

| Safety Form C-2-0-1 | | | | | | | |
|---|--|--|--|--|--|--|--|
| EXPLOSION RISK ASSESSMENT | | | | | | | |
| Location: 888 | Department: PH | | | | | | |
| | EXPLOSIVE SUBSTANCE AND WHO IS EXPOSED TO GUIDELINE C-2-0-2 | | | | | | |
| Flammable or explosive substance: CH4,C2H6,i-butane | Trade name: Methane, Ethane | | | | | | |
| Describe the activity involving the flammable or active medium for COMPASS particle detectors: - Micromegas: 10% C2H6 (+Ne 85%, CF4 5%) - DCs: 45% C2H6 (+Ar 45%, CF4 10%) - RICH MWPC: CH4 100% - Muon Wall: CH4 25% (+Ar 75%) | explosive substance: Gas mixing in 888 R-28. For use as | | | | | | |
| What category of flammable or explosive substated Flammable gas Flammable liquid or gas mixture | | | | | | | |
| Who could be affected by an accident involving to ☐ CERN Staff ☐ CERN Users ☐ Visitors | the flammable or explosive substance? Students Contractors Others | | | | | | |
| | AREAS (ATEX ZONES) SAFETY FORM C-2-0-2 | | | | | | |
| Reference No. for completed form, "Safety Form https://edms.cern.ch/document/1214926 | – Classification of Hazardous Areas" | | | | | | |
| | FOR EXPLOSION PROTECTION OGUIDELINE C-2-0-1 | | | | | | |
| What prevention measures are in place? | | | | | | | |
| | Inerting | | | | | | |
| | Process Control Engineering Other: specify | | | | | | |
| Has the system been leak-tested to your satisfac | | | | | | | |
| ⊠ YES | N/A | | | | | | |

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| How likely is it that ignition sources will be present and of sufficient energy to cause ignition? | | | | | | | | | |
|---|--------------|------------------------------|-------------|-----------|---|-------|--|--|--|
| | Likeli | Likelihood source is present | | | Likelihood of sufficient energy to cause ignition | | | | |
| Naked Flames and hot gases | High 🗌 | Medium 🗌 | Low 🖂 | High 🗌 | Medium 🗌 | Low 🖂 | | | |
| Hot surfaces | High 🗌 | Medium | Low 🖂 | High 🗌 | Medium 🗌 | Low 🖂 | | | |
| Mechanically generated sparks | High 🗌 | Medium 🗌 | Low 🖂 | High 🗌 | Medium 🗌 | Low 🖂 | | | |
| Chemical reactions | High 🗌 | Medium 🗌 | Low 🖂 | High 🗌 | Medium 🗌 | Low 🖂 | | | |
| Electrical apparatus | High 🔀 | Medium | Low | High 🗌 | Medium 🗌 | Low 🖂 | | | |
| Static electricity | High | Medium 🗌 | Low 🖂 | High | Medium 🗌 | Low 🖂 | | | |
| Radiation (electromagnetic or ionising) | High 🗌 | Medium 🗌 | Low 🔀 | High 🗌 | Medium 🗌 | Low 🔀 | | | |
| Other (specify) | High 🗌 | Medium 🗌 | Low 🗌 | High 🗌 | Medium 🗌 | Low 🗌 | | | |
| What mitigation measures are required for the use of this flammable or explosive substance? Symbologies register againment Psymbologies relief Other (state type required) | | | | | | | | | |
| Explosion resistant equipment Explosion relief Other (state type required) How is it ensured that work equipment and installation material is suitable for use in places where | | | | | | | | | |
| explosive atmospheres may occur? (Includes assembly, installation and operation): | | | | | | | | | |
| | OPGAN | ΙΙς ΑΤΙΩΝΙΑΙ | ΜΕΛΟΙΙΡ | FC | | | | | |
| ORGANISATIONAL MEASURES REFERRING TO GUIDELINE C-2-0-1 | | | | | | | | | |
| Which of the following organisational measures are in place? | | | | | | | | | |
| Written operating instructions | | | | | | | | | |
| | | | | | | | | | |
| How have workers been provided with information or training? | | | | | | | | | |
| ☐ Training course/Individual instruction supported by written information ☐ Other | | | | | | | | | |
| Are the points of entry to zones | at risk from | n explosion mar | ked with st | andard wa | rning notices? | | | | |

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| EVALUATION & ACTIONS | | | | | | | | | |
|---|------------------------|-------------------------|----------------------------|--|--|--|--|--|--|
| Are all the measures detailed above currently in place? | Yes | No 🗌 | | | | | | | |
| If these measures are not in place or additional measures are required, state action to be taken below. Flammable or explosive substances must NOT be used if adequate explosion protection measures are not in place. | | | | | | | | | |
| Remedial actions required | Date for completion | | Assigned to | | | | | | |
| Complteted: Check that propagation of alarm in case verwas tested by Nicola Broca as part of yearly check of th | 30/06/2012 | | G. Mallot | | | | | | |
| Completed: Ex signs on all 3 used mixing stations (SCEN | 15/05/2012 | | R. Geyer | | | | | | |
| Completed: Confirmation that electrical equipment is ra | | 31/12/2012 | | G. Mallot, | | | | | |
| the declared ATEX Zone, certificates of conformity etc. (verified by | | | | R.Geyer | | | | | |
| electrical safety inspection, O. Tison) All actions completed | 26/09/20 | 14 | N.A | | | | | | |
| TRACEABILITY | | | | | | | | | |
| Reference No.: (give a ref. No. for this assessment) vers | sion 2 | ED | EDMS No.: 1214925 | | | | | | |
| The assessor signs to certify that hazards to health are adequately controlled with all explosion protectionmeasures in place. | | | | | | | | | |
| Assessor(s) name: Henric Wilkens, deputy FGSO | Assessor(s) signatu | Date: 26/09/2014 | | | | | | | |
| Assessor(s) name: | Assessor(s) signature: | | Remedial actions complete: | | | | | | |
| Assessor(s) name: | Assessor(s) signatu | ıre: | Cha | ed on ¹ : change nges (give er. No. of essment) | | | | | |
| The HSE Unit must verify the overall explosion safety and/or authorize the start of activities before a workplace containing places where explosives atmospheres may occur is used for the first time. | | | | | | | | | |
| HSE Unit (name): J. Gulley Distribution list: (Organic Unit, FGSO, HSE Unit, DSO, TS | HSE Unit signature | : | Date: 2 | 9/09/2014 | | | | | |

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 $^{^{\}rm 1}\,\mbox{The risk}$ assessment must be regularly reviewed and updated when necessary.



A copy of the safety data sheet for the flammable or explosive substance must be attached to this assessment.

A copy of this assessment shall be kept in a known and readily accessible location.

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