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

9.2.3.a Certification Form for Devices

C-A OPM Procedures in which this Attachment is used.		
9.2.3		

Hand Processed Changes

HPC No.	Date	Page Nos.	Initials

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

J. Tuozzolo

Certification by Chief Engineer Identification and Verification of Compliance
(Please Fill in the Conformance Information):

Requesting Committee or Dept. Chair _____

Device Title _____

Project Engineer/Physicist_____

System or Experiment Number _____ QA Level _____

Specification By _____

Minutes or Memo Identification._____

ORIGIN AND LOCATION OF DEVICE:
Designer/Manufacturer_____
In-House Fabricator_____
Date of Manufacturer_____
Acceptance Date _____
Location of Device_____

LIST ALL PERTINENT DRAWINGS:

Drawing Number	Location of Original

WORKING RANGES (X IF NOT APPLICABLE):

Quantity	**Not Applicable**	**Minimum**	**Maximum**
Temperature			
Pressure			
Life Time or Age			
Heat or Energy Load			
In/Out Voltage			
Absorbed Dose			
In/Out Current			
Other:			

IF APPLICABLE, THIS DEVICE CONFORMS TO:

BNL ES&H Standard _____

Other Standard _____

Not applicable ~

Certified By_____ Date _____CME ~ CEE ~
Print Name

_____
Signature

DESIGN CALCULATIONS ARE FOUND IN:

Title and Number	Author

OPERATING, MAINTENANCE AND / OR TESTING PROCEDURE:

Is an operating procedure necessary for safe operation and use of this device?

Yes_____ No_____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

_____
_____

Is a maintenance procedure necessary for this device?

Yes_____ No_____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

_____
_____

Is a testing procedure necessary for this device?

Yes_____ No_____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

_____
_____