

~~Restricted~~



### Abnormal Event Report

Form Ref. **09511688**  
No.

Serious abnormal events shall be reported to the Aldermaston emergency organisation via sod 222. In other cases, other than minor abnormal events phone:	<b>Site</b>	<b>Normal hours</b>	<b>Out of normal hours</b>
	Aldermaston Burghfield	ATT ext. [redacted] ATT ext. [redacted]	Shift Manager ext. [redacted] Senior Shift Engineer ext. [redacted]

<b>1. Time and place of abnormal event.</b>					
<b>Date</b> 07/04/2009	<b>Time</b> 13:33	<b>Precise location</b> [redacted]	<b>Building</b> [redacted]	<b>Facility</b> [redacted]	SITE: Aldermaston
<b>Facility Manager</b> [redacted]	<b>Contracting Company (if appropriate)</b>		<b>Work Sup. Officer</b>	<b>Area Type(s) :</b> Contamination / Radiation	
<b>Abnormal Event Type</b> Radiological	<b>Security Manager Organisational Area</b>	<b>AbnormalEvent Directorats</b> DSM			

**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

During the routine investigation of pressure excursions on workstation [redacted] was found that the resirc line had been connected to the purge system and the purge line connected to the resirc system. All processing of materials was immediately suspended.

**What assistance was called?**  
MAINTENANCE

**6. Details of witness(es).**

<b>Name</b>	<b>Tel.</b>	<b>Bldg</b>	<b>Dir</b>	<b>Mgmt Area</b>	<b>Contracting Company</b>
[redacted]	[redacted]	[redacted]	DSM	[redacted] BU	AWE

**7. Form completed by.**

<b>Name</b>	<b>Tel.</b>	<b>Dir</b>	<b>MgmtArea</b>	<b>Contracting Company</b>	<b>Date &amp; Time</b>
[redacted]	[redacted]	DSM	[redacted] BU	AWE	07/04/2009 13:43:35

~~Restricted~~

**Summary of remedial action taken**

**Abnormal Event Report No 09511688 – 5 Actions identified**

10. Proposed Action: Target Date: 4/9/09

Include in local management arrangements guidance on conducting a representative check of continuation records of plant associated with the design certificate for historical use.

Line/Factory Manager's Name: [Redacted] Signature: [Redacted] Date: 23/6/09

Originator's/Auditor Approval- Name: [Redacted] Signature: [Redacted] Date: 23/6/09

---

11. Actual Corrective Action and Action to Prevent Recurrence:

[Redacted] requirement specification [Redacted] RQS/FOA/56 issued for use.

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

Line/Factory Manager's Name: [Redacted] Signature: [Redacted] Date: 2/9/09

---

12. Corrective/Preventative Action Verification:

[Redacted] RQS/FOA/56 viewed and verified as close suitable to close out this action -

Verifier's Name: [Redacted] Signature: [Redacted] Date: 23/9/09

\* Dates of completion Rev. Oct 2008

10. Proposed Action: Target Date: 2/10/09

Using this event, conduct an interactive briefing with MCC to discuss scrutiny and challenge in the area of "inadequately conceived and implemented". Review a sample of changes put brief to judge on improved scrutiny.

Line/Factory Manager's Name: [Redacted] Signature: [Redacted] Date: 23/6/09

Originator's/Auditor Approval- Name: [Redacted] Signature: [Redacted] Date: 23/6/09

---

11. Actual Corrective Action and Action to Prevent Recurrence:

MCC BRIEFED BY [Redacted] MANAGER. MCC REVIEW AND PREVIEW MINUTES NOW SPECIFICALLY REFER TO THE QUESTION OF "INCIDENTAL CONSEQUENCES". BRIEFINGS HELD FOR MODIFICATION MANAGERS TO CONSIDER FAILURE SCENARIOS FOR ALL SUBMISSIONS TO MCC. Non- compliance is an

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

Line/Factory Manager's Name: [Redacted] Signature: [Redacted] Date: 25/11/09

---

12. Corrective/Preventative Action Verification:

Evidence of key steps briefing regarding "incidental consequences" & modifications viewed and accepted. Evidence provided included briefing material, attendance sheets and recent MCC minutes. Non-compliance is closed -

Verifier's Name: [Redacted] Signature: [Redacted] Date: 25/11/09

\* Dates of completion Rev. Oct 2008

10. Proposed Action: Target Date: 4/9/19

review existing means/methods of communicating MCC relevant alerts into the PMS process and the Test and Commissioning Panel process.  
 identify improvements and implement accordingly

Line/Facility Manager's Name: [Redacted] Signature: [Redacted] Date: 23/10/18

Originator's/Auditor Approval- Name: [Redacted] Signature: [Redacted] Date: 23/10/18

11. Actual Corrective Action and Action to Prevent Recurrence: Configuration file sends to PMS (and) Security & Control a list of all substation field points. The output of the PMS for any class that are being processed, configuration file now in digital looking list for both PMS and Commissioning Panel in a project driven meeting chaired by the Commissioning Mgr. Facility Management team now holds weekly meeting with project teaming staff, which include documentation as a headline per discussion.  
 MCC TOE Reviewed & updated to reflect Configuration Mgr Accountability.  
 I certify that the non-conformance detailed in Section 9 above has been satisfactorily closed.  presents no risk to the company.

Line/Facility Manager's Name: [Redacted] Signature: [Redacted] Date: 30/11/2009

12. Corrective/Preventative Action Verification:  
 Corrective action verified as appropriate.

Verifier's Name: [Redacted] Signature: [Redacted] Date: 30/11/09

\* Delete as appropriate Rev. Oct 2002

10. Proposed Action: Target Date:

See box 11.

Line/Facility Manager's Name: [Redacted] Signature: [Redacted] Date: 6/8/09

Originator's/Auditor Approval- Name: [Redacted] Signature: [Redacted] Date: 6/8/09

11. Actual Corrective Action and Action to Prevent Recurrence: Design Control Plan MER-240-000051 will control comment in section 9. Remember this is again a legacy issue, PNE AFC drawings etc.

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

Line/Facility Manager's Name: [Redacted] Signature: [Redacted] Date: 6/8/09

12. Corrective/Preventative Action Verification:  
 Design Control Plan MER-240-000051 has been viewed and considered adequate to address the observation.

Verifier's Name: [Redacted] Signature: [Redacted] Date: 6/8/09

\* Delete as appropriate Rev. Oct 2002

10. Proposed Action:

Target Date: 09/11/07

Construction Manager received the minutes / action items from the MCC, as at the moment CMD has no link to this meeting or its outcome.

Line/Facility Manager's Name:

[Redacted]

Signature:

CATS DATABASE  
16 NOV 2007

Date: 9/11/07

Originator's/Auditor Approval- Name:

Signature:

Date:

11. Actual Corrective Action and Action to Prevent Recurrence: Again there is now need for a thorough review of SSOs, CMD must require all SSOs from the contractors for Aquaria. Form SOI now used to record CMD REVIEW OF SSOs AS WELL AS VARIOUS DEPARTMENTS WITHIN THE FACILITY.

I certify that the non-conformance detailed in Section 9 above has been satisfactorily closed and presents no risk to the company.

Line/Facility Manager's Name:

[Redacted]

Signature:

[Redacted]

Date: 9/11/07

12. Corrective/Preventive Action Verification

Evidence of this process seen, observation confirmed as closed.

Verifier's Name:

[Redacted]

Signature:

[Redacted]

Date: 9/11/07

\* Date as reported

Rev Oct 2002