Print Form

C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM # 4.56.ax New ☐ Revised ☒ Revision No. 03

Procedure Title: X Line Sweep Checklist

Procedure Revision is result of Hand Processed Change, ☐ Yes or No ☒ IF YES, HPC #_____

This Procedure was a Temporary Procedure, ☐ Yes or No ☒ IF YES, TP # _____

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Reason for Revision/Issuance:

Required Reviewer(s)

Safety Committee Review

ALARA ☐ Accelerator Safety ☐ Experimental Safety ☐
Radiation Safety ☐ Safety Inspection ☐ Tandem Advisory ☐

Required Technical Reviewer(s)

Required Approval(s)

C-AD Chair ☐ Accelerator Division Head ☐
SMD Division Head ☐ EP&S Division Head ☐

Signature Associate Chair for ESSHQ: _____ Date: _____

Safety Review Committee Chair (or Designee)

Name: _____

Signature: _____ Date: _____

Reviewer Name: _____

Signature: _____ Date: _____

Author Signature: _____ Date: _____

QA Signature: _____ Date: _____

Attached document reviewed for:

☐ Continuous-Use protocol ☐ Does Apply ☐ Does Not Apply [Consulted with ESSHQ Division Head]
☐ Work Processes/PPE ☐ Does Apply ☐ Does Not Apply [Consulted with ESSHQ personnel]

Training Requirements: _____

Training Manager or ESSHQ Division Head Signature: _____ Date: _____

Training Requirement Notification Issued by: _____ Date: _____

Table of Contents Revised, Yes ☐ or ☐ No If HPC Involved, HPC Canceled Date: _____

Procedure Distributed to OPM Controlled Copy Holders per Memo Dated: _____

Procedure Coordinator Signature: _____ Date: _____