ALLOWABLE WEIGHT FOR THE THICKNESS OF THE PARTS IN THE FREON TANK.	
06/03/86	SIR 86-06-664.2	664, GATE	AN EMPLOYEE PARKED A TRUCK ON AN INCLINE TO BE LOADED WITH MATERIAL. HE DIDN'T SET THE EMERGENCY BRAKE BEFORE HE GOT OUT OF THE TRUCK AND IT ROLLED INTO THE GATE CAUSING MINOR DAMAGE.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/05/86	UOR 86-1-920 86-1	920, GUARD POST	A SECURITY INSPECTOR TOOK OFF HIS GUN TO TUCK IN HIS SHIRT. WHEN HE PICKED UP THE BELT, THE GUN SLIPPED. HE GRABBED IT AND THE WEAPON DISCHARGED, THE BULLET STRIKING THE FLOOR.	
06/11/86	SIR 86-06-883.1	883	AN EMPLOYEE ACCIDENTLY BUMPED THE EMERGENCY STOP ON A ROLLING MILL. THIS CAUSED THE BACK STOP TO LOWER, PINNING THE MAN'S HAND FOR 25 SECONDS. HE WAS NOT INJURED.	
06/11/86	SIR 86-06-883.1	883, B-ROLLING MILL	EMPLOYEE WAS ADJUSTING A PIECE OF METAL ON THE POWER TABLE WHEN HE BUMPED AGAINST THE STOP LINE. THIS KILLED POWER TO THE SHEAR, INCLUDING POWER TO THE HYDRAULIC PUMP THAT HOLDS THE BACK STOP IN THE RAISED POSITION. THE BACK STOP LOWERED ONTO HIS RIGHT	HAND PINNING IT THERE FOR APPROXIMATELY 25 SECONDS.
06/12/86	SIR 86-06-886.1	886, CRIT. ALARM SYSTEM	THE CRITICALITY ALARM SOUNDED WHILE MAINTENANCE WAS BEING PERFORMED ON THE SYSTEM. NO ANNOUNCEMENT HAD BEEN MADE THAT TESTS WERE BEING CONDUCTED ON THE SYSTEM AND, CONSEQUENTLY, ALL EMPLOYEES EVACUATED.	
06/21/86	SIR 86-6-771.2	771, RM148, LINE 19	NMSPI 86-14. TWO BUTTONS WERE PRODUCED, WEIGHING 2109 AND 2111 GRAMS, RESPECTIVELY, IN VIOLATION OF THE 2100 GRAM LIMIT.	
06/27/86	SIR 86-07-771.1	771, RESIDUE PROCESSING	AN OPERATOR WAS INJURED BY A PRESSURIZED INCINERATOR FEED DRUM WHEN IT WAS IMPROPERLY OPENED. THE DRUM LID HOLD-DOWN MECHANISM WAS NOT RESTING ATOP THE DRUM LID. WHEN THE DRUM RING WAS REMOVED, PRESSURE FROM INSIDE THE DRUM PRIED THE UNBOLTED DRUM RING	OFF, RAISING THE LID. THE OPERATOR'S HAND AND HIP WERE STRUCK BY THE DRUM RING, WHEN THE PRESSURE WAS RELEASED FROM THE DRUM.

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
06/28/86	SIR 86-07-218.1	218, NITRIC ACID FARM	AN OPERATOR WAS FILLING THE 771 PORTABLE ACID DUMPSTER TANK WHEN THE AUTOMATIC SHUTOFF LEVEL PROBE FAILED TO SHUT THE PUMP OFF. APPROXIMATELY 1 GALLON OF HNO3 SPILLED OUT OF THE SAFETY OVERFLOW LINE OF THE DUMPSTER ONTO THE GROUND.	
06/30/86	SIR 86-07-218.1	218, NITRIC ACID FARM	A LIQUID WASTE OPERATOR WAS ATTEMPTING TO HOOK UP THE ELECTRICAL CONNECTOR WHICH CONTROLS THE PUMP AND THE LEVEL PROBE SYSTEM OF THE DUMPSTER WHEN HE SUSTAINED AN ELECTRICAL SHOCK.	
06/30/86	SIR 86-07-RR.1	OUTSIDE, RUNAROUND TRACK	A RAIL CAR WAS SITTING ON THE RUNAROUND RAIL TRACK NEAR BLDG. 664 ON JUNE 24. AT THAT TIME THE HAND BRAKE WAS SET. ON JUNE 30, THE CAR ROLLED OFF THE TRACK DUE TO A HAND BRAKE FAILURE. A MISSING BOLT IN THE BRAKE BOTTOM ROD WAS THE CAUSE.	
07/07/86	SIR 86-07-69.1	900, NORTH GATE	THE NORTH GATE WAS OPENED TO ALLOW A CAR THROUGH. THE GUARD DID NOT NOTICE THAT THE CAR HAD STALLED WHILE STILL IN THE GATES PATH, AND, THEREFORE, PRESSED THE CLOSE BUTTON. THE GATE STRUCK THE CAR ON THE RIGHT REAR FENDER	
07/08/86	SIR 86-07-334.1	334, ELECTRICAL SYSTEM	A PLANT SERVICES EMPLOYEE WAS DIGGING A FENCE POST HOLE USING THE LATEST SITE UTILITY DRAWINGS WHICH DID NOT REFLECT THE LATEST CONSTRUCTION ADDITIONS. AT A DEPTH OF THREE FEET, THE AUGER STRUCK A GROUND CABLE CAUSING POWER LOSS TO BUILDING 334.	



SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
07/10/86	UOR 86-02-GATE9	86-1 OUTSIDE, GATE 9	A CAR WAS SEEN GOING 42 MPH IN A 25 MPH ZONE. A SECURITY GUARD CHASED THE CAR AND RADIOED THE GUARD AT GATE 9 TO CLOSE THE GATE. THE GATE WAS CLOSED AFTER THE CAR HAD GONE THROUGH AND THE GUARD STRUCK THE GATE CAUSING THE VEHICLE TO ROLL OVER.	
07/11/86	SIR 86-7-RANGE.1	EAST FIREARMS RANGE	GRASS FIRE WAS STARTED BY TRACER AMMUNITION BEING FIRED BY A MACHINE GUN DURING RANGE PRACTICE.	
07/11/86	SIR 86-7-771.2	771, RM114	FOUR USED FILTER CARTRIDGES AND ONE USED FILTER FOUND IN LINE THUS EXCEEDING NUCLEAR MATERIALS SAFETY LIMITS OF FOUR.	
07/26/86	SIR 87-7-P1.1	762, NORTH VEHICLE GT	SECURITY INSPECTOR STATIONED INSIDE BLDG 762 CLOSED GATE ON GOVERNMENT VEHICLE.	
07/28/86	SIR 86-7-707.1	707	INADVERTENT ACTIVATION OF CRITICALITY DETECTION SYSTEM CAUSING AN UNPLANNED BUILDING EVACUATION.	
07/31/86	SIR 86-7-334.2	334, ARMORED PERSNL CAR.	WHILE DRILLING A HOLE TO INSTALL A BACKING GATE FOR BATTERING RAM ON ARMORED PERSONNEL CARRIER, INTERIOR FUEL BLADDER WAS STRUCK WITH DRILL AND PUNCTURED.	
08/01/86	SIR 86-8-371.1	371, RM 3713	LOSS OF ROOM VENTILATION DIFFERENTIAL PRESSURE CONTROL IN THE BSA CANYON DUE TO TAMPERING.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
08/11/86	SIR 86-8-70.1	707, MODULE C, BOX 45B	NMSPI 86-17. MACHINIST WORKING AT GLOVEBOX 7-C-45B LOADED A CHIP CAN AND DID NOT CHECK WEIGHT OF CHIPS ON A SCALE. THE LIMIT OF 1500 GRAMS WAS EXCEEDED BY 34 GRAMS.	
08/11/86	SIR 86-8-881.1	885, MAINT LUBE SHED	INADVERTENT DUMPING OF RADIOACTIVE CONTAMINATED OIL SLUDGE INTO OPEN TOP DUMPSTER.	
08/11/86	SIR 86-8-771.1	771	PLUTONIUM MATERIAL WAS HEAPED IN A 2" PAN IN LINE BATCHING SECTION.	
08/11/86	SIR 86-8-771.1	771, RM249	DURING ROUTINE MAINTENANCE OF FEED AUGER MATERIAL WAS SPILLED ON FLOOR CAUSING AN EXCESS BUILD-UP OF MATERIAL ON THE FLOOR. DURING CLEAN UP A 2" PAN WAS HEAPED CAUSING A VIOLATION	
08/12/86	SIR 86-8-707.2	707, MODULE A	FURNACE COOLING BOX FOUND TO CONTAIN A LOADED CRUCIBLE AND CASTING IN ITS MOLD AT THE SAME TIME THUS VIOLATING ESTABLISHED SAFETY LIMITS OF ONE.	
08/13/86	SIR 86-8-371.2	371, ROOM 3602	DRUM LID RETENTION RING POPPED OFF DRUM STRIKING LEFT THUMB OF PERSONNEL	
08/19/86	SIR 86-8-771.2	776-5, MAIN SUBSTATION	NORMAL POWER LOSS TO 771-3 SWITCHGEAR WHEN 776-5 MAIN BREAKER FAILED	
08/22/86	SIR 86-8-444.1	444, PRECISION SHOP	SHORT CIRCUIT IN WIRING IN NORTHSIDE JUNCTION BOX ARCING ATE THROUGH WIRE AND CONDUIT.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
08/28/86	SIR 86-9-371.1	371, RM3305	WMSPI 86-19. A 55-GALLON DRUM WAS LOADED WITH AN ELECTROREFINING CRUCIBLE AND SENT TO CALORIMETRY. DRUM CONTAINED 1546 GRAMS IN VIOLATION OF 1000 GRAM LIMIT FOR DRY FISSILE MATERIAL IN A 55-GALLON DRUM.	
08/28/86	SIR 86-8-374.1	374	SALT BRINE SPRAYED OPERATOR (W/O PPE) WHEN PLUGGED FILTER WAS OPENED ON SPRAY DRYER FEED.	
09/02/86	SIR 86-9-771.1	771	TOO MANY CONTAINERS CONTAINING FISSILE MATERIAL WERE FOUND IN LINE BATCHING AREA.	
09/02/86	SIR 86-9-771.1	771, RM149	TOO MANY CONTAINERS CONTAINING FISSILE MATERIAL WERE FOUND IN LINE 23 BATCHING AREA	
09/04/86	SIR 86-9-707.1	707, PROCESS WASTE	PROCESS WASTE TANK OVERFLOWED WHEN PLENUM SPRINKLER SYSTEM ACTIVATED (SLOW FLOW THAT DID NOT SET THE ALARM OFF).	
09/15/86	SIR 86-9-460.1	460, HIGH PRES. TEST CELL	DUE TO A FITTING FAILURE A PIPE CONNECTING COMPRESSOR INLET LINE WITH EQUALIZING VALVE AND RUPTURE DISC CAME LOOSE BENDING PIPE UP FROM ITS ORIGINAL POSITION.	
09/25/86	SIR 86-9-771.2	771, GRINNEL FIRE ALARMS	CRIT ALARM PANEL WAS WITHOUT EMERGENCY POWER WHEN ELECTRICIANS STRIPPED OUT ABANDONED WIRING.	
10/01/86	SIR 86-10-371.1	371, DOCK 18-T	HEAVY DRIVER, REMOVING A WASTE BOX FROM THE DOCK TO A TRAILER, BACKED INTO ANOTHER WASTE BOX SITTING ON THE GROUND. TRAILER HITCH PUNCHED HOLE IN THE BOX. WASTE BOX WAS NOT RADIATION MONITORED BEFORE BEING MOVED. NO CONTAMINATION OCCURRED.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/08/86	SIR 86-10-559.1	777, SURVEILLANCE LAB	MNSPI 86-21. LAB TECHNICIAN WAS TRANSPORTING A PRESSURE COOKER TO RM 431B FROM TRANSFER CART IN RM431. TECHNICIAN RECEIVED ORDERS TO RETURN TO 559 AND LEFT COOKER UNATTENDED ON STOOL IN RM431B , WHICH IS AN UNCONTROLLED LOCATION.	
10/12/86	SIR 86-10-771.1	771, RM114B, LINE 17	MNSPI 86-22. AT SHIFT CHANGE, PERSONNEL NOTICED THE FREE-METAL CANISTER IN THE LINE CONTAINED 628 GRAMS OF FREE-METAL WHICH IS OVER THE LIMIT OF 500 GRAMS.	
10/20/86	SIR 86-10-886.1	886, ARIES AUTO. SCANNER	CLAMP RING MOUNTING SYSTEM FAILURE DUE TO WELD SEPARATION OF ONE OF TWO CLAMP RING MOUNTING BOLTS	
10/22/86	SIR 86-10-444.2	444	CHIPS LEFT OUT OF COOLANT CAUSING FIRE IN CHIP PAN.	
10/24/86	SIR 86-10-P1.1	762, SOUTH GATE	GATE WAS ACTIVATED FOR CLOSING AND STRUCK GOVERNMENT FLAT BED TRUCK.	
10/27/86	SIR 86-10-771.4	771, RM114, LINE 5	MNSPI 86-24. AN EMPTY POLY PLASTIC BAG-OUT BAG (18"X24") WAS FOUND OPEN HANGING UNDERNEATH A FISSILE SOLUTION TRANSFER LINE. NO CRITICALITY DRAIN SLITS WERE CUT IN BAG.	
10/27/86	SIR 86-10-771.3	771, RM114, LINE 15	MNSPI 86-23. A DIRTY FUL-FLO FILTER CARTRIDGE WAS REMOVED FROM THE FUL-FLO FILTER IN LINE 15. THE CARTRIDGE WAS THE PLACED ON THE FLANGE OF 516A DIGESTOR, CAUSING A VIOLATION OF SPACING LIMIT BETWEEN EQUIPMENT AND CONTAINERS CONTAINING FISSILE MATERIAL.	

SUMMARY OF EVENTS  
1952 TO 1988

EVENT DATE	EVENT NUMBER	BUILDING	DESCRIPTION	ADDITIONAL NOTES
10/27/86	SIR 86-10-771.2	771, DOOR 1	LOCKING MECHANISM ON SECURED DOOR FAILED.	
11/05/86	SIR 86-11-460.1	460, BLDG HI BAY AREA	ACETONE FIRE NEAR WELDING OPERATION	
11/06/86	UOR 86-3-771 86-1	771	MAINTENANCE OPERATIONS WERE IN PROCESS OF REMOVING ITEMS FROM A GLOVEBOX SYSTEM. AS WORKERS WERE REMOVING A PIECE, PLUTONIUM CONTAMINATION WAS RELEASED TO AREA.	
11/06/86	UOR 86-3-771 86-1	771, RM163, BOX 115	INADEQUATE JOB REVIEW AND LACK OF COMMUNICATION, INADEQUATE SITE PREPARATION, AND MISAPPLICATION OF PROCEDURES RESULTED IN RELEASE OF PLUTONIUM OXIDE TO ROOM ATMOSPHERE FROM GLOVEBOX. FIVE EMPLOYEES REQUIRED BODY COUNTS.	
11/10/86	SIR 86-11-707.1	707, DOCK SOUTHEAST	FORKLIFT PUNCTURED TRICHLOROETHANE DRUM AT DOCK	
11/11/86	SIR 86-11-69.1	900, GATE 9	EMPLOYEE ATTEMPTED TO DRIVE THROUGH CLOSING NORTH GATE WHICH HIT CAR ON RIGHT SIDE CAUSING EXTENSIVE DAMAGE.	
11/11/86	SIR 86-11-69.1	900, GATE 9, POWER GATE	RADIOMETRIC SCANNER ALARM SOUNDED AT GATE 9 AND GUARD DEPRESSED FAST CLOSE BUTTON TO POWER GATE. EMPLOYEE TRIED TO PASS THROUGH CLOSING GATE GATE HIT CAR RESULTING IN EXTENSIVE DAMAGE TO BOTH THE CAR AND THE POWER GATE.	
11/12/86	SIR 86-11-123.1	123, ROOM 157	HOT PLATE FIRE INVOLVING SOLVENT IN A HOOD.	