

Operational Readiness Clearance

<Experiment Name>

<Date>

AUTHORIZATION TO PROCEED WITH THE OPERATION OF

<...> IN <...>

REVIEWED AND APPROVED BY:

DATE

Neutrino Division Head
Comments/Exceptions:

Particle Physics Division Head
Comments/Exceptions:

Accelerator Division Head
Comments/Exceptions:

Accelerator Division Operations Department Head
Comments/Exceptions:

Accelerator Division Radiation Safety Officer
Comments/Exceptions:

Particle Physics Senior Safety Officer
Comments/Exceptions:



Committee Chair
Comments/Exceptions:

Fermilab Test Beam Coordinator
Comments/Exceptions:

Submitted By:

Requester <Name>

Electronic approvals for this form are acceptable. Please forward your responses to all recipients. A signed paper form (copy) of this document will exist in the Particle Physics Division Office. The original signed document will stay with the experiment requesting clearance.