

APS WORK/PROJECT CHECKLIST

(To be used for non-ANL non-User hands-on work at the APS.)

Part 1. Work/Project Description (To be completed by the requestor)

Job Title: _____ Date: _____

Location of Work: _____

Requestor: _____ Phone No: _____ Organization: _____

APS Coordinator: _____ Phone No: _____ Pager No: _____

Proposed Start Date: _____ Required Completion Date: _____

Job Description : _____

General Comments/Potential Safety Issues: _____

Part 2. Risk Classification & Contractor Access Requirements (To be completed by APS Coordinator or ESH Coordinator)

Risk Classification: Construction High Moderate Low Determiner _____

Documentation: Full Safety Plan Job Safety Analysis No Documentation Required (Date) _____

Contractor Training: Contractor Safety Orientation Mini-Contractor Safety Orientation Bldg. Orient. Other

Other Requirements: _____

(Permits, Escorts, etc.)

Part 3. Design and ESH Review (APS Coordinator to obtain approvals as necessary)

Reviewed Y N/A	Designated/Alternate	Signature & Date	Check If Comments Attached
<input type="checkbox"/> <input type="checkbox"/>	APS Conventional Facilities	<u>R. Janik /J. Sidarous</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Industrial Hygiene	<u>R. Hinterman/J. Davis</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Health Physics	<u>J. Vacca/S. Butala</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Fire Protection	<u>T. Tess/G. Schroeder</u>	<input type="checkbox"/>
<input checked="" type="checkbox"/> <input type="checkbox"/>	Environmental Review	<u>T. Barkalow /J. Lang</u>	<input type="checkbox"/> NEPA Ref No: _____
<input type="checkbox"/> <input type="checkbox"/>	Occupant	_____	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Work for CATS	<u>E. Chang/P. Rossi</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	FMS Building Maintenance	<u>G. Kailus /J. Golema</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Building Manager	<u>R. Whitman /E. Russell /B. Tasker</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Laser Safety	<u>E. Chang/B. Murdoch</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Shielding Design	<u>Julie Cross/Patricia Fernandez</u>	<input type="checkbox"/>
<input type="checkbox"/> <input type="checkbox"/>	Other _____	_____	<input type="checkbox"/>

(specify)

Part 4. Project Management (To be completed before authorization to proceed is signed by APS Coordinator)

ANL Requisition No: _____ or N/A Name of Contractor: _____ Contract No: _____

Contractor Manager/Supervisor: _____ Phone/Pager: _____

Contractor Safety Coordinator: _____ 10 Hr OSHA or Equivalent training

Safety Plan/JSA Title & approval date: _____ or Blanket JSA No: _____

Authorization to Proceed: _____

(APS Coordinator)

Forward to Carlotta Lukowski
Attach relevant documentation to this form