



# Cyclotron Beam Properties Request

Please submit copies to Driver Operations and Beam Delivery at least 14 days prior to scheduled beam time

## Experiment information

Number	Title					Facility	
Description							
Spokesperson for this run		Email		Office tel.	Home tel.	Other tel.	
Experiment safety coordinator		Email		Office tel.	Home tel.	Other tel.	
Local contact (if different from spokesperson)		Email		Office tel.	Home tel.		
Beamline	<input type="checkbox"/> 1A	<input type="checkbox"/> 1B	<input type="checkbox"/> 1U	<input type="checkbox"/> 2C1	<input type="checkbox"/> 2C4	For 2A use Document-26111	
Facility	<input type="checkbox"/> IPF	<input type="checkbox"/> M9	<input type="checkbox"/> M11	<input type="checkbox"/> M15	<input type="checkbox"/> M20	<input type="checkbox"/> PIF/NIF	<input type="checkbox"/> TNF/NIF

## Run overview / requirements

Start date:		Time:		End date:		Time:	
Beam current		Beam energy					
Special requirements							

## Other requirements or comments (Duty cycle requests | Interruption duration and time for other users)

## Submitted by

Name	Signature	Date
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## Ops use only

Safety approved by TSG?	S.A. expiry date
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## Additional information

This form (and any supporting documents) may be submitted by e-mail:

- Driver Operations: [driverops@triumf.ca](mailto:driverops@triumf.ca)