

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are available by contacting the ESSHQ Procedures Coordinator, Bldg. 911A*

C-A OPERATIONS PROCEDURES MANUAL

ATTACHMENT

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

C-A-OPM Procedures in which this Attachment is used.		
1.4.3		

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved: _____ *Signature on File* _____
 Collider-Accelerator Department Chairman Date

D. Passarello

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

C-A-OPM # _____ New _____ Revised _____ Revision No. _____

Procedure Title: _____

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 # _____

Author(s)/Preparer(s)/Initiator(s): _____

Reason for Revision/Issuance: _____

Required Reviewer(s)	
Safety Committee Review	
ALARA _____	Accelerator Safety _____
Radiation Safety _____	Safety Inspection _____
	Experimental Safety _____
	Tandem Advisory _____
Required Technical Reviewer(s)	

Required Approvals(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:	
<input type="checkbox"/> Continuous-Use protocol	<input type="checkbox"/> Does Apply <input type="checkbox"/> Does Not Apply [Consulted with ESSHQ Division Head]
<input type="checkbox"/> Work Processes/PPE	<input type="checkbox"/> Does Apply <input type="checkbox"/> Does Not Apply [Consulted with ESSHQ Division Head]
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: _____	