



Chapter 2: [Work Planning and Control](#)
SOP Authorization and Release Form

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 URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormSOP.pdf> | [.doc](#)

ENVIRONMENT, SAFETY & HEALTH DIVISION

Job / Activity Name or SOP Title:		Start Date:	Valid Through:
Department / Group Name:	Bldg / Area Location(S):	Other Information or References:	

Complete following four sections if requesting a Radiological Work Permit (RWP). Then submit with SOP to RPFO to obtain RWP.

Scope of Work (reference attachment <input type="checkbox"/>)	# of workers performing radiological activity: _____ Expected duration of radiological activity in hours: _____ RWP#:
Purpose of Job	List training required beyond RWT. If none, so state.

Worker I understand and will adhere to the steps, hazards, and controls in this SOP. I understand that performing steps out of sequence may pose hazards that have not been evaluated nor authorized. I will contact the person who authorized my work prior to continuing, if the scope of work changes or new hazards are introduced. I understand my stop work authority and responsibility.

Name (print)	Signature	Date
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Authorizer (administrative or functional supervisor, POC) I have reviewed the steps, hazards, and controls described in this SOP with all workers listed above and authorize them to perform the work. Workers are qualified (that is, licensed or certified, as appropriate, and in full compliance with SLAC training requirements) to perform this activity.

Name (print)	Signature	Date
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Area or Building Manager Release documented via coordination meeting and subsequent tailgate meeting or I have communicated unique area hazards, boundary conditions, and so on with the authorizer or listed worker(s) and have coordinated this job with affected occupants. Listed workers are released to perform described scope of work.

List boundary conditions, notes, etc: _____

Name (print)	Signature	Date
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