



## Interlock Failure/Trouble Report

Person Initiating Report \_\_\_\_\_ Date \_\_\_\_\_

Division/Section \_\_\_\_\_ Time \_\_\_\_\_

Area Involved \_\_\_\_\_

I. Symptoms

II. Diagnosis

III. Solution (Note: Jumpering interlocks affecting the safety system of a primary or secondary beam area requires Division/Section Head (or designee) and ES&H Section Head prior approval)

IV. Checkout Procedures and Results (describe test and results)

A successful test has been completed to show that only the desired component was jumpered, and all other parts of the system function properly.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Work performed by

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

V. Work Authorization

A. \*Work authorized by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Division/Section Head and ES&H Section approval is required when the safety of a primary or high intensity secondary area is affected.

B. Stipulations imposed by Radiation Safety and/or Radiation Physics.

cc: Area Interlock Coordinator  
RSOs  
K. Vaziri  
D. Cossairt