

University of Maryland Linac - Experimental Application

To be completed by Linac Staff.

Experiment #:	Approval Date:	Repeat Exp: Yes No
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Enter the experimenter details.

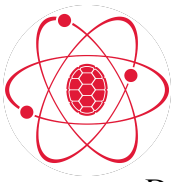
Applicant Name:	Phone:
Organization:	Email Address:
Principle Investigator:	Payment: PO KFS CC Other
Address:	

List personnel who will be present during the testing.

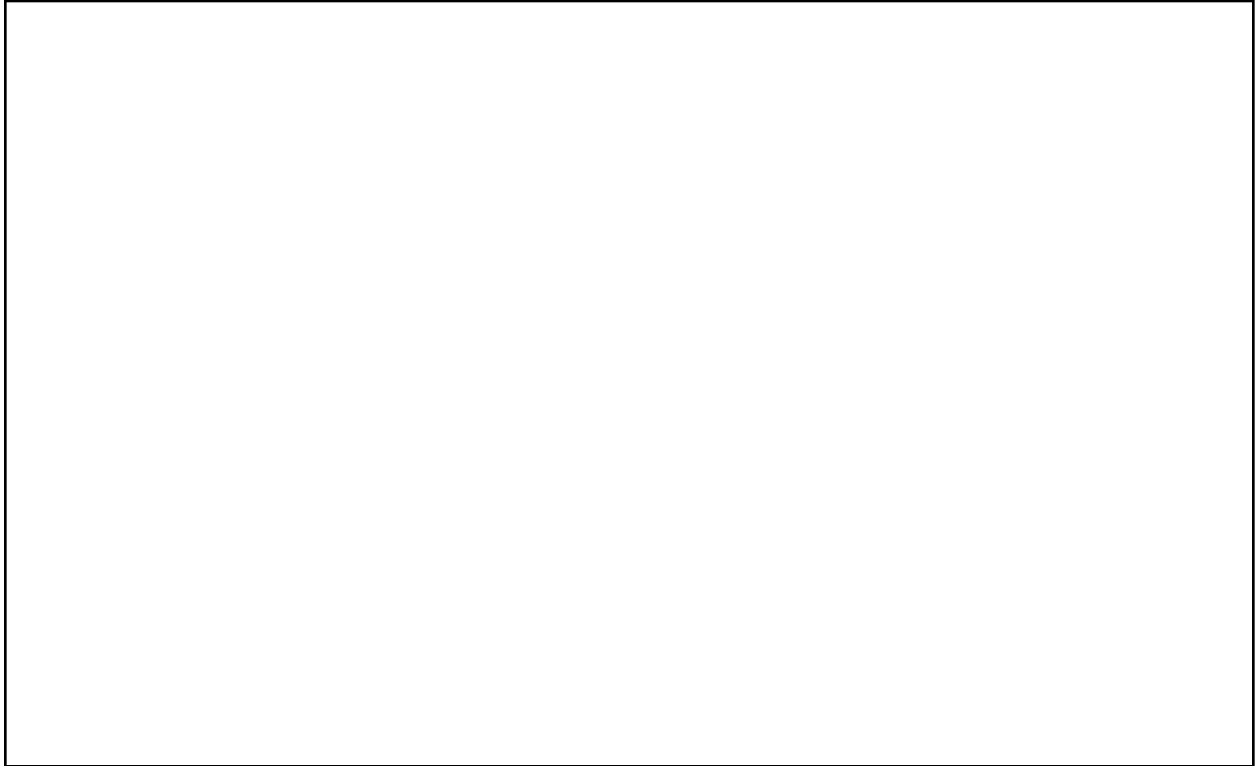
Name	Affiliation	Email

Provide a brief description of the experiment.

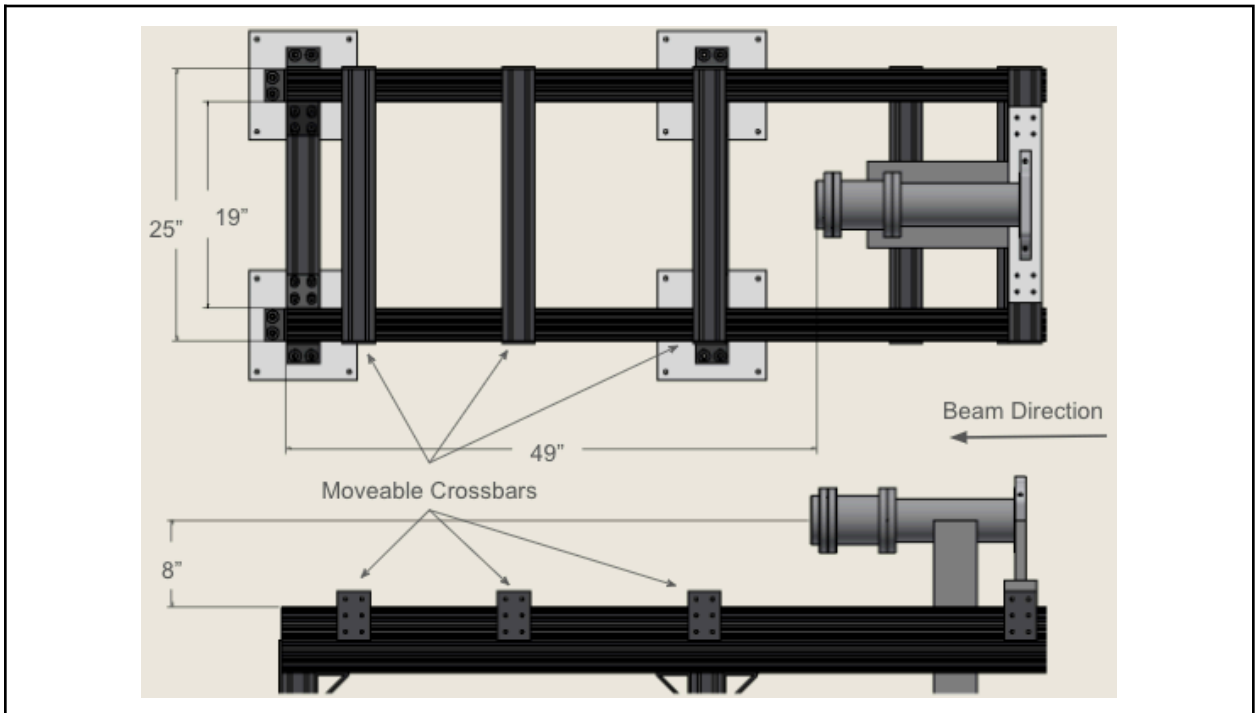
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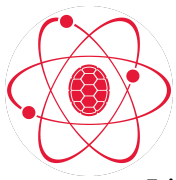


Describe the Test Plan including setup, takedown, irradiations, and other on-location testing. Include equipment that will be used. Attach additional pages if necessary. This will be used to generate your quote, please be as specific as possible.



Please diagram the placement of your experiment in the linac beam.



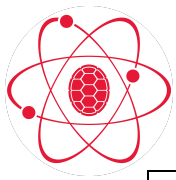


List all materials (and quantities) to be used in your experiment. List Target Material first and include all chemicals, gasses, sample materials, etc. Include SDSs when possible.

List any services such as signal cables, power, compressed air, or water that are required.

Does the experiment present any of the following hazards?

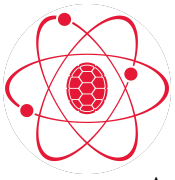
Hazard	Present	If yes, describe the hazard and its mitigation:
Will any hazardous chemicals such as acids, flammable gasses and solvents, heavy metals, etc. be used?	Yes No	
Are there any fire or explosive hazards associated with the work?	Yes No	



Hazard	Present	If yes, describe the hazard and its mitigation:
Could samples melt or shatter due to heating from the electron beam?	Yes No	
Will compressed or liquefied gasses be used?	Yes No	
Does the experiment have the potential to generate any gasses while being irradiated?	Yes No	
Does the work involve the risk of electrical shock or other forms of hazardous energy?	Yes No	
Does the task involve any biological materials?	Yes No	
Does the experiment involve any radioactive materials?	Yes No	
Does the experiment involve any potential exposure to non-ionizing radiation?	Yes No	
Are there any physical hazards associated with the experiment such as sharp edges, heavy lifts, or pressure vessels?	Yes No	
Will waste products require special handling or disposal requirements be produced?	Yes No	

List any personal protective equipment that will be required.

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Are there any other safety considerations for this experiment?

Form Completed by: _____

Signature: _____

Date: _____