# **Beam Shutter Permission (BSP) Checklist Beamline xx**  *03/2022*

Checklist for beamline staff, keep documentation for two years

**[ ] General**: **Each user** should have a DACHS card. Safety trainings are current (*Basic, PETRA III* and other modules like *Gases*, *Chemistry* etc., if applicable). Use personal DACHS Card only. D3 will archive access data to exp. hutch areas in accordance with data protection rules. **Red board** safetydeclaration: observe safety measures stated in the declaration, fill in phone number

 **The shift service during working hours: xxxx, Shift Service** x**3868** (17:00 and 01:00, weekends / holidays 9:00-00:00)

 **Information channels** about beam status, etc.

**[ ] Emergency and facility safety**: Fire alarm, electric emergency, sector emergency off, First Aid boxes and accident reports. Location of fire extinguisher, escape routes, evacuate by nearest safe exit, meeting point

Opening of magnetically locked doors (e.g. control hutch)

**Emergency phone number**: Fire/medical x**2500** (via mobile: **040- 8998-2500**), non-urgent technical issues: x**5555**

**[ ] Area search:**

##  Preparation of area, close all secondary doors

##  Initialize search via DACHS card, announcement area search, activation of light barrier, yellow signal

##  Search (Positions search and emergency off buttons, mirrors), bypassing light barrier, 5 sec, signal off

##  Closing of main door, terminate search (green button outside, identical DACHS card), signal red, optical and acoustical warning

##  Interruption of search (DACHS card, light barrier, one minute after start)

##  [ ] Interlock Control System (ICS)

##  Activate area (permit beam shutter operation)

##  Open beam shutter (requirements)

##  Close beam shutter

##  Deactivation (break interlock)

##  Check DACHS Button: controller reset, manual search workaround

##  [ ] Area specifics

##  (Laser interlock, robot, gas sensors, gas box f. toxic gases, press), media (water, gases, LN, He)

 **[ ] Beamline Operation**

 **Manuals, beamline documentation** location, vacuum Interlock (water, nitrogen, vacuum, valves)

 Monochromator set-up, sample storage/ waste removal

 **Post-experiment clean-up**

*I understand the instructions given to me on beamline operations and safety awareness.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **DACHS card Id.** | **PRINT User Name** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **DESIGNATED BSP TRAINERS for this beamline:** [ ] …………[ ] ………… [ ] ………………  | **Trainer’s Signature:** |