UES TYPE C SURVEY INFO FORM

TO BE COMPLETED BY FLOOR COORDINATOR:

CCWP ICMS NUMBER: _____ VERIFIED STEP 5 HAS BEEN COMPLETED: _____
STATIONS APS DISABLED: _____

EXPERIMENT ENCLOSURE IDENTIFICATION:

SECTOR: _____ BM/ID: _____ STATION(s): _____

OPERATING PARAMETERS: PRELIMINARY SURVEY (if needed)

BEAM MODE: WHITE _____ PINK _____ MONO _____
ID GAP: _____ mm ENERGY: _____ keV

CONDITIONS NEEDED
FOR FINAL SURVEY: _____

_____ FC: _____ DATE: _____

OPERATING PARAMETERS: FINAL SURVEY

BEAM MODE: WHITE _____ PINK _____ MONO _____
ID GAP: _____ mm ENERGY: _____ keV

SURVEY LOCATIONS ON THE ENCLOSURE:

_____
_____
_____
_____
_____
_____
_____
_____

RETURN TO SERVICE:

SURVEY COMPLETED (HP): _____ DATE: _____

DEVICE/SYSTEM READY TO RETURN TO SERVICE, ON-LINE STATUS & APS ENABLE RESTORED:

FLOOR COORDINATOR: _____ DATE: _____