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<b>PROCEDURE:</b>	<b>CFN Vendor On-site Scheduling Procedure</b>

### 1.0 Purpose and Scope

The purpose of this procedure is to define instructions on how to plan, schedule, and manage all vendor visits to CFN. The scope of this procedure will apply to vendor visits for equipment installations, service, and maintenance that are scheduled by CFN staff.

The Operations Request Form is the single-point that will be used for scheduling vendor work at CFN. The request system is available on the CFN intranet site.

### 2.0 Definitions

- CFN Point of Contact (POC) Staff member that initiates vendor work requests and defines the general scope of work for the planned visit.
- ESH. Environmental Safety & Health Representative or ES&H Manager
- Job Hazard Analysis (JHA) is a technique to evaluate work tasks to identify hazards and appropriate safe work practices.
- Vendor: Personnel (non-BNL) contracted by CFN to perform repair or maintenance services on CFN equipment.
- Intranet: CFN staff-only intranet (available only through the secured BNL VPN network connection).
- Work: All physical activities that involve the design, set-up, operation, maintenance, servicing, troubleshooting, material handling, remediation, installation, repair, modification, testing, construction, demolition, decommissioning of facilities, systems or experiments by BNL or non-BNL staff (contractors, visiting scientists, users, guests, visitors, students, and minors).
- Work Control Coordinator (WCC): A CFN staff member who has been trained and qualified in BNL Work Planning and Control Process (WP&C) as described in SBMS work planning and control subject area.

### 3.0 Responsibilities

CFN Point of Contact is responsible for:

- Communicating with the vendor regarding onsite access requirements (Guest Registration, Job Hazard Analysis or New Vendor Work Scope Questionnaire).

The official copy is online on the CFN Intranet – Operations Procedure Section.  
Before using a printed copy, confirm that the document review date matches that of the online copy.

- Providing information and scope descriptions for planned work during the onsite visit.
- Coordinating with CFN operations staff on day of visit.
- Complete and submit CFN online Operations Request form for vendor scheduling.
- POC or designee must be onsite with vendor during the scheduled visit day, to ensure that work is being done safely and within scope.

WCC is responsible for scheduling vendor work, screening all work requests to determine work planning level, identify work hazards and training requirements.

ESH is responsible for reviewing JHA for work hazards, identify hazard controls including training requirements.

#### **4.0 Prerequisites**

Before a vendor can perform any work, a valid Purchase Order(PO) or contract must be in place (service contract or the original purchase contract and is included in the initial setup). Date of service must be covered by a valid service contract or PO. If this is not the case, provide a reason in the comments.

All CFN staff who work with vendors for planning, scheduling, and managing service visits are required to:

- Review this procedure (most current version).
- Complete the initial vendor onsite visit training (online or in-person).
- Requalification is done by reading the most current version of the procedure whenever major changes to the procedure have been made and approved.

#### **5.0 Procedures**

##### 5.1 Planning a Vendor Onsite Visit.

- 5.1.1 The CFN POC submits Operations Request Form for vendor scheduling.
- If feasible, provide two possible dates for visit scheduling with the vendor representative.
  - Choose a day that POC or a designee will be onsite at CFN.
  - EXISTING vendor: Submit online request **no later than Friday of each week** for the following week's schedule.
  - NEW vendor: Submit online request at least **10 business days** prior to the vendor visit.
  - EMERGENCY requests (units that are not operable): Submit online request as soon as possible from the time of unit shutdown or failure.

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5.1.2 Determine if the vendor has a Guest Appointment with BNL by checking the BNL's Training database.

- Enter the vendor's last name under [Training Dashboard](#).

**Note:** A vendor has an active appointment if they are on the list as "Active" or "Pending"

- If the name is not listed then they do not have a valid appointment or the appointment has expired. Provide vendor with the link to submit a new [Guest Registration \(GR\)](#) or submit guest appointment extension request.

5.1.3 Assemble supporting documentation for work planning, hazard analysis and hazard controls. A Job Hazard Analysis is required for work done by vendors and is reviewed by the WCC, and ESH.

**Note:** Allow at least **one day** for completing the review of work documents (e.g., JHA, work permit) prior to vendor performing work on-site.

- 5.1.3.1 EXISTING vendor: Send a [Job Hazard Analysis \(JHA\)](#) Form to the vendor or update an existing one used for a prior job. Review and discuss any known and possible related hazards with the vendor representative.
- 5.1.3.2 NEW vendors: Send a [New Vendor Work Scope Questionnaire](#) to the vendor. Coordinate with vendor and WCC to develop a new JHA.
- 5.1.4. The POC (with external vendor collaboration) must provide to the WCC the Job Hazard Analysis (JHA) and any additional requested information prior to visit.

## 5.2 Vendor Scheduling and Management

5.2.1. Vendor submits a new guest registration or an extension of their appointment if they do not have a valid appointment.

5.2.2 WCC reviews the Operations Request, schedules the vendor visit and notifies the POC.

5.2.3 WCC and ESH review the JHA or New Vendor Work Scope Questionnaire upon receipt and screens work planning level, evaluates the work for hazards, determine hazard controls and vendor training requirements.

5.2.4 Vendor takes required trainings listed on their Job Training Assessment (JTA).

5.2.5 Vendor walks down the job with WCC and ESH prior to starting work. The JHA shall be updated if there are any changes to the work scope and/or training requirements.

## 5.3 Work Authorization and Facility Access

5.3.1. The Guest Information System(GIS) representative processes the Guest Registration (GR) and waits for Guest, User, Visitor Center's (GUV) approval.

5.3.2. Once GR is approved, the Training Coordinator adds appropriate training to JTA.

5.3.3. On the day of arrival, POC, vendor, WCC and ESH review the JHA, walk down the job and all parties sign off on the JHA when approved. Vendor signature on the JHA indicates that they have been briefed on the work scope; WCC signature provides authorization to start work.

**Note:** If the scope of work changes, the vendor must notify POC and WCC. New work scope is then screened and the JHA is updated and signed. If additional training is required WCC notifies Training Coordinator and vendor to take the training.

5.3.6. WCC sends email to User Administrator to encode badge for access to the lab or work area.

5.3.7. Vendor may start work when (i) all training is completed (ii) JHA is approved and (iii) they have been briefed on the work and related safe work practices.

## 6.0 Documentation

6.1 The official copy is the one online on the [CFN Intranet – Operations Procedure](#).

6.2 The review cycle for this procedure is every 5 years.

6.3 The records for completing training on this procedure is in the Brookhaven Training Management System (BTMS).

## 7.0 References

- BNL Work Planning & Control Class Guide  
<https://www.bnl.gov/training/docs/pdf/wpc.pdf>
- BNL Work Planning and Control SBMS Subject Area

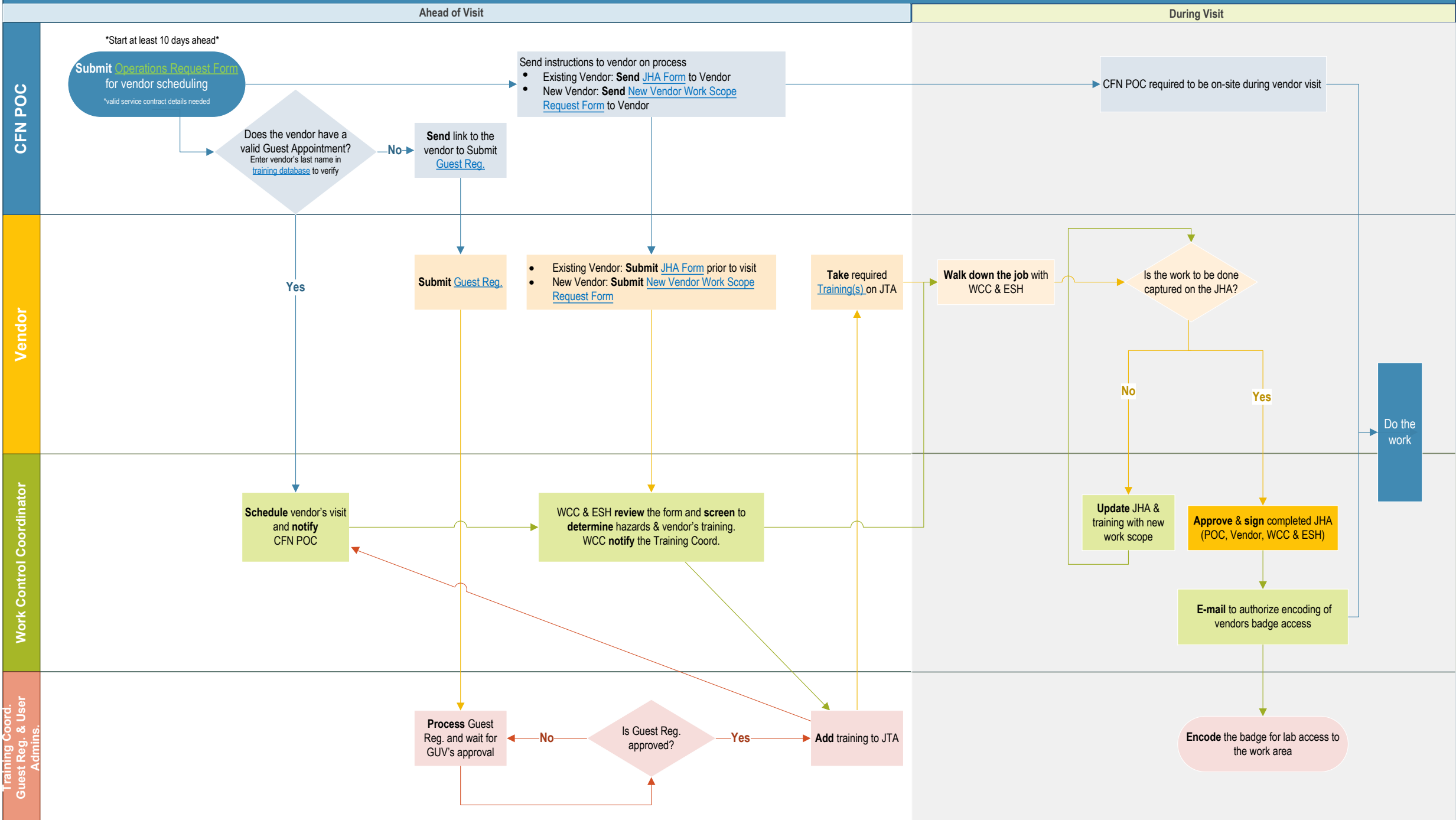
## 8.0 Attachments

Flowchart, JHA, and New Vendor Work Scope Questionnaire of Vendor On-site Scheduling Procedure

REVISION HISTORY		
Revision	Date	Description
	10/06/2022	First issue
1	07/19/2023	Flowchart developed and added

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# CFN Vendor On-Site Scheduling Procedure



## Job Hazard Analysis (JHA)

This form is to be completed by vendors (white boxes) jointly with CFN staff (gray boxes). Information on completing a JHA is provided in [OSHA's Job Hazard Analysis booklet](#).

<b>COMPANY NAME:</b>		<b>JHA No.:</b>
<b>CFN POINT OF CONTACT:</b>	Print Name	Sign
		Date
<b>PREPARED BY:</b> <i>VENDOR REPRESENTATIVE</i>	Print Name	Sign
		Date
<b>ACCEPTED BY:</b> <i>CFN Staff only</i> <i>WORK CONTROL COORD.</i>	Print Name	Sign
		Date
<i>CFN Staff only</i> <i>SAFETY &amp; HEALTH REP.</i>	Print Name	Sign
		Date
<b>JOB LOCATION: 735 ROOM/LAB</b>	<b>JOB DATES:</b>	
	Expected Start	Expected End
<b>Describe Work Scope in detail</b>		
<b>PPE requirements:</b> Closed shoes    Safety glasses    Lab coat    Gloves    Other:		
<b>Training:</b> CVO    GSO (w/escort)    Cyber Sec    LOTO (GE-68B)    Electrical: Adv Aware (GE-69P)		
Electrical: QEW2/ Worker (GE-69R)                      Electrical: QEW2/ Oversight (GE-69W)		
Electrical: Switch Throw (PPE 0) (GE-69U)                      Other: <span style="float: right;"><i>CFN Staff only</i></span>		
<b>Hazard Assessment</b> (Check all potential hazards that is associated with the work.)		
<b>Chemical</b>	<b>Compressed gas</b>	<b>Cryogenics</b>
<b>Ladder</b>	<b>Lasers</b>	<b>Lead</b>
<b>Magnetic fields</b>	<b>Power tools</b>	<b>Pressure system</b>
<b>LOTO</b>	<b>Environment (SF6)</b>	<b>Waste</b>
<b>Electrical</b>		
<b>Lifting/ Material handling</b>		
<b>Vacuum systems</b>		
<b>Others hazards not listed above</b> (e.g. lead (shielding), nanomaterials, noise, beryllium window, welding/ soldering, RF, radiation generating devices). <b>Specify:</b>		
<b>No Hazards.</b> Work involves no hazards. (e.g., software installation, normal operation of instrument If work scope changes, review all hazards and update Job Hazard Analysis)		

*Describe the tasks or job steps, the associated hazards and control measures to eliminate or reduce the risk of injury. All hazard types checked above shall be covered in detail below.*

Job Steps	Potential Hazards	Control Measures

*Workers have been briefed on the work plan and understand the hazard controls.*

Worker \_\_\_\_\_ Sign/ Date \_\_\_\_\_  
Worker \_\_\_\_\_ Sign/ Date \_\_\_\_\_

## New Vendor Work Scope Questionnaire

*This form is to be completed by vendors new to the CFN. The information provided will help us identify typical hazards and training that would be required to do your work.*

1. Your Name		
2. Company name		
3. Describe scope of work in detail.		
<b>Check all that apply:</b>		
<b>Electrical Hazard</b>		
• Can all work be done with the instrument de-energized and unplugged?	Yes	No
• Will you be opening cabinet or enclosure with exposed conductors $\geq 50$ V?	Yes	No
• Will you be taking measurements, testing, troubleshooting of energized conductors $\geq 50$ V?	Yes	No
• Will you be working on equipment with stored energy (capacitors)?	Yes	No
• Will you be throwing a circuit breaker/ switch?	Yes	No
• Will you be working with batteries/ UPS?	Yes	No
Other (specify):		
<b>Lock-Out /Tag-Out</b>		
• Will you need to apply LOTO?	Yes	No
<b>Elevated Work</b>		
• Will you work at height greater than 4 ft?	Yes	No
• Will work require a ladder?	Yes	No
<b>Chemicals</b>		
• Will you be bringing/ using chemicals (e.g., solvents, cleaning/water treatment)?	Yes	No
<b>Cryogen</b>		
• Will your work involve potential exposure to extremely low temperature materials?	Yes	No
<b>Lifting/ Material Handling</b>		
• Will work involve lifting more than 50 lbs.?	Yes	No
• Will you be lifting over 4 ft height?	Yes	No
• Do you need rigging or material handling equipment?	Yes	No
<b>Lasers</b>		
• Will work require operation of a low powered laser (e.g., registered class 1-3R).	Yes	No
• Will work require operation or exposure to a Class 3B or 4 laser on the job?	Yes	No
• Will laser interlocks be disabled?	Yes	No
<b>Magnetic Fields</b>		
• Will work occur within a magnetic field $\geq 5$ Gauss?	Yes	No
<b>Vacuum Systems</b>		
• Will work be done on a vacuum system under vacuum?	Yes	No
• Will work be done on a vacuum system or any part of the system that has a pressure greater than 15 psig?	Yes	No



<b>Power Tools</b>		Yes	No
• Will you be working with power tools?			
<b>Pressurized Systems</b>		Yes	No
• Will work be performed on pressurized system?			
• Will work be performed on a system $\geq$ 150 psi		Yes	No
• Will you work with compressed gases?		Yes	No
<b>Environment</b>		Yes	No
• Will you work with SF6?			
• Will you generate waste material for recycle or disposal?		Yes	No
<b>Other</b> Are there hazards not listed above? e.g., lead (shielding), nanomaterials, noise, beryllium window, welding/ soldering, RF, radiation generating devices (RGD)		Yes	No
<b>No Hazards.</b> Work involves no hazards. (e.g., software installation, normal operation of instrument If work scope changes, review all hazards and update Job Hazard Analysis)		Acknowledge	
<b>Cyber Security</b>		Yes	No
• Will work require access to BNL computer or network (including Wi-Fi)?			

\*Click to send completed form to [cfntechops@bnl.gov](mailto:cfntechops@bnl.gov)