

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
