Advanced Photon Source
Argonne National Laboratory

RF Group Work Permit

APS RF

GENERAL INFORMATION **Work Request #** _____

Date: _____

Electrical safety involved? ☐ No ☐ Yes

If yes, is LOTO required? ☐ No ☐ Yes

Working hot required?

☐ No

☐Yes - Enter appropriate information in the Working Hot Logbook and follow working hot procedures

Does this work involve maintenance, testing, modification, installation, etc., of a personnel safety system or critical component?

☐ No Signature_____

Signature_____

☐ Yes - Continue and complete pages 1 – 3

If no, stop here and file in Work Permit Binder unless ACIS is checked "yes" below
****
Will ACIS validation be required?

☐ No

☐ Yes - Continue and complete pages 1 – 3
- Obtain ACIS validation signatures on page 3

Machine Affected: ☐ LINAC ☐ PAR ☐ Booster ☐ Storage Ring

Personnel Safety System Affected: ☐ Radiation PSS ☐ Electrical PSS ☐ Other_____

System Identification: (e.g. L2 PFN Cabinet, RF4 SCR Kirk Interlock, RF6 Radiation Monitor, etc.)

_____

System Components: (e.g. Door Interlock Switch, Waveguide Shutter, etc.)

_____

Will System Be Operated With PSS Interlocks Bypassed? ☐ No

☐ Yes

**CHECKING YES ABOVE REQUIRES GROUP LEADER, DIVISION DIRECTOR, AND ESH COORDINATOR APPROVAL.**

WORK AND VALIDATION DESCRIPTION **Work Request # _____**

AUTHORIZATION AND VERIFICATION **Work Request # _____**

RF Group Authorization:
Group Leader, System Manager, Project Coordinator or EIC. Authorization is assumed in emergency situations, but must be reported to, and signed by one of the above by C.O.B the following day.

Signature_____ Date_____

Work Performed By:

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

Work Complete And Verified By:

Signature_____ Date_____

Independent Verification/Validation By:

Signature_____ Date_____

Signature_____ Date_____

Signature_____ Date_____

ACIS Validation (if applicable):

Signature_____ Date_____

Independent ACIS Verification/Validation

Signature_____ Date_____

Group Leader Close Out:

Signature_____ Date_____