

TANDEM FACILITY USER QUESTIONNAIRE

Organization: _____

Contact Person: _____ Telephone Number: _____

Purchasing Contact _____ Purchase Order # _____

Purpose of Use

SEU Testing? Yes _____ If Yes, D.E.S.C. parts? Yes _____ No _____

No _____ If No please describe _____

Hazards : Will the following hazards or dangers be present during your experiment?

1. Prior activation or contamination of your equipment or parts? Yes ___ No ___
2. Prior parts or equipment exposure to particle beams? Yes ___ No ___
3. Equipment contains or will you bring radioactive sources?(List all below) Yes ___ No ___
4. Dangerous voltages or Currents? (Provide working ranges.) Yes ___ No ___
5. Will you bring any equipment that contains PCBs? (List all equipment manufactured before 1981 for review, if necessary) Yes ___ No ___
6. Mechanical Hazards? Yes ___ No ___
7. Fire or Explosion Hazards? Yes ___ No ___
8. Compressed Gases? (List type and quantity) Yes ___ No ___
9. Lasers? (List type and power) Yes ___ No ___
10. Biological Hazards or Wastes? Yes ___ No ___
11. Is there a potential for any environmental releases? (Gaseous, liquid, or particulate) Yes ___ No ___
12. Chemical Hazards or Wastes? (List types and quantities of chemicals used) Yes ___ No ___
13. Other Safety Hazards Not Covered Above? Yes ___ No ___

If you answered Yes to any of the above questions, describe in the space provided below. (Attach additional sheets if necessary)

Will you be bringing any Vacuum Chambers, Heating or Cooling Systems, or Vacuum Feed-throughs? Yes ___ No ___

If yes, we request you submit detailed descriptions and/or drawings **prior** to your arrival to avoid problems or delays

Services Required Will you need any of the following:

- 1. Non-Standard Electrical Power? Yes ___ No ___
- 2. Water? Yes ___ No ___
- 3. Air? Yes ___ No ___
- 4. Equipment (power supplies, etc.)? Yes ___ No ___
- 5. Machine Shop Services? Yes ___ No ___

If you answered Yes to any of the above questions, describe in the space provided below. (Attach additional sheets if necessary.)

Attendees/Affiliation Please list all attendees and their affiliations below.

Arrival/Departure Dates? _____ **Local Accomodation Phone #** _____

Personnel Safety Information

- 1. Are there participants who would require physical assistance in case of building evacuation? Yes ___ No ___
- 2. Are there participants who would experience difficulty comprehending emergency instructions due to hearing or language considerations? Yes ___ No ___
- 3. Are there participants with medical implants that would be affected by strong magnetic fields? Yes ___ No ___

If you answered Yes to any of the above questions, describe in the space provided below. (Attach additional sheets if necessary.)

List of Ion Species Requested. _____

Expected Run Dates? (If stated on cover sheet, are they correct? Yes ___ No ___)

I understand that modification of BNL or other users' equipment is strictly prohibited without prior approval. Any modification requires approval of the Operations Supervisor and may require Tandem Safety Committee approval.

PLEASE NOTE:

IT IS IMPORTANT THAT ALL USERS REGISTER ON-LINE PRIOR TO ARRIVAL AT BNL.

This is a requirement, which is now a simple procedure, with the implementation of a lab-wide user database.

PLEASE NOTE THAT APPROVAL OF FOREIGN NATIONAL VISITORS REQUIRES AT LEAST 30 DAYS AND POSSIBLY AS LONG AS 90 DAYS FOR VISITORS FROM SENSITIVE COUNTRIES.

This registration is a one-time process which will result in the issuance of a visitor's ID badge for future use. If it is not accomplished prior to your arrival, you run the risk of not being allowed entrance to the BNL site.

In addition please visit the [BNL Training Website](#) to complete the following two required courses:

1. Guest Site Orientation(TQ-GSO)
2. General Employee Radiological Training(TQ-GERT)

We appreciate your cooperation. Thank you!

User Signature: _____ **Date:** _____
Please sign, date, and fax to (631) 344-4583 at least 1 week prior to run.

USERS, PLEASE DO NOT WRITE BELOW THIS LINE

Reviewed by TVDG Operations Supervisor, or Group Leader? Yes ___ No ___

Is there a need for a Tandem Safety Committee Review? Yes ___ No ___

_____ Date _____
 Authorized Signature

We require a completed copy of this form at least 7 days prior to the start of your run. Print a copy of this form, answer all the questions and FAX it to 631 344 4583.

If you need assistance in completing this form, please contact us at:

- | | |
|--|-------------------------|
| (631) 344-4581 | Voice |
| (631) 344-4583 | Fax |
| ccarlson@bnl.gov | e-mail to Chuck Carlson |
| sandylee@bnl.gov | e-mail to Sandy Asselta |