

**FESHM 5031.6 DRESSED SRF CAVITY ENGINEERING NOTE FORM**

Prepared by:

Preparation Date:

SRF Cavity Title:

Lab Location / Cryomodule ID:

Purpose of system / System description:

Pressure Vessel ID Number:

Helium Volume

Design Pressure:

Design Pressure:

Design Temperature:

Design Temperature:

Beam Vacuum Volume

Design Pressure:

Design Pressure:

Design Temperature:

Design Temperature:

Materials:

Drawing Numbers (PID's, weldments, etc.):

Designer(s)/Manufacturer(s):

List Any Variations from Standard Fabrication:

Cavity Thickness and Surface Treatment:

Parent Engineering Note Number:

Relief calculations reference location, Helium volume:

Relief calculations reference location, Beam Tube volume:

**Additional Documentation Checklist**

Required per TD-09-005 "*Guidelines for the Design, Fabrication, Testing and installation of SRF Nb Cavities*". If documentation is not included here but is external file, include file name or Teamcenter number.

DOCUMENT	Included	External File Name, If Not Included	Not Applicable
Material Data (certification and traceability)			
Weld Documentation			
Weld Procedure Specification (WPS)			
Procedure Qualification Record (PQR)			
Welder Performance Qualification (WPQ)			
Weld Map			
Examination Reports (visual, dimensional, radiograph)			
Conformity Statements and/or Manufacturing Data Reports			
Non-Conformance Reports			

**Pressure Tests**

List all pressure tests above MAWP

Maximum Test Pressure	Test Documentation	Test Date

**Statements of Compliance**

SRF Cavity conforms to FESHM 5031.6 and is ***not exceptional***: Yes  No

Reviewer(s) Signatures:

Name	Signature	Date

D/S Head's Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Additional approvals if vessel is exceptional**

ES&H Director's Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_  
Print name: \_\_\_\_\_

Date: \_\_\_\_\_