



Abnormal Event Report

Form Ref. No. 258395
X Reference

ATT USE

Serious Abnormal Events shall be reported to the Aldermaston emergency organisation via ext. [redacted]. In other cases, other than minor abnormal events, phone:- [redacted]			Site	Normal hours	Out of normal hours																																																																
1. Time and place of Abnormal Event.			Aldermaston	ATT ext. [redacted]	Shift Manager ext. [redacted]																																																																
Date: 23/4/08 Time: 13:00 Precise location: [redacted] Building: [redacted] Facility: [redacted]			Burghfield	ATT ext. [redacted]	Senior Shift Engineer ext. [redacted]																																																																
Contracting Company (if appropriate): [redacted] Line Manager of those involved (if appropriate): [redacted] Work Sup. Officer (if appropriate): [redacted]			Facility Manager: [redacted] <input type="radio"/> Aldermaston <input type="radio"/> Burghfield OFF/OFF-																																																																		
2. Description of Abnormal Event (Give a detailed description of what happened, use these headings for guidance)			*Circle appropriately <input type="radio"/> Radiation <input type="radio"/> Contamination <input type="radio"/> Decontamination <input type="radio"/> None of these																																																																		
WAF NE AWE/MSCS/A148/08/06/08 Testing of the process line (1) temperature controllers.			a) Circumstances b) Abnormal Event c) Effect d) Remedial action																																																																		
After testing thermocouples and returning line to normal use. It was observed that the temperature of the furnaces on all displays was reading high ~1000C for all furnaces. It was also observed that the Thyristors were also firing at this time the work was immediately stopped to ascertain if the values were correct. Testing of the furnaces with a mobile thermocouple confirmed the furnaces had been heated. Power was removed from the			What assistance was called? Thyristors and the box left pending investigation.																																																																		
*AMBULANCE FIRE SERVICE EMERGENCY RESPONSE HEALTH PHYSICS FIRST AIDER POLICE MAINTENANCE SHIFT OCCUPATIONAL HEALTH ENVIRONMENT DEPT SLO DSYM (NONE)																																																																					
3. Details of injured/affected person. (If more than one person is injured submit a separate AER to the ATT office, annotate with ref No)																																																																					
Surname: N/A Initials: [redacted] National Insurance No. (if known): [redacted] Sex: [redacted] Dir / Div / Bldg / Contracting Company: [redacted]																																																																					
*AWE EMPLOYEE APPRENTICE / TRAINEE Mod / MDP CONTRACTOR VISITOR CLASSIFIED WORKER																																																																					
Manager or Supervisor of injured/affected person: N/A Tel: [redacted] Bldg: [redacted] Directorate / Division / Contracting Company: [redacted]																																																																					
4. Details of injury(s)			N/A																																																																		
<table border="1"> <tr> <td rowspan="2">Not yet known</td> <td>bruise</td> <td>amputation</td> <td rowspan="2">head</td> <td rowspan="2">neck</td> <td rowspan="2">L</td> <td rowspan="2">shoulder</td> <td rowspan="2">R</td> <td rowspan="2">L</td> <td rowspan="2">leg</td> <td rowspan="2">R</td> </tr> <tr> <td>cut</td> <td>fracture</td> <td>face</td> <td>chest</td> <td>L</td> <td>arm</td> <td>R</td> <td>L</td> <td>knee</td> <td>R</td> </tr> <tr> <td rowspan="2">trap/crush</td> <td>graze</td> <td>strain/sprain</td> <td rowspan="2">nose</td> <td rowspan="2">abdomen</td> <td rowspan="2">L</td> <td rowspan="2">elbow</td> <td rowspan="2">R</td> <td rowspan="2">L</td> <td rowspan="2">ankle</td> <td rowspan="2">R</td> </tr> <tr> <td>irritation</td> <td>inhalation</td> <td>jaw</td> <td>pelvis</td> <td>L</td> <td>wrist</td> <td>R</td> <td>L</td> <td>foot</td> <td>R</td> </tr> <tr> <td rowspan="2">penetration</td> <td>burn/scald</td> <td>shock</td> <td rowspan="2">mouth</td> <td rowspan="2">back</td> <td rowspan="2">L</td> <td rowspan="2">hand</td> <td rowspan="2">R</td> <td rowspan="2">L</td> <td rowspan="2">eye</td> <td rowspan="2">R</td> </tr> <tr> <td>asphyxiation</td> <td>foreign body</td> <td>unconscious</td> <td>throat</td> <td>buttocks</td> <td>L</td> <td>finger</td> <td>R</td> <td>L</td> <td>ear</td> <td>R</td> </tr> </table>			Not yet known	bruise	amputation	head	neck	L	shoulder	R	L	leg	R	cut	fracture	face	chest	L	arm	R	L	knee	R	trap/crush	graze	strain/sprain	nose	abdomen	L	elbow	R	L	ankle	R	irritation	inhalation	jaw	pelvis	L	wrist	R	L	foot	R	penetration	burn/scald	shock	mouth	back	L	hand	R	L	eye	R	asphyxiation	foreign body	unconscious	throat	buttocks	L	finger	R	L	ear	R			
Not yet known	bruise	amputation		head	neck									L	shoulder	R	L	leg	R																																																		
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penetration	burn/scald	shock	mouth	back	L	hand	R	L	eye	R																																																											
	asphyxiation	foreign body									unconscious	throat	buttocks	L	finger	R	L	ear	R																																																		
5. The injured person was:			N/A																																																																		
*TREATED BY MEDICAL RETURNED TO WORK SENT HOME SENT TO HOSPITAL																																																																					
6. Details of witness(es).			Surname / Initials: [redacted] Tel: [redacted] Bldg: [redacted] Directorate / Division / Contracting Company: DRAS/MSRD																																																																		
7. Form completed by.			Surname / Initials: [redacted] Tel: [redacted] Bldg: [redacted] Directorate / Division / Contracting Company: DRAS Date & Time: 16:20 Signature: [redacted]																																																																		

* circle appropriately

Now send the top, BLUE, copy immediately to the Company ATT Office, Room 50/51, F6.2
The 2nd, YELLOW, copy to the Facility Manager of the facility where the Abnormal Event happened.
The 3rd, WHITE, copy to the Line Manager of the person involved.

M73/04
(Rev. April 2004)

CONFIDENTIAL
EMIT

Abnormal Event Report No 258395 – 6 Actions identified:

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008

Review, Re-issu^e (no necessary) SECTION 401 (ex Amc/wsc/n/10/2e) of the [redacted] Process line (line1) COMMISSIONING Manual. Once re-issued undertake commissioning of Line1 furnaces.

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 9/6/08
 Actions: Name: [redacted] Sig: [redacted] x [redacted] Date: 9th June 2008

11. Actual Corrective/ Preventive Action:

Recommissioning undertaken in accordance with EDMS1/8814/ABE/B [redacted] 8488 (Methodology and Procedure for Re-Commissioning of Furnaces on Process Line 1.)

Results reported in EDMS1/8814/3AA/F/B [redacted] 08488.

Verification note:
 Above actions satisfactorily close this 383.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Action: Name: [redacted] Sig: [redacted] x [redacted] Date:

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008

Review and Re-issu^e OBT Instruction TRAINING SPECIALIST operators [redacted] PROCESSING LINE (ref EDMS1/800E1D06/B [redacted] T0100).

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 9/6/08
 Actions: Name: [redacted] Sig: [redacted] x [redacted] Date: 9th June 2008

11. Actual Corrective/ Preventive Action:

OBT Instruction Training specialist operators [redacted] - process line 1 EDMS1/800E1D06/B [redacted] 78188 Iss. 2-0 Issued August 2008.

Verification note:
 Issued and available on EDMS.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Action: Name: [redacted] Sig: [redacted] x [redacted] Date:

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008

Review and Re-issue (as necessary) the operating Instructions within the [redacted] Process line (Line 1) Operating Manual relating to furnace operations. Review to include keying points from Commissioning.

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 9/6/08
 Actions: Name: [redacted] Sig: [redacted] x [redacted] Date: 9th June 2008

11. Actual Corrective/ Preventive Action:

[redacted] process line operating manual (ref: EDMS1/8008FPD2/A [redacted] 00400) Sections 304 (Heating [redacted]), Section 310 (Furnace thermocouple DAP Task) and Section 311 (Flow Through Task) now issued.

Verification note:
Documents issued.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Actions: Name: [redacted] Sig: [redacted] x [redacted] Date:

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008

Review and Re-issue (as necessary) PMI 0134 (ref EDMS1/8007A756/A) [redacted] / PA0100) as a result of Commissioning.

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 9/6/08
 Actions: Name: [redacted] Sig: [redacted] x [redacted] Date: 9th June 2008

11. Actual Corrective/ Preventive Action:

PMI 0134 Ref EDMS1/8007A756/A [redacted] / PA0100 published as Interim Issue 2 on 20th October 2008. Interim issue to be validated.

Verification note:
Action closed on completion of notification of verification. Originator to be informed if action issues arise.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Actions: Name: [redacted] Sig: [redacted] x [redacted] Date:

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008.

Investigate a Software Documentation Procedure and subsequently following Commissioning bring Process Line 1 Software into the Software control procedure

Originator: Name: [Redacted] Sig: [Redacted] Date: 9/6/08
 Actionee: Name: [Redacted] Sig: [Redacted] Date: 9 June 2008

11. Actual Corrective/ Preventive Action:

Software Management Control Plan for Process Lines 1 & 2 Issue 1 September 2008 (Ref EDMS1/001496A7/A [Redacted] 0498) and Analytical Equipment/Software Inventory Issue 3 October 2008 (Ref EDMS1/00134E4C/B [Redacted] 08188).

Verification note:
 One operational copy for each process.
 One operational copy of each held in [Redacted] are safe and identified by serial number.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Actionee: Name: [Redacted] Sig: [Redacted] Date: [Redacted]

10. Proposed Corrective/ Preventive Action: Target Date: 9th September 2008

Formalise and improve the existing Documentation Control procedures.

Originator: Name: [Redacted] Sig: [Redacted] Date: 9/6/08
 Actionee: Name: [Redacted] Sig: [Redacted] Date: 9 June 2008

11. Actual Corrective/ Preventive Action:

DCC Control Procedure (Section 208 Issue 1 Jul 08 [Redacted] Quality Manual raised and issued to formalise controls to [Redacted] DCC. [Redacted] DCC Admin Staff now centrally located in [Redacted] giving focal point and overall control of DCC keys and log book. All [Redacted] staff appraised of new DCC Success changes. (Safety Forum 1 Aug 08).

Verification note:
 The Action in Para 11 above will ensure better control of documents and ensure records of movements are available.

I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared / presents no risk to the company

Actionee: Name: [Redacted] Sig: [Redacted] Date: [Redacted]