

Integrated Work Management – Interim Process

Los Alamos National Laboratory
Effective Date: November 3, 2003

Mandatory Document

Integrated Work Document (IWD)

IWD Document #		Revision:
Work Document #: (HCP, WO, etc.)	Activity/Task Title:	



Integrated Work Document (IWD)

Part A

FMU:	TA:	Building:	Room:	Expiration Date:
Activity/Task Description:				
PREPARATION				
The signature(s) below signifies that Part B work steps/tasks, hazards and controls are of sufficient detail to safely perform the work.				
Preparer (Signature/Z #/Date) Required			SME (Signature/Z #/Date/Area of Expertise)	
SME (Signature/Z #/Date/Area of Expertise)			SME (Signature/Z #/Date/Area of Expertise)	
SME (Signature/Z #/Date/Area of Expertise)			FM POC (Signature/Z #/Date)	
VALIDATION				
The signature(s) below signifies that a pre-start validation of the IWD has been completed utilizing an activity walk-down, and confirms the following:				
<ol style="list-style-type: none"> 1. The necessary Subject Matters Expert(s) (SME) were involved in this process. 2. Steps/tasks have been identified in sufficient detail. 3. The work can be performed as written. 4. I am confident that the hazards have been identified. 5. I am comfortable that the controls are sufficient to perform the work safely. 				
Worker (Signature/Z #/Date/Area of Expertise) Required			Worker (Signature/Z #/Date/Area of Expertise)	
Worker (Signature/Z #/Date/Area of Expertise)			Worker (Signature/Z #/Date/Area of Expertise)	
FM POC (Signature/Z #/Date)			PIC (Signature/Z #/Date) Required	

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APPROVAL

The RDL approves the work in his/her facility prior to startup based on confidence that the work will be completed safely, following completion of pre-job briefing and work release.	RDL or Representative (Signature/Z #/Date) Required
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Condition or date when RDL re-approval is required.

PRE-JOB BRIEFING

By signing below, I agree to the following:

- I agree to follow the work steps and implement the controls as written.
- I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution.
- I am qualified and fit to perform the work.

Note: Supplemental signature sheets may be added as necessary.

Worker (Signature/Z #/Date) Required	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)

WORK RELEASE

By signing below, I have verified that the facility conditions are compatible with the work activity.

FM POC (Signature/Z #/Date)

By signing below, I have verified the following:

- The assigned workers have the authorization and training to perform the work safely.
- The IWD is adequate, and the worksite meets all conditions for startup and release.
- I have conducted the pre-job briefing, all workers have been briefed and, as necessary a pre-job walk-down has been completed.

PIC (Signature/Z #/Date) **Required**

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PRE-JOB BRIEFING, CONTINUATION SHEET

By signing below, I agree to the following:

- I agree to follow the work steps and implement the controls as written.
- I agree to stop work when conditions or hazards change or when I encounter unexpected conditions during the execution of work, or when work cannot be performed as written, or instructions become unclear during execution.
- I am qualified and fit to perform the work.

Worker (Signature/Z #/Date) Required	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
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Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)
Worker (Signature/Z #/Date)	Worker (Signature/Z #/Date)

WORK RE-RELEASE

By signing below, I have verified that the facility conditions are compatible with the work activity.

FM POC (Signature/Z #/Date)

By signing below, I have verified the following:

- The assigned workers have the authorization and training to perform the work safely.
- The IWD is adequate, and the worksite meets all conditions for startup and release.
- I have conducted the pre-job briefing, all workers have been briefed and, as necessary, a pre-job walk-down has been completed.

PIC (Signature/Z #/Date) **Required**

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Part B

Work Tasks/Steps Identify sequence of work steps/tasks.	Hazards, Concerns, and Potential Accidents Identify hazards for each task/step. Identify site hazards that could affect workers.	Controls, Preventive Measures, and Boundaries Specify controls for each hazard (e.g., lockout/tagout points, specific PPE, etc.).	Supplemental Documents List permits, operating manuals, and other reference procedures.	Training List training requirements.

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Part B (continued)

Work Tasks/Steps Identify sequence of work steps/tasks.	Hazards, Concerns, and Potential Accidents Identify hazards for each task/step. Identify site hazards that could affect workers.	Controls, Preventive Measures, and Boundaries Specify controls for each hazard (e.g., lockout/tagout points, specific PPE, etc.).	Supplemental Documents List permits, operating manuals, and other reference procedures.	Training List training requirements.