

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

9.2.3.a Certification Form for Devices

C-A OPM Procedures in which this Attachment is used.		
9.2.3		

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

J. Tuozzolo

**Certification by Chief Engineer Identification and Verification of Compliance
(Please Fill in the Conformance Information):**

Requesting Committee or Dept. Chair _____

Device Title _____

Project Engineer/Physicist _____

System or Experiment Number _____ QA Level _____

Specification By _____

Minutes or Memo Identification . _____

ORIGIN AND LOCATION OF DEVICE:

Designer/Manufacturer _____

In-House Fabricator _____

Date of Manufacturer _____

Acceptance Date _____

Location of Device _____

LIST ALL PERTINENT DRAWINGS:

Drawing Number	Location of Original

WORKING RANGES (X IF NOT APPLICABLE):

Quantity	Not Applicable	Minimum	Maximum
Temperature			
Pressure			
Life Time or Age			
Heat or Energy Load			
In/Out Voltage			
Absorbed Dose			
In/Out Current			
Other:			

IF APPLICABLE, THIS DEVICE CONFORMS TO:

BNL ES&H Standard _____

Other Standard _____

Not applicable ~

Certified By _____ Date _____ CME ~ CEE ~
Print Name

Signature

DESIGN CALCULATIONS ARE FOUND IN:

Title and Number	Author
_____	_____
_____	_____

OPERATING, MAINTENANCE AND / OR TESTING PROCEDURE:

Is an operating procedure necessary for safe operation and use of this device?

Yes _____ No _____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

Is a maintenance procedure necessary for this device?

Yes _____ No _____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

Is a testing procedure necessary for this device?

Yes _____ No _____ If Yes, procedure must be identified by title and procedure number, or a copy must be attached:

