

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.

C-A OPERATIONS PROCEDURES MANUAL

12.101.a Tandem Users Experimental Safety Approval Form

Hand Processed Changes

HPC No.	Date	Page Nos.	Initials

Approved: Signature with Date on File
Collider-Accelerator Department Chair Date

D. Steski

You must complete this form before the start of the testing.

1. User Agreement
Number:

	Date Submitted:		Expected Start Date:	
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2. Organization Name:

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3. Contact Person Name:

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Phone Number
(Home Institution)

	Email:	
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4. Attendees: Please list all personnel who will be on the BNL site. Indicate Contact Person. All attendees must satisfy all training requirements for the run.

First Name	Last Name	Affiliation	BNL/Guest ID#	Email

5. Statement of Work (SOW): Please provide a brief description of your proposed work at the Tandem facility.

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6. Hazards: Will the following hazards be present

1. Prior activation or contamination of your equipment or parts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Prior parts or equipment exposure to particle beams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Radioactive sources or equipment containing radioactive sources? (List below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Voltages >50V and currents >5 mA? (Provide working ranges below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Equipment containing PCBs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Equipment not UL listed or certified to meet National Electrical Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Mechanical Hazards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Fire or Explosion Hazards? (Including detectors or targets with flammable gases)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Compressed Gases? (List type and quantity below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Lasers? UV Lamps? (List type and power below)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Ovens? High Temperature devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. RF or microwave devices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Biological Hazards or Wastes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Is there a potential for any environmental releases? (Gaseous, liquid, or particulate)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Chemical Hazards or Wastes? (List types and quantities of chemicals used)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Devices containing mercury?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Devices generating noise above 85 dBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Other safety hazards not covered above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Use of blades, knives, or other sharp materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Cryogenics	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Material handling equipment (Cranes, hoists, forklifts)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Powered hand tools	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Pressurized vessels or systems with operating pressure greater than 15 psi and/or with the largest dimension (length, width, or diagonal) over 6 inches.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Vacuum chambers or systems with over 100,000 Joules stored energy (greater than 35 cubic feet total volume)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Soldering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Open Flames	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Welding, brazing, silver soldering over 1 inch diameter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Flammable gases, liquids, or solids	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Spark-producing activities (such as grinding)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Sources of non-ionizing radiation	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Any atmospheric discharge of radioactive materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Onsite or offsite transportation of radiological materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Sources of Static or Dynamic Magnetic Fields	Yes <input type="checkbox"/>	No <input type="checkbox"/>

34. RF or Microwave sources exceeding 10 mW radiated output	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Generation of hazardous, radioactive, industrial, Medical, or nanomaterial wastes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Any atmospheric discharge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Any liquid discharge	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Storage of Chemicals of Radioactive Materials	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered Yes to any of the above questions, describe in the space provided below.

Will you bring any Vacuum Chambers, Heating or Cooling Systems, or Vacuum feedthroughs? Yes ☐ No ☐

If yes, we request you submit detailed descriptions and/or drawings.

7. Services Required: Will you need any of the following?

- | | | |
|---|------------------------------|-----------------------------|
| 1. Electrical Power other than 100V AC? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Water? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Air? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Equipment (power supplies, etc.)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Machine Shop Services? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*If you answered Yes to any of the above questions, describe in the space provided below
(Attach additional sheets if necessary).*

8. Personnel Safety Information:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are there attendees who would require physical assistance in case of building evacuation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are there attendees who would have difficulty comprehending emergency instructions due to hearing or language considerations? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Are there attendees with medical implants who would be affected by strong magnetic fields? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

*If you answered Yes to any of the above questions, describe in the space provided below.
(Attach additional sheets if necessary.)*

**List of Ion Species
Requested:**

9. User Comments:

I understand that modification of BNL or other users' equipment is strictly prohibited without prior approval. Any modification requires approval of the Tandem Operations Coordinator and may require CA Experimental Safety Review Committee approval.

The completed copy of this form is required prior to the start of your run. Please send the final signed copy to the Tandem Van de Graaff Administrator via email or fax (631-344-4583). We appreciate your cooperation. Thank you.

If you need assistance in completing this form, please contact us.

VOICE: 631-344-4581 FAX: 631-344-4583 / Tom Kubley (tkubley@bnl.gov)

User
Signature

Date

PLEASE NOTE:

- **IT IS IMPORTANT THAT ALL USERS REGISTER ON-LINE PRIOR TO ARRIVAL AT BNL.**
- All Users must register with the GUV Center through the online [Guest Information System](#). The approval process for foreign national access to BNL can take as long as 90 days. The GUV Center does not issue an Appointment until an approved Agreement is in place and the User is added to the Agreement.
- Each user follows the [GUV Check-in Procedure](#) including signing of the "BNL Commitments and Expectations Statement" upon arrival at the GUV Center.
- This registration is a process which will result in the issuance of a visitor's ID badge for future use.
- Please visit the [BNL Training Website](#) to complete or update the following five required courses:
 1. Guest Site Orientation (TQ-GSO)
 2. General Employee Radiological Training (TQ-GERT)
 3. Basic Electrical Safety Awareness (HP-OSH-150A)
 4. Cyber Security Training (GE-CYBERSEC)
 5. Computer Use Agreement (GE-COMPUSE-AGREE)
- Facility Safety Briefing for Visiting Tandem Users will be conducted upon arrival
- Our users must maintain and keep current their training status.

You may use your permanent ID number issued to you from the GUV Center to access these courses. Completing these requirements **before** your visit will enable you to make full use of your time at the TVDG. We appreciate your cooperation. Thank you!

USERS, PLEASE DO NOT WRITE BELOW THIS LINE

Reviewed by an Experimental Review Coordinator :

Initial

Is there a need for an Experimental Safety Committee Review?

Yes ☐ An Experiment Safety Committee Review will be conducted on the following date: _____.

No ☐ No additional unmitigated hazards have been identified.

Authorized Signature

Date