

100 SW-1 UN PERMIT TICATIONS IF NEEDED CONTACT MARY REEBAK X360 OR 704-5611

Klystron and Microwave Department Work Authorization Form

This Work Authorization Form applies to all work performed by non-KMD personnel as outlined below:

- All experiments performed utilizing KMD facilities that are managed, or operated by non-KMD personnel.
- New installations managed or performed by non-KMD personnel.
- Facility modifications, upgrades or maintenance performed by non-KMD personnel.
- Work for which KMD has unusual safety concerns.

Instructions: Core Function Sections 1-3, to be completed by the group performing the work; Core Function 4 to be completed by KMD, and Core Function 5 to be complete jointly by group performing work and KMD.

Core Function 1: Define Scope of Work (attach needed forms)

Task title: Surveying Test Lab

Task description: Surveying various facilities and locations inside Test Lab high bay area

CEF Service Request#: _____ (as applicable) SLAC UTR: _____ (as applicable)

Building name: klystron test lab Building number: B044 Area: Room 172-Room 174

Expected duration: 1 Year

Task initiator: Dave Martin Signature: [Signature] Date: 12-15-06

Work supervisor: Catherine LeCocq Workers: Francis Gaudreault, John McDougal,

Work supervisor: _____ Workers: Lavert Griffin, Michael Rogers,

Work supervisor: _____ Workers: Hans Imfeld, Mike Gaydosh, M. Perry

Core Function 2: Analyze Hazards (circle all that apply; attach needed forms)

Electrical Chemical Confined-Space Elevated-Surface Fall Environ Rigging Gasses Radiation Pressure

Other Special issues: _____

Core Function 3: Develop and Implement Hazard Controls (check all that apply)

AHA's have been reviewed JHAM (Routine) STA's are up-to-date
 EWP is required and signed JHAM (Non-Routine) Other _____

Supervisor signature: [Signature] Date: 12-15-06

Supervisor signature: _____ Date: _____

Supervisor signature: _____ Date: _____

Core Function 4: Perform Work within Controls

Building/Area Manager has reviewed the task, has reviewed hazard controls and informed supervisors and workers.

Building Manager Signature: [Signature] Date: 12-15-06

Area Manager Signature: [Signature] Date: 12-15-06

Authorization to proceed: (Authorizer keeps copy) (Building/Area Manager keeps original)

Name: MARY REEBAK Signature: [Signature]

Title: Bldg Mgr Date: 12-15-06 Authorization expiration date: 12-15-07

Core Function 5: Feedback and Improvements (initial)

Project complete (date): _____ Safety restored: Supervisors: _____ Area/Building: _____

Comments by initiator, supervisors, area/building manager, or authorizer (send completed form to authorizer):