

EXPERIMENT ENCLOSURE SURVEY FORM

1. EXPERIMENT ENCLOSURE IDENTIFICATION:

SECTOR: _____ TYPE: _____ STATION ID: _____ CAT: _____ CUSTODIAN: _____

2. OPERATING PARAMETERS:

BEAM CURRENT: _____ mA BEAM MODE: WHITE _____ PINK _____ MONO _____

INSERTION DEVICE GAP: _____ mm ENERGY: _____ keV

SCATTERING DEVICE: MIRROR _____ CRYSTAL _____ BEAM STOP _____

MASK _____ SHUTTER _____ SLITS _____ OTHER _____

Mono Beam Characteristics

DETECTOR DESCRIPTION: _____

INCIDENT BEAM SIZE: _____ X _____ INCIDENT BEAM COUNT/SEC.: _____

DETECTOR PRE-AMP. SETTINGS: _____ GAS: _____

3. SURVEY LOCATIONS ON THE EXPERIMENT HALL:

DOORS: _____ WINDOWS _____ LABYRINTHS _____ EXIT PORT _____

BEAM TRANSPORT LINE PORT _____ PANEL/FLOOR INTERFACE _____

BEAM TRANSPORT: from _____ to _____ from _____ to _____

RATCHET WALL INTERFACE: FRONT _____ REAR _____ SURVEY ALIGN. PORT _____

MINIHUTCHs _____

4. SURVEY LOCATIONS ON ROOF:

ROOF PANEL/MEZZANINE WALL INTERFACE _____ LABYRINTHS _____

5. COMMENTS: _____

INSTRUMENT: _____ BACKGROUND: _____

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HEALTH PHYSICS: _____ DATE: _____

FLOOR COORDINATOR: _____ DATE: _____

PASS: _____ DUE DATE: _____

REVIEW REQUIRED: - SEE ATTACHED FOR DETAILS _____