CCWP - Configuration Control Work Permit / ICMS # APS_1192911 Revision: 15 Step 1 – JOB TITLE: TRAVELER JOB COORDINATOR Proposed Start Date: Estimated Completion Date: Location of Work: ☐ Front Ends ☐ Experimental Floor Machine: ☐ LINAC ☐ PAR ☐ Booster ☐ Zone F ☐ Storage Ring LEA **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 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: 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** Approval Signature Date Safety Interlocks: Mechanical/Water: Survey/Alignment: Vacuum: 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 Date: **Comments/Special Instructions:**