Experimental Facilities Radiation Safety Work Control Form
SLAC-I-030-40300-001
LCLS Experimental Facilities Radiation Safety Work Control Form

XFDSO approval (signature/date): [Signature] 8/5/09

XFD Operations approval (signature/date): [Signature] 8/5/09

Revision Record

<table>
<thead>
<tr>
<th>Revision</th>
<th>Date Revised</th>
<th>Section(s) Affected</th>
<th>Description of Change</th>
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<td>R000</td>
<td>Aug 5th, 2009</td>
<td>All</td>
<td>Original Release</td>
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August 05, 2009
LCLS Experimental Facilities Radiation Safety Work Control Form

LCLS Experimental Facilities Division

Radiation Safety Work Control Form

Area: Form #: Date:

Section 1: Description of Work to be Done (include item or CATER number, job title, etc.)
☐ Repair or Replace  ☐ Install  ☐ Remove  ☐ Reinstall  ☐ Bypass  ☐ Unbypass

Person Responsible printed name, signature/date

Primary Instrument Scientist signature/date

Area Manager signature/date

Section 2a: Requirements Before Starting Work (XFDSO completes this section)
☐ NOT OK to run with this form open.

Section 2b: Requirements After Completing Work (XFDSO checks required boxes)
☐ BLA change  ☐ PPS/HPS checkout  ☐ Radiation Physics inspection  ☐ BCS checkout
☐ OHP checkout  ☐ XFD Operations  ☐ Other (describe)

XFDSO signature/date

Radiation Physics signature/date

Section 3: Signoffs Indicating Requirements are Complete (XFDSO checks required boxes) signature/date

☐ Requirements Before Starting Work Completed (See Section 2a):

☐ Removed or Bypassed (PPS, BCS, Operations, or Person Responsible):

☐ Reinstalled or Unbypassed (PPS, BCS, Operations, or Person Responsible):

☐ Work complete (Person Responsible, Area, or Primary Instrument Scientist):

☐ PPS / HPS:

☐ Radiation Physics:

☐ BCS:

☐ RPFO:

☐ XFD Operations:

☐ XFDSO:

☐ Other

Section 4: Signoff Indicating Readiness for Beam

XFDSO signature/date

Floor Coordinator signature/date

August 05, 2009

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