



ENVIRONMENT, SAFETY & HEALTH DIVISION

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

Activity Training and Authorization Form

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URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormATA.pdf> | [docx](#)

This form is used to document the authorization and release of resident yellow work. Its use is not required. (See [Work Planning and Control: Work Planning and Control Procedure](#) [SLAC-I-720-0A21C-002].)

ATA Title:		ATA # (optional):	Start Date:	Valid Through (not to exceed 12 months):
Department / Group Name:	Resident Bldg / Area Location(s):	Term Release(s) (if applicable):	Other Information or References:	

Activity	Basic Hazards	Basic Controls (including boundary conditions) (engineering, administrative, or PPE)	ESH Training, Qualifications, Skills, Certifications

Acknowledgement (worker): I will maintain compliance with my STA training requirements, including staying current with recertifications. I understand the type of activities I am authorized to perform and the associated hazards, controls, and boundary conditions. If I am unclear, I will ask my administrative supervisor.

Name (print):	Signature:	Date:
Name (print):	Signature:	Date:
Name (print):	Signature:	Date:

Authorization (administrative supervisor): I have reviewed the basic steps, hazards, controls, and boundary conditions described in this ATA with all workers listed above. Workers listed above possess the skills, knowledge, training, and qualifications to perform work as described in this ATA and are, therefore, authorized to carry out such work. Workers are also released to carry out such work as defined in this ATA. Work not adequately addressed by this ATA will be authorized with a JSA or SOP.

Name (print):	Signature:	Date:
Review (functional supervisor, required if workers matrixed): I have reviewed this ATA and expect all training to be in compliance with SLAC requirements. Work not adequately addressed by this ATA will be authorized with a JSA or SOP.		
Name (print):	Signature:	Date: