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| **Step 1 – JOB TITLE:** | |  | | | | | | | | | | | | | | | | | | | | | **TRAVELER** | | | | | | |
| **JOB COORDINATOR** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proposed Start Date: |  | | Estimated Completion Date: | | | |  | | | | Location of Work: | | |  |  | | | | | | | | | | | | | | |
| Machine:  LINAC  PAR  Booster  Zone F  Storage Ring | | | | | | | | | | | | LEA  Front Ends  Experimental Floor | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Scope of Work:** (work plan, approved drawings, procedure/checklist references, etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **REFERENCES:** (work request, RSS #, credited control #, procedures/WCD, etc.) | | | |  | | |  |  | | | | |  | |  | | | |  | |  | | | | | | | |  |
|  | | |  |  | | | | |  | | | |  | | | | | | | |  |
| **Step 2 – Work Approvals:** Supervising Engineers have all necessary information needed to safely begin work and Work Request has been submitted.    Division Approval To Proceed ICMS #: (when users perform work): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Approval Signature** | | | |  | **Date** | | |  | | |  | | | | | | **Approval Signature** | | | | | |  | | **Date** | | |  |
| Safety Interlocks: |  | | | |  |  | | |  | | | Mechanical/Water: | | | | | |  | | | | | |  | |  | | |  |
| Vacuum: |  | | | |  |  | | |  | | | Survey/Alignment: | | | | | |  | | | | | |  | |  | | |  |
| RF/PS/Diag/CTL: |  | | | |  |  | | |  | | | MED: | | | | | |  | | | | | |  | |  | | |  |
| Health Physics: |  | | | |  |  | | |  | | | Other: | | | | | |  | | | | | |  | |  | | |  |
| CCSM: |  | | | |  |  | | |  | | | Other: | | | | | |  | | | | | |  | |  | | |  |
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| **Step 3 – Authorization to Start:** Information (drawings, specs, procedures, approval/validation checklist requirements, review committee recommendations, etc.) is available to safely complete work, requested work is consistent with the approved design, and a pre-work briefing has been held. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Coordinator : | |  | | | | | | | | | | | | | | | | | | Date : | |  | | | | | | |  |
| System/Stations Disabled: | |  | Global:  On-line  Off-line Other: | | | | | | | | | | | | | | | | | |
| Floor Coordinator/MCR: | |  | | | | | | | | | | | | | | | | | | Date : | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Step 4 – Validations:** Supervising engineers attest their scope of work has been completed, validated, all safety concerns have been resolved, and all records have been updated. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **Approval Signature** | | | |  | **Date** | | |  | | |  | | | | | | **Approval Signature** | | | | | |  | | **Date** | | |  |
| Safety Interlocks: |  | | | |  |  | | |  | | | Mechanical/Water: | | | | | |  | | | | | |  | |  | | |  |
| Vacuum: |  | | | |  |  | | |  | | | Survey/Alignment: | | | | | |  | | | | | |  | |  | | |  |
| RF/PS/Diag/CTL: |  | | | |  |  | | |  | | | MED: | | | | | |  | | | | | |  | |  | | |  |
| Health Physics: |  | | | |  |  | | |  | | | Other: | | | | | |  | | | | | |  | |  | | |  |
| CCSM: |  | | | |  |  | | |  | | | Other | | | | | |  | | | | | |  | |  | | |  |
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| **Step 5 – Validations complete:** All work and validations completed.Device/system ready to return to service. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Job Coordinator : | |  | | | | |  | Date: | |  | | | | | |  | | | | | | | | | | | | | |
| Floor Coordinator/MCR : | |  | | | | |  | Date: | |  | | | | | |  | | | | | | | | | | | | | |
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| **Step 6 – Close Out:** Authorization to return to service.  Type C Radiation Survey Required:  Yes  No | | | | | | | | | | | | For BL/FE: EFOG Type C Form Posted | | | | | | | | | | | | | Date: | |  | | |
| For Accelerator: Radiation Survey Completed:  Yes  No | | | | | | | | | | | | | | | HP: | |  | | | | | | | | Date: | | |  | |
| **Comments/Special Instructions:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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***RETURN THE COMPLETED CCWP TO THE APPROPRIATE PERSON TO BE SCANNED INTO ICMS***