



ENVIRONMENT, SAFETY & HEALTH DIVISION

Chapter 2: [Work Planning and Control](#)

Stop Work Form

Product ID: [453](#) | Revision ID: 1259 | Date Published: 17 December 2010 | Date Effective: 17 December 2010

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

When an imminent risk stop work has been issued, the supervisor (that is, the SLAC employee who authorized work) of the person whose work has been stopped must make sure this form is completed and observation recorded in as complete and objective a manner as possible. Upon request by the facility manager, ALD, or CSO, this form will also be used for non-imminent stop work.

When completed, copies of this form are to be sent to

1. Building / area manager
2. Division / department head
3. Directorate ESH coordinator
4. Associate laboratory director (ALD)
5. Chief safety officer (CSO)

Work may not be resumed until this form is signed, indicating re-authorization by the ALD and re-release by the building or area manager.

For additional information, see [Work Planning and Control: Stop Work Procedure](#) (SLAC-I-720-0A21C-003).

| Section 1: Stop Work Issuance | | | |
|--|--|-------------|--|
| Directorate | | Department | |
| Location of operation | | Date / time | |
| Supervisor | | Phone | |
| Individual initiating stop work | | | |
| Individual performing work | | | |
| Work operation or condition (include names of individuals performing work) | | | |
| | | | |
| Hazard (as stated by individual initiating stop work) | | | |
| | | | |
| Additional observations | | | |
| | | | |

| Section 2: Date / Time Informed | | | |
|---------------------------------|--|-------------------------------|--|
| Supervisor | | Directorate ESH coordinator | |
| Building / area manager | | Associate laboratory director | |
| Division / department head | | Chief safety officer | |
| Facility manager | | | |

| Section 3: Follow-up Action |
|-----------------------------|
| |

| Section 4: Restart Concurrence | | | |
|--------------------------------|--|------|--|
| Division / department head | | Date | |
| Directorate ESH coordinator | | Date | |
| CSO | | Date | |

| Section 5: Restart Authorization | | | |
|----------------------------------|--|------|--|
| ALD | | Date | |

| Section 6: Restart Release | | | |
|----------------------------|--|------|--|
| Building / area manager | | Date | |