

*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

ATTACHMENT

1.4.3.a C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM Procedures in which this Attachment is used.		
1.4.3		

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

## C-A Permanent Procedure Tracking Form for New or Revised Procedures

C-A-OPM # \_\_\_\_\_ New \_\_\_\_\_ Revised \_\_\_\_\_ Revision No. \_\_\_\_\_

Procedure Title: \_\_\_\_\_

Safety Category: A (yellow) \_\_\_\_\_ B (white) \_\_\_\_\_

Procedure Revision is result of Hand Processed Change, Yes or No \_\_\_\_\_ IF YES, HPC # \_\_\_\_\_

This Procedure was a Temporary Procedure, Yes or No \_\_\_\_\_ IF YES, TP # \_\_\_\_\_

Author(s)/Preparer(s)/Initiator(s): \_\_\_\_\_

Reason for Revision/Issuance: \_\_\_\_\_

Safety Committee Review	Check if Required	Division Technical Review	Check if Required
ALARA		Accelerator	
Accelerator Safety		Experimental Support & Facilities	
Experimental Safety			
Radiation Safety			
Safety Inspection			
Tandem Advisory			

Cover Page or Procedure Must be Signed by (check one): C-A Chair _____ Accelerator Division Head _____ EP&S Division Head _____ Signature Associate Chair for ESHQ: _____ Date: _____
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Review Committee Chair or Designee Name: _____ Signature: _____ Date: _____
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Division Reviewer Name: _____ Signature: _____ Date: _____
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Author Signature: _____ Date: _____ QA Signature: _____ Date: _____
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Training Requirements: _____ _____ _____ Training Manager or ESHQ Division Head Signature: _____ Date: _____
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Training Requirement Notification Issued: _____ Date: _____ Table of Contents Revised, Yes or No _____ If HPC Involved, Cancel HPC _____ Procedure Distributed to OPM Controlled Copy Holders: Memo Dated: _____
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Procedure Coordinator Signature: _____ Date: _____
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