



ENVIRONMENT, SAFETY & HEALTH DIVISION

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

SOP Authorization and Release Form

Product ID: [514](#) | Revision ID: 2336 | Date Published: 10 May 2021 | Date Effective: 10 May 2021URL: <https://www-group.slac.stanford.edu/esh/eshmanual/references/wpcFormSOP.pdf> | [docx](#)

This form is used to document the authorization and release of non-resident yellow, red, and construction work using an attached standard operating procedure (SOP). Note red and construction work requires final release through a tailgate briefing. Approved forms are to be kept in the work package; work packages are to be kept for 90 days after completion of the work, yellow by the authorizing supervisor; red and construction by the project manager or field construction manager (FCM)/service manager (SM). (See [Work Planning and Control: Work Planning and Control Procedure](#) [SLAC-I-720-0A21C-002] and [Work Planning and Control: Construction Work Planning and Control Procedure](#) [SLAC-I-720-0A21C-005].)

SOP Title:		SOP # (optional):	Start Date:	Valid Through:
Department / Group / Subcontractor:	Bldg / Area Location(s):	Type of Work: <input type="checkbox"/> yellow, resident <input type="checkbox"/> red <input type="checkbox"/> yellow, non-resident <input type="checkbox"/> construction		Other Information or References:
Scope of Work (<input type="checkbox"/> attached):				

Acknowledgement (worker): I understand and will adhere to the steps, hazards, and controls in the attached 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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Name (print):	Signature:	Date:

Approval (general subcontractor's representative, required for construction work): I have reviewed and approve the work indicated in the attached SOP.		
Name (print):	Signature:	Date:
Review (ESH representative, if requested): I have reviewed the attached SOP.		
Name (print):	Signature:	Date:
Authorization (supervisor <input type="checkbox"/> administrative <input type="checkbox"/> functional; <input type="checkbox"/> foreman for subcontractor work): I have reviewed the steps, hazards and controls described in the attached 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 training requirements) to perform this activity.		
Name (print):	Signature:	Date:
Confirmation (<input type="checkbox"/> FCM <input type="checkbox"/> SM <input type="checkbox"/> POC, required for subcontractor work): I have confirmed that this SOP has been properly developed, reviewed, and approved.		
Name (print):	Signature:	Date:
Release (<input type="checkbox"/> area manager <input type="checkbox"/> building manager <input type="checkbox"/> FCM <input type="checkbox"/> SM <input type="checkbox"/> POC): I have communicated unique area hazards, boundary conditions, and so on with the authorizer and/or listed worker(s) and have coordinated this job with affected occupants. Listed workers are released to perform described scope of work. (If work is red or construction, document final release with tailgate meeting, and also a WIP for red work.)		
Boundary conditions, notes (<input type="checkbox"/> attached):		
Name (print):	Signature:	Date: