

# INTERIM Work Authorization Process for Activities by Non-SSRL Workers at SSRL

This Work Authorization Process applies to all maintenance, repair, and installation work performed at SSRL by non-SSRL workers. All work must be initiated by a technically qualified SSRL staff person (e.g. accelerator system manager, shop manager, facilities staff member, beam line engineer, etc.) who will serve as the Point-of-Contact (POC) for the work. Prior to starting and after completing work, the non-SSRL worker(s) must check in and complete the checklist below with the POC.

**Note:** To facilitate work done routinely by non-SSRL support personnel, a formal agreement may be arranged between SSRL and non-SSRL group leaders with signature approval by the appropriate SSRL Assistant Director, eliminating the need to complete the checklist.

**SSRL Point of Contact (POC):** \_\_\_\_\_ **Date of work:** \_\_\_\_\_

**Work Task Summary (POC to enter):** \_\_\_\_\_

**Before work begins at any SSRL location the Point of Contact must verify the following:**

- Worker(s) asserts work has been assigned by supervisor
- Worker(s) asserts that current routine or non-routine JHAM appropriate to the work is in place (POC to develop non-routine JHAM with non-SLAC vendors/contractors as needed)
- Worker(s) asserts that he/she has reviewed AHA for work location
- Worker(s) asserts that he/she has completed required and supervisor-mandated training applicable to work (as listed on ETA for SLAC employees)
- Worker(s) agrees to comply with any special requirements associated with the work or work location (e.g. accelerator work and tunnel access policy)
- Worker(s) is informed of SSRL circuit breaker policy
- Worker(s) checked in with Area Contact (AC); AC name: \_\_\_\_\_  
(Area Contacts listed on SSRL Safety website: <http://www-ssrl.slac.stanford.edu/safety/>)

Lead worker name/initial: \_\_\_\_\_ Worker name/initial: \_\_\_\_\_

Worker name/initial: \_\_\_\_\_ Worker name/initial: \_\_\_\_\_

Worker name/initial: \_\_\_\_\_ Worker name/initial: \_\_\_\_\_

Worker name/initial: \_\_\_\_\_ Worker name/initial: \_\_\_\_\_

**After work is completed the Point of Contact must verify that:**

- Worker checked out with Area Contact
- Work area cleaned up, hazards secure, and area ready for operations as appropriate

**Point of Contact:** \_\_\_\_\_ **Date work complete\*:** \_\_\_\_\_  
Signature

\* Submit original form to M. Montalvo, MS 69, promptly on completion of work.