

~~Confidential~~



Abnormal Event Report

Form Ref. **08507485**
No.

Serious abnormal events shall be reported to the Aldermaston emergency organisation via ext 222. In other cases, other than minor abnormal events phone:				Site	Normal hours	Out of normal hours
				Aldermaston Burghfield	ATT ext. [redacted] ATT ext [redacted]	Shift Manager ext. [redacted] Senior Shift Engineer ext. [redacted]
1. Time and place of abnormal event.						
Date	Time	Precise location	Building	Facility	SITE: Burghfield	
02/05/2008	09:42	[redacted]	Burghfield Licensed Site	AWE Burghfield		
Facility Manager	Contracting Company (if appropriate)		Work Sup. Officer	Area Type(s): Radiation / Explosive		
[redacted]	[redacted]		[redacted]			
Abnormal Event Type	Security Manager Organisational Area	Abnormal Event Directorate				
Conventional Safety		BURGHFIELD				
2. Description of abnormal event (Give a detailed description of what happened, use these headings for guidance)						
				a)Circumstances b)Abnormal event c)Effect d)Remedial action		
<p>When raising the electric hoist in the xray facility, After completing operations to put it in the parking position, the lower limit switch failed to activate when reached, and the hoist continued to be raised beyond this check point. Due to the failure of the limit switch, the protruding plate of the hoist contacted the switch breaking it from its fittings.</p>						
What assistance was called?						
MAINTENANCE						
6. Details of witness(s).						
Name	Tel.	Bldg	Dir	Mgmt Area	Contracting Company	
[redacted]	[redacted]	[redacted]	DSM	HAD		
[redacted]	[redacted]	[redacted]	DSM	HAD		
[redacted]	[redacted]	[redacted]	DSM	HAD		
7. Form completed by.						
Name	Tel.	Dir	MgmtArea	Contracting Company	Date & Time	
[redacted]	[redacted]	DSM	HAD		02/05/2008 10:15:23	

~~Confidential~~

Action: 1-1HLJK (303 No 1)

10 Proposed Corrective/ Preventive Action:		Target Date: <u>31st Oct 2008</u>
<p>The design of the end of travel switches and ultimate limit switch will be redesigned by Project WPU1 and subject to appropriate level of design review.</p>		
Originator:	Name: [Redacted] Sig: [Redacted] x	Date:
Actioner:	Name: [Redacted] Sig: [Redacted] x	Date: <u>27/7/08</u>
11 Actual Corrective/ Preventive Action:		
<p>I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared <input type="checkbox"/> / presents no risk to the company <input type="checkbox"/></p>		
Actioner:	Name: [Redacted] Sig: [Redacted] x	Date:
12 Corrective/Preventive Action Verification:		
Verifier:	Name: [Redacted] Sig: [Redacted] x	Date:

Actual Corrective / Preventative Action: Ultimate limit switch rewired and repositions plus new hook plate fitted to the satisfaction of operator, facility and designated design authority.

Verified by: [Redacted]

Date Closed: 07/07/2009

Action: 1-18D80 (303 No 2)

10. Proposed Corrective/Preventive Action:		Target Date: 31 st Oct 2008	
See 303/1. New design will eliminate the suspended load issue.			
Originator:	Name: [Redacted]	Sig: [Redacted]	Date: 23/7/08
Actions:	Name: [Redacted]	Sig: [Redacted]	Date: 23/7/08
11. Actual Corrective/Preventive Action:			
I certify that the non-conformance detailed in Section 9 above has been satisfactorily cleared <input type="checkbox"/> / presents no risk to the company <input type="checkbox"/>			
Actions:	Name:	Sig:	Date:
12. Corrective/Preventive Action Verification:			
Verifier:	Name:	Sig:	Date:

Actual Corrective / Preventative Action: See 303/1. New design will eliminate the suspended load issue.

Verified by: [Redacted]

Date Closed: 13/12/2010

Action: 1-1HLW (303 No 3)

10. Proposed Corrective/Preventive Action		Target Date:	31 st OCT 2008
Elements of non nuclear lift training will be incorporated into local training plans			
Originator:	Name:	Signature:	Date: 23/7/08
Approver:	Name:	Signature:	Date: 23/7/08
11 Actual Corrective/Preventive Action			
I certify that the non-conformance detailed in Section 9 above has been satisfactorily cleared <input type="checkbox"/> / presents no risk to the company <input type="checkbox"/>			
Actions:	Name:	Stg:	x Date
12 Corrective/Preventive Action Verification:			
Verifier:	Name:	Stg:	x Date

Actual Corrective / Preventative Action: Elements of non nuclear lift training will be incorporated into local training plans. Local training has been completed, evidence of training sessions provided.

Verified by: [Redacted]

Date Closed: 05/12/2008

Action: 1-1HL-HI (303 No 4)

10. Proposed Corrective/ Preventive Action:		Target Date: 3	
Full scope of hoist operation will be considered when designing the permanent modification to the hoist.			
Originator:	Name: [Redacted]	Sig: [Redacted]	Date: 19 Aug 2008
Assest:	Name: [Redacted]	Sig: [Redacted]	Date: 13 August
11. Actual Corrective/ Preventive Action:			
I certify that the non-conformance detailed in Section 6 above has been: satisfactorily cleared <input type="checkbox"/> / presents no risk to the company <input type="checkbox"/>			
Assest:	Name:	Sig:	Date:
12. Corrective/ Preventive Action Verification:			
Verifier:	Name:	Sig:	Date:

Actual Corrective / Preventative Action: Ultimate limit switch and hook plate attachment re-designed and fitted to the satisfaction of facility and designated design authority.

Verified by: [Redacted]

Date Closed: 07/07/2009