

**Operational Readiness Clearance**

**<Experiment Name>**

**<Date>**

AUTHORIZATION TO PROCEED WITH THE OPERATION OF  
<...> IN <...>

**REVIEWED AND APPROVED BY:**

**DATE**

\_\_\_\_\_  
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.