

*If you are using a printed copy of this procedure, and not the on-screen version, then you **MUST** make sure the dates at the bottom of the printed copy and the on-screen version match. The on-screen version of the Collider-Accelerator Department Procedure is the Official Version. Hard copies of all signed, official, C-A Operating Procedures are kept on file in the C-A ESHQ Training Office, Bldg. 911A.*

C-A OPERATIONS PROCEDURES MANUAL

1.4.3 Procedure for Implementing New or Revised Permanent Procedures, or Canceling Permanent Procedures

Text Pages 2 through 7

Attachments

Hand Processed Changes

<u>HPC No.</u>	<u>Date</u>	<u>Page Nos.</u>	<u>Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Approved: \_\_\_\_\_ *Signature on File* \_\_\_\_\_  
Collider-Accelerator Department Chairman Date

D. Passarello

### 1.4.3 Procedure for Implementing New or Revised Permanent Procedures, or Canceling Permanent Procedures

#### 1. Purpose

This procedure describes the process for implementing new or revised permanent procedures, or canceling permanent procedures, which reside in the C-A Operating Procedures Manual.

#### 2. Responsibilities

2.1 Authors and reviewers of permanent procedures are expected to follow this procedure for implementing new or revised permanent procedures, or canceling permanent procedures, which reside in the C-A Operating Procedures Manual.

#### 3. Prerequisites

None

#### 4. Precautions

4.1 Safety-related procedures shall be printed on yellow paper and have a "(Y)" appear at the bottom of each page of the procedure, to indicate safety-related status.

4.1.1 Safety-related procedures are defined in [C-A-OPM 1.4](#) sec 2.1, "Collider-Accelerator Department Plans, Policies, and Operating Procedures."

**Note:**

Yellow paper is preferred; however, circumstances may preclude the use of yellow paper and only a "Y" may be used.

4.2 Do not alter forms or checklists, or attempt to apply the procedure to a circumstance not covered by the safety-related permanent procedure.

#### 5. Procedure

5.1 Deciding when to write or revise a procedure

5.1.1 Write new plans, policies, or procedures if there is new equipment, new OPERATIONAL limits, new OPERATIONAL activities, or when mandated by changes in DOE orders or BNL policy.

5.1.2 Revise the procedure if:

- an extensive change to an existing procedure is required.

- the intent of the existing procedure is required to be changed,
- levels, limits, or calculations derived from DOE orders change,
- apparatus or operating parameters change.

5.1.3 Cancel the procedure if:

- procedure no longer applies, or it is moved to another location in the C-A OPM.

5.2 Assembling the Document for Review

5.2.1 For new procedures, send final draft through the review process.

5.2.2 For revisions that are not extensive, provide the original text annotated with changes.

5.2.3 For revisions to permanent procedures that are extensive, provide the original text, indicating where changes occur, and the new text reflecting the revision.

5.2.3.1 Send both documents through the review process.

5.3 Starting the Process

5.3.1 For new or revised procedures - the procedure writer shall meet with the Associate Chair for ESHQ and obtain an OPM number and TRACKING FORM (see [C-A-OPM-ATT 1.4.3.a](#)).

5.3.1.1 The Associate Chair for ESHQ, or designee, shall fill out the top section of the TRACKING FORM. This includes, but is not limited to, Title, Number, Classification, Revision Number (00 for new procedures), Reason for Revision/Issuance, Reviewers, Authorized Signer, and any other special comments as circumstances warrant.

5.3.1.2 The procedure writer shall check the C-A website, and /or with the Main Control Room (MCR), to determine if any hand process changes (HPC) are associated with the procedure to be revised. Open HPC's shall be incorporated into the procedure, along with other necessary changes.

- 5.3.2 For cancellation of a procedure:
  - 5.3.2.1 The person wishing to cancel a procedure shall obtain and complete the top section, up to and including “Reason for Cancellation”, of the Permanent Procedure Tracking Form for Canceling Procedures (see [C-A-OPM-ATT 1.4.3.b](#)).
  - 5.3.2.2 The requestor shall meet with the Associate Chair for ESHQ, or designee, for reviewer assignment and any special comments as circumstances warrant.
- 5.3.3 The TRACKING FORMS will remain with the official copy of the procedure as the appropriate reviews and sign-offs are completed.
- 5.3.4 REFER to Attachment 1, which shows the flow chart for tracking the procedure through the process.
- 5.4 Closing Out the Process (5.4.1 and 5.4.2 are performed in parallel).
  - 5.4.1 After review by the reviewer(s) designated on the TRACKING FORM, the new or revised procedure is approved by the Division Head or Department Chairman. Upon approval, the Procedure Coordinator shall post the procedure on the C-A ESHQ Procedure Website.
  - 5.4.2 The Training and Procedure Manager shall refer the procedure to the ESHQ Division Head for any recommendations for safety equipment, and recommendations for safety or skills training, where applicable.
  - 5.4.3 The Training and Procedure Manager, in consultation with the ESHQ Division Head, shall determine the level and type of training required. This determination is identified in the Training Requirements portion of the Tracking Form.
  - 5.4.4 The Procedure Coordinator shall update necessary areas of the C-A Procedures Website.
    - 5.4.4.1 Posting of the new or revised OPM shall be made on the [Collider- Accelerator Department \(C-A\) Operations Procedure Manual](#) internet site by the Procedure Coordinator. The Procedure Coordinator shall distribute the new or revised procedure to each holder of a controlled copy of the C-A OPM (within 5 working days), and to individuals requiring training in this procedure. This distribution may occur through the use of electronic means.

**Note:**

If any HPC's were associated with the procedure revision, the Procedure Coordinator shall remove the HPC's from the C-A OPM website, and inform the MCR to cancel the affected HPC's.

5.4.4.2 Each holder of a controlled copy of the C-A OPM must return an acknowledgment form confirming updating of their copy of the OPM with the newly distributed procedures.

5.4.4.3 Each holder of a controlled copy of the C-A OPM must return canceled procedures to the Procedure Coordinator, or acknowledge removing and destroying them.

5.5 Documenting the Process

5.5.1 The Procedure Coordinator shall ensure that the plan, policy, or procedure that is distributed, is filed along with the TRACKING form.

**6. Documentation**

6.1 For training by "Read and Acknowledge", the ESHQ Division Head, or designee, shall retain the completed READ and ACKNOWLEDGEMENT FORMS (example in: [C-A-OPM-ATT 1.4.3.c](#)). Cancellations deemed to require "Read and Acknowledgement", shall also follow this requirement.

6.1.1 The completed READ and ACKNOWLEDGEMENT FORM shall denote the procedure number, title, and revision, and the acknowledger's name, life number, signature, and date of signature.

6.2 For training by instruction, the Course Attendance Sheet shall bear the date and signature of the Instructor and the grade (if any) if an exam is given.

**7. References**

7.1 [C-A-OPM 1.4](#), "Collider-Accelerator Department Plans, Policies, and Operating Procedures."

**8. Attachments**

- 8.1 Attachment 1, "Flow Diagram for Tracking Procedures Through the Implementation Process".
- 8.2 [C-A-OPM-ATT 1.4.3.a](#), "C-A Permanent Procedure Tracking Form for New or Revised Procedures".
- 8.3 [C-A-OPM-ATT 1.4.3.b](#), "C-A Permanent Procedure Tracking Form for Canceling Procedures".
- 8.4 [C-A-OPM-ATT 1.4.3.c](#), "Example Read and Acknowledge Form".

**Attachment 1**  
**Flow Diagram for Tracking Procedures Through the Implementation Process**

