

TANDEM FACILITY USER QUESTIONNAIRE

Organization: _____

Contact Person: _____ Telephone Number: _____

Purchasing Contact: _____ Telephone Number: _____

Purchase Order # _____ Expected Run Dates: _____

Type of Work? **Proprietary** **Non-Proprietary (Tandem Open Data)**

Purpose of Use

SEU Testing? Yes ___ 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 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 below. (Attach additional sheets if necessary.)

Please list all attendees and their affiliations below.

<u>Attendees</u>	<u>Affiliation</u>	<u>BNL/Guest ID#</u>

Arrival/Departure Dates _____ Local Accommodation 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 below. (Attach additional sheets if necessary.)

List Ion Species Requested: _____

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 20 DAYS AND POSSIBLY AS LONG AS 30 DAYS FOR VISITORS FROM SENSITIVE COUNTRIES.

This registration is a one-time process that 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.

Our users must maintain and keep current their training status.

Returning users, please visit the [BNL Training Website](#) to view individual history and any required updates. New users, please visit the [Users' Center Training Website](#) to complete the following five required courses:

1. Cyber Security
2. Computer Use Agreement
3. Guest Site Orientation (TQ-GSO)
4. General Employee Radiological Training (TQ-GERT)
5. Basic Electrical Safety (HP-OSH-150A)

You may use either your GR # (digits only) or your permanent ID number issued to you via e-mail from the RHIC/AGS Users' Center to access these courses. Completing these requirements before your visit will enable you to make full use of your time at the TVDVG.

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.

We appreciate your cooperation. Thank you!

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 |

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 TVDVG Operations Supervisor, or Group Leader? Yes ___ No ___

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

Authorized Signature

Date _____