|  |  |  |
| --- | --- | --- |
| **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 tag #, procedure #) |       |  |       |  |       |  |       |  |
|  |  |  |  |  |  |
| **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: |  |  |       |  |
|  |
| **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 |
| 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  |  |  |       |  |
|  |
|  |
| **Step 5 – Validations complete:** All work and validations completed.Device/system ready to return to service. |
| Job Coordinator :  |       |  | Date: |       |  |
| Floor Coordinator/MCR :  |       |  | Date: |       |  |
|  |  |  |  |  |
| **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:** |
|       |

***RETURN THE COMPLETED CCWP TO THE APPROPRIATE PERSON TO BE SCANNED INTO ICMS***