FORMAL WORK PACKAGE APPROVAL AND REVISION SHEET

FWP NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_ REVISION \_\_\_\_\_\_\_\_\_\_\_\_\_

TASK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LEAD DIVISION OR WORK CENTER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ORIGINATOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REVIEWED BY:

WORK CENTER PLANNER (REQUIRED IF
ORIGINATOR IS NOT A QUALIFIED PLANNER) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWC LPO or SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWC DIVISION OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWC LPO or SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWC DIVISION OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWC LPO or SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_ AWC DIVISION OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_

NRO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ P&E OFFICER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RADCON OFFICER or CRA \_\_\_\_\_\_\_\_\_\_\_\_\_

CHOP FOR FURTHER USE?\_\_\_\_YES\_\_\_\_NO

DIVISION LPO or LWC SUPERVISOR \_\_\_\_\_\_\_\_ LWC DIVISION OFFICER \_\_\_\_\_\_\_\_\_\_\_

APPROVED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 DEPT HEAD DATE

THIS STANDARDIZED FWP HAS BEEN VERIFIED TO BE THE LATEST REVISION AND CONTAINS THE CURRENT REFERENCES. THE RADCON OFFICER or CRA HAS/HAS NOT (CIRCLE ONE) VERIFIED THIS FWP FOR CURRENT RADIOLOGICAL CONDITIONS.

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LWC SUPERVISOR or LPO DATE

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

PLANNING OFFICER (IF APPLICABLE) DATE

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

REVISIONS, CHANGES AND SUMMARY: (APPROVAL SHEET) OR INSTRUCTIONS FOR ENTERING REVISION:

LTR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESCRIPTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE ENTERED\_\_\_\_\_\_\_\_\_\_\_

REVIEWED FOR SATISFACTORY COMPLETION AND CLOSEOUT

AWC LPO or SUPERVISOR\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LWC LPO or SUPERVISOR \_\_\_\_\_\_\_\_\_\_\_\_