

*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

4.120.72.c LINAC Crash Tests

C-A-OPM Procedures in which this Attachment is used.		
4.120.72		

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

V. Castillo

4.120.72.c LINAC Crash Tests

PASS ANNUAL ACCEPTANCE TEST PROTOCOL

Division A Software Filename and Checksum: Title: _____ Checksum: _____

Division B Software Filename and Checksum: Title: _____ Checksum: _____

Initial testing complete:

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Acceptance test procedure complete (following repairs and retesting if required):

Test Team Leader's Name (Print): _____ Life Number: _____

Test Team Leader's Name (Sign): _____ Date: ____/____/____

Test results reviewed by:

Safety Section Head's Name (Print): _____ Life Number: _____

Safety Section Head's Name (Sign): _____ Date: ____/____/____

Test results accepted by Radiation Safety Committee:

RSC Member's Name (Print): _____ Life Number: _____

RSC Member's Name (Sign): _____ Date: ____/____/____

1.1 Test of Crash Buttons (CB) System

- PRESS** Crash Button to **de-energize** relay
- VERIFY** **Relay** is **OFF**
- RETRACT** Crash Button to **energize** relay
- VERIFY** **Relay** is **ON**

FOLLOW Table 1 below

Crash Buttons		Relay in Encl. 4880	Verify Relay is ON	Press CB	Verify Relay is OFF	Retract CB	Verify Relay is ON	Go to next CB
#	Location							
1	Tank area 1 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 1 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
2	Tank area 2 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 2 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
3	Tank area 3 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 3 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
4	Tank area 4 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 4 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
5	Tank area 5 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 5 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
6	Tank area 6 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 6 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
7	Tank area 7 primary	AK9	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	Tank area 7 redundant	BK2	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
8	BLIP area 1 primary	AK10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	BLIP area 1 redundant	BK3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
9	BLIP area 2 primary	AK10	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	BLIP area 2 redundant	BK3	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
10	HEBT area 1 primary	AK11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	HEBT area 1 redundant	BK4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
11	HEBT area 2 primary	AK11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	HEBT area 2 redundant	BK4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
12	HEBT area 3 primary	AK11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	HEBT area 3 redundant	BK4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
13	HEBT area 4 primary	AK11	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
	HEBT area 4 redundant	BK4	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Table 1 – Test of Crash Buttons

- PRESS** MCR Crash Reset
- VERIFY** Relay **BK10** and **BK6** turn **ON**
- Check for acceptance of Test of Crash Buttons System

END OF TEST PROCEDURE

TTL: Sign for completion of initial testing: _____

Date: ____/____/____

TTL: Sign for completion of final testing: _____

Date: ____/____/____