



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

Product ID: [515](#) | Revision ID: 1274 | Date Published: 25 January 2011 | Date Effective: 25 January 2011  
URL: <http://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormWIP.pdf> | [.doc](#)

**ENVIRONMENT, SAFETY & HEALTH DIVISION**

### Required for complex / red work

#### Part 1: Scope of Work

Title: \_\_\_\_\_ Date: \_\_\_\_\_  
 Location: \_\_\_\_\_ WIP Tracking No. \_\_\_\_\_  
 Requester: \_\_\_\_\_ Organization: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Proposed Start Date: \_\_\_\_\_ Required Completion Date: \_\_\_\_\_  
 Work Planner: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Line Mgr of Planner: \_\_\_\_\_ Signature: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Scope of Work attached  Yes  
 General Comments / Potential Safety Issues: \_\_\_\_\_

#### Part 2: Authorized Individuals / Groups Supporting Scope of Work

WIP Field Manager / FCM / SM: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Group: \_\_\_\_\_ Contact Point: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Group: \_\_\_\_\_ Contact Point: \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Group: \_\_\_\_\_ Contact Point: \_\_\_\_\_ Phone No. \_\_\_\_\_

#### Part 3: Hazards, Safety Controls, Permits, and Plans

[Hazard Evaluation and Planning eTool](#) summary or [SLAC Site Specific Safety Plan](#) attached  Yes  No  
 Check if Hold Points  
 \_\_\_\_\_   
 \_\_\_\_\_

#### Part 4: Planning Review

Review Complete

Yes	N/A	Concurrence or Approval Signature and Date	Check If Hold Points
<input type="checkbox"/>	ESH Coordinator	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Quality Assurance	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> BIO	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Accelerator Operations	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> ALD (lab-wide impact project)	_____	<input type="checkbox"/>
<input type="checkbox"/>	Area / Building Manager	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Other _____	_____	<input type="checkbox"/>

#### Part 5: Feedback and Improvement

Post Job Review Conducted

Yes	No	Name and Date
<input type="checkbox"/>	<input type="checkbox"/>	_____ <input type="checkbox"/>