

**Functional Change Form (attachment to the ESS)**

Date \_\_\_\_\_ Beamline \_\_\_\_\_ Experiment No. \_\_\_\_\_

Functional Change Identified By \_\_\_\_\_  
Print Name

BL Scientist Notified of Change \_\_\_\_\_  
Beamline Scientist Signature

Description of Change to Experimental Set-up or Operation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sample Only:** Check box and fill out all of the above. Inspections are needed only for Materials in Use and Vacuum Qualification.

**Experimenters added to ESS (list names)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**This change(s) affects (check all that apply; checked boxes require inspection)**

**Materials in Use – Inspector** \_\_\_\_\_  
Print Name Completed Date & Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Electrical Apparatus – Inspector** \_\_\_\_\_  
Print Name Completed Date & Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mechanical – Inspector** \_\_\_\_\_  
Print Name Completed Date & Initials

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Vacuum – Inspector** \_\_\_\_\_  
Print Name Completed Date & Initials

\_\_\_\_\_  
\_\_\_\_\_

**Other Concerns – Inspector** \_\_\_\_\_  
*(i.e. lasers, radiation, cryogenics, pinch hazards, etc.)* Print Name Completed Date & Initials

\_\_\_\_\_  
\_\_\_\_\_

**Experiment Set-up Coordination Sign-off – functional changes have been approved**  
**The signed original has been sent to the User Services Office and a copy of Appendix III has been attached to the ESS at the beamline.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Completed Date & Initials