

Request for LINAC Operation

Request Date _____

Operation Date(s) _____

LINAC Start Time _____ (24 hour format)

Length of Operation _____ Hours

Target Request: _____

LINAC Parameters:

Pulse Width: _____ nS

Repetition Rate: _____ PPS

Approximate Energy: _____ MeV

Experiment Group: _____

Account Number: _____

Principal Experimenter¹ _____ / _____
(Print) (Sign)

(Phone) (Email)

Additional Comments/ Needs/ Special-Concerns:

LINAC Approval² _____ / _____
(Print) (Sign) (Date)

¹ The Principal Experimenter is the person coordinating all aspects of the Experimental Activities related for the LINAC Operation being provided.

² This form must be submitted to a member of the LINAC Staff and Approved before LINAC Services will be provided.