

~~Unclassified~~



### Abnormal Event Report

Form Ref. 09512037  
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 20/04/2009	Time 14:15	Precise location [redacted]	Building [redacted]	Facility [redacted]	SITE: Aldermaston
Facility Manager [redacted]	Contracting Company (if appropriate) [redacted]		Work Sup. Officer [redacted]	Area Type(s) : Radiation / Contamination	
Abnormal Event Type Radiological	Security Manager Organisational Area [redacted]	Abnormal Event Directorate 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

DATE 20/04/09 AT 14:15 hours Whilst check weighing & loading furnace one at station 224 rapid [redacted] took place. Operators reacted and placed tray into furnace one. Area supervisor was informed and duty FEC. An AOR was raised. DATE 21/04/09 AT 09:15 hours Whilst check weighing & loading furnace one at station 224 rapid [redacted] took place. Operators reacted and placed tray into furnace one. Area supervisor was informed and duty FEC. An AOR was raised.

What assistance was called?  
NONE

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

Name	Tel.	Bldg	Dir	Mgmt Area	Contracting Company
[redacted]			DSM	[redacted] BU	
[redacted]			DSM	[redacted] BU	
[redacted]			DSM	[redacted] BU	
[redacted]			DSE	WSD	

**7. Form completed by.**

Name [redacted]	Tel. [redacted]	Dir DSM	Mgmt Area [redacted] BU	Contracting Company	Date & Time 01/05/2009 09:25:25
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~~Unclassified~~

**Summary of remedial action taken**

**Abnormal Event Report No 09512037 – 10 Actions identified**

<p>10. Proposed Corrective/Preventive Action:</p> <p>[REDACTED] TO BE FORMALLY APPOINTED AS COMMISSIONING MANAGER</p> <p>Originator: Name: [REDACTED] Sig: [REDACTED] x Date: 10/7/19</p> <p>Authoriser: Name: [REDACTED] Sig: [REDACTED] x Date: 10/7/19</p>	<p>Target Date: 14/07/09</p>
<p>11. Actual Corrective/Preventive Action:</p> <p>AS ABOVE.</p>	<p>I certify that the non-conformance detailed in Section 9 above has been: satisfactorily cleared <input checked="" type="checkbox"/> / presents no risk to the company <input type="checkbox"/></p> <p>Authoriser: Name: [REDACTED] Sig: [REDACTED] Date: 14/7/19</p>
<p>12. Corrective/Preventive Action Verification:</p> <p>Letter of appointment verified.</p> <p>Verifier: Name: [REDACTED] Sig: [REDACTED] x 2013 Date: 14/7/19.</p>	

10. Proposed Corrective Preventive Action: Target Date: 11/09/09

ADDITIONAL EMIT REVIEW TO CONFIRM THAT EMIT ACTIVITIES ARE REGISTERED AND SCHEDULED FOR ALL SITES ON NPL.

MAINTENANCE REVIEW TO BE COMPLETED TO CONFIRM THAT ALL MAINTENANCE ACTIVITIES ARE REGISTERED AND SCHEDULED.

Originator: Name: [Redacted] Sig: [Redacted] X Date: 10/7/09

Actionee: Name: [Redacted] Sig: [Redacted] X Date: 10/7/09

11. Actual Corrective Preventive Action:

EMIT REVIEW CALING OUT EMIT ACTIVITIES AND MAINTENANCE NOW REGISTERED AND SCHEDULED

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] X Date: 7/9/09

12. Corrective/Preventive Action Verification:

Action verified as complete.

Verifier: Name: [Redacted] Sig: [Redacted] X Date: 7/9/09

10. Proposed Corrective Preventive Action: Target Date: 14/07/09

Statistical Process Control in the form of control charts will be introduced for percentage weight variance. This data will be recorded directly into the control chart by the Material Recovery Team. Once sufficient and stable data is recorded control limits will be calculated.

Variance outside the control limits will show unexpected behavior + will give the opportunity to correct the process before the tolerance is exceeded.

Originator: Name: [Redacted] Sig: [Redacted] X Date: 10/7/09

Actionee: Name: [Redacted] Sig: [Redacted] X Date: 3/7/09

11. Actual Corrective Preventive Action: Target Date: 14/07/09

Notes: UNTIL THE DATA IS AVAILABLE THE SPEC OF control chart (I.M.P.) will be used to record the process variance for related weight variance. Control chart developed and attached. Control limits will be added once sufficient data is 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] X Date: 14/7/09

12. Corrective/Preventive Action Verification:

Control charts reviewed + verified. New action voided to allow development of control limits (AS 09512037/31)

Verifier: Name: [Redacted] Sig: [Redacted] X Date: 7/7/09

10. Proposed Corrective/Preventive Action: Target Date: 21/07/09

Training will be given on success criteria for the outputs of the [redacted] recovery process line, this will include calculating the weight balance, plotting onto the control chart, comparison to specification and escalation to raise a ISO3.

Originator: Name: [redacted] Sig: [redacted] x Date: 10/7/09  
 Actionee: Name: [redacted] Sig: [redacted] x Date: 31/7/09

11. Actual Corrective/Preventive Action:

Training documentation in the form of written instructions, and training visual aid, has been developed and on the job training will be given when production starts, and as results are recorded.

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

Actionee: Name: [redacted] Sig: [redacted] x Date: 14/7/09

12. Corrective/Preventive Action:

Training documentation reviewed + revised.

Verifier: Name: [redacted] Sig: [redacted] x Date: 21/7/09

10. Proposed Corrective/Preventive Action: Target Date: 24/08/09

Carry out a design review of the [redacted] and [redacted] both operational controls [redacted]

Originator: Name: [redacted] Sig: [redacted] x Date: 10/07/09  
 Actionee: Name: [redacted] Sig: [redacted] x Date: 10/07/09

11. Actual Corrective/Preventive Action:

A design review of both plant operations has taken place with the CFI Design Authority - [redacted]. Subsequently, some minor circuiting modifications have been identified to overcome the problems. In the case of the [redacted] the modification has been approved at AEC and successfully implemented.

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

Actionee: Name: [redacted] Sig: [redacted] x Date: 24/08/09

12. Corrective/Preventive Action:

Corrective actions verified.

Verifier: Name: [redacted] Sig: [redacted] x Date: 24/8/09

10. Proposed Corrective/Preventive Action:		Target Date: 11/9/09
<p>Success criteria is in the process of being set for the outputs of the [redacted] Recovery Process line in the form of allowable percentage weight gain (see observation 3). Any variation from the specification will result in a 1503 being raised.</p>		
Originator:	Name: [redacted]      Sig: [redacted]	x      Date: 10/07/09
Actioner:	Name: [redacted]      Sig: [redacted]	x      Date: 10/07/09
11. Actual Corrective/Preventive Action:		
<p>A Control Chart has now been developed for recording the percentage weight gain (reference [redacted] FORM/MAN/4). Once sufficient data points are recorded, Control Limits will be calculated which will indicate the process capability for this process. This information will then be used to develop a capable Specification. The [redacted] Manufacturing Engineer will raise a 1503 when the specification has been exceeded to ensure the process is investigated and issue resolved. The material will then be processed through the alternative route.</p> <p>Until this specification is in place the 2 gram limit will continue to be used, the [redacted] Manufacturing Engineer will investigate on every occurrence and escalate as appropriate.</p>		
<p>I certify that the non-conformance detailed in Section 9 above has been:      satisfactorily cleared <input checked="" type="checkbox"/>      presents no risk to the company <input checked="" type="checkbox"/></p>		
Actioner:	Name: [redacted]      Sig: [redacted]	Date: 10/08/09
12. Corrective/Preventive Action Verification:		
<p><i>Noted that control chart has been produced. Control limits and specification produced.</i></p>		
Verifier:	Name: [redacted]      Sig: [redacted]	x      Date: 11/09/09

10. Proposed Corrective/Preventive Action: Target Date: 01/09/09  
 Process review will be undertaken to identify credible faults. FSA will be developed, where gaps exist in our current controls, optioneering and AARPs will be conducted to define any actions necessary.  
 Additionally a CSTRN will be produced by ESG for [redacted]

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 10/7/09  
 Addressee: Name: [redacted] Sig: [redacted] x [redacted] Date: 3/7/09

11. Actual Corrective/Preventive Action:  
 PRODUCED MSR 'JUSTIFICATION FOR RESTART OF [redacted] OPERATIONS FOLLOWING [redacted] ABNORMAL EVENTS'. THIS AND THE UNDERPINNING REVIEWS AND ASSESSMENTS CLOSES THE GAP IN THE SAFETY CASE. THE CSG HAVE ALSO PRODUCED A CSTRN FOR [redacted] [REF: [redacted] REP/SAF/235 + CSTRN 49]

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

Addressee: Name: [redacted] Sig: [redacted] x [redacted] Date: 18/8/09

12. Corrective/Preventive Action Verification:  
 Documentation produced and endorsed by Skelple Assurance Governance on 10/08/09.

Verifier: Name: [redacted] Sig: [redacted] x [redacted] Date: 20/08/09

NOTE: Signing of this Section by the Addressee indicates acceptance of the above as a factual statement

10. Proposed Corrective/Preventive Action: Target Date: 01/09/09  
 Process review will be undertaken to identify credible faults. Fault sequence analysis will be developed, where gaps exist in our current controls, optioneering and AARPs reviews will be conducted to define any actions necessary.  
 Additionally a CSTRN will be produced by CSG covering [redacted]

Originator: Name: [redacted] Sig: [redacted] x [redacted] Date: 10/7/09  
 Addressee: Name: [redacted] Sig: [redacted] x [redacted] Date: 3/7/09

11. Actual Corrective/Preventive Action:  
 AS ABOVE. SEE ALSO ACTION 7.

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

Addressee: Name: [redacted] Sig: [redacted] x [redacted] Date: 18/8/09

12. Corrective/Preventive Action Verification:  
 Documentation produced and endorsed by Skelple Assurance Governance on 10/08/09.

[redacted]

10. Proposed Corrective/Preventive Action: Target Date: ~~27 OCT 09~~ 31-Jan-2010

REVIEWS ARE BEING CONDUCTED EACH WEEK BY THE ASSURANCE TEAM TO IDENTIFY ANY AORS WHICH NEED TO BE RAISED AS AEs. ADDITIONALLY THE [REDACTED] ASSURANCE TEAM WILL CONDUCT A SERIES OF TOOLBOX TALKS ABOUT AE/AOR REQUIREMENTS; THESE WILL BE ATTENDED BY ALL STAFF.

Originator: Name: [REDACTED] Sig: [REDACTED] x Date: 10/7/09  
 Actioner: Name: [REDACTED] Sig: [REDACTED] x Date: 10/7/09

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11. Actual Corrective/Preventive Action:

Ran an AOR workshop to facility staff. The company AOR co-ordinator & Int. Regulator were also present. The presentation consisted of a PIP presentation with photos of situations - all staff filled out an AOR.

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

Actioner: Name: [REDACTED] Sig: [REDACTED] x Date: 25-01-10

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12. Corrective/Preventive Action Verification:

Action verified as complete.

Verifier: Name: [REDACTED] Sig: [REDACTED] x Date: [REDACTED] 28/10/10

10. Proposed Corrective/Preventive Action: Target Date: 11/3/09

Statistical process control has been implemented for the process. Once sufficient and stable data is recorded control limits will be calculated. Variance outside the control limits will show unexpected behaviour and will give the opportunity to correct the process before tolerance is exceeded.

Originator: Name: [Redacted] Sig: [Redacted] X [Redacted] Date: 17/07/09  
 Actionee: Name: [Redacted] Sig: [Redacted] X [Redacted] Date: 17/07/09

11. Actual Corrective/Preventive Action:

Control limits now calculated and an investigation zone prompts investigation prior to reaching the specification. Training has been given

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

Actionee: Name: [Redacted] Sig: [Redacted] X [Redacted] Date: 9/19/09

12. Corrective/Preventive Action Verification:

Verified that control limits have been calculated and investigation zone identified Training provided

Verifier: Name: [Redacted] Sig: [Redacted] X [Redacted] Date: 11/09/09