



Research Proposal for the use of Neutron Science Facilities (NS)

Proposal Number:
Date Received:

Fast Access Proprietary

Title:			
Continuation of Proposal #:			
Ph.D Thesis for:			
Topical Area:			
Flight Path/Instrument:			
Estimated Total Beam Time (days):			
Principal Investigator:			
Institution:			
Citizenship:			
Phone:			
Email:			
Local Contact:			
Co-Proposer	Institution	Citizenship	Email Address
Research Area			Funding Agency
<ul style="list-style-type: none"> <input type="checkbox"/> Astrophysics <input type="checkbox"/> Defense Science/Weapons Physics <input type="checkbox"/> Dosimetry/Medical/Biological <input type="checkbox"/> Earth/Space Sciences <input type="checkbox"/> Electronic Device Testing <input type="checkbox"/> Few Body Physics <input type="checkbox"/> Fission <input type="checkbox"/> Fundamental Physics <input type="checkbox"/> Instrument Development and Technique <input type="checkbox"/> Materials Property/Testing <input type="checkbox"/> Neutron Physics <input type="checkbox"/> Nuclear Physics/Chemistry <input type="checkbox"/> Nuclear/Accelerator/Reactor Engineering <input type="checkbox"/> Radiography <input type="checkbox"/> Reactions <input type="checkbox"/> Spectroscopy <input type="checkbox"/> Threat Reduction/Homeland Security <input type="checkbox"/> Other: 			<ul style="list-style-type: none"> <input type="checkbox"/> DOE/NA-10 (DSW) <input type="checkbox"/> DOE/NA-10 (Science Campaigns) <input type="checkbox"/> DOE/NA-20 (Non-Proliferation) <input type="checkbox"/> DOE/Nuclear Energy <input type="checkbox"/> DOE/Office of Science <input type="checkbox"/> DOE/Other <input type="checkbox"/> Industry <input type="checkbox"/> LDRD <input type="checkbox"/> University (non-SSAA) <input type="checkbox"/> University (SSAA) <input type="checkbox"/> Other: _____

Publications

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Brief Description

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Resources/Safety

Beam Parameters

- Standard WNR Target 4 (1.8 us micropulse spacing)
- WNR Target 2 / Blue Room
- Standard Lujan (20 Hz max. current)
- Other:

Linac Beam (steady, continuous beam)		
Sample Materials		
Sample Description/Chemical Name (ex: iron oxide)		
Mass (grams) OR Volume (cm ³)		
Chemical Composition of Sample (ex: Fe203) (ex: Fe203)		
Number of Samples with this Chemical Composition and this Mass or Volume		
Are sample containers required?	Yes	No
Physical State		
Sample Disposition		
Hazardous?	Yes	No
Radioactive?	Yes	No
User Supplied Equipment		
None	Other:	
Please Specify. Include electrical equipment with voltages > 50 V.		
Data Acquisition		
<input type="checkbox"/> No Data Acquisition Required <input type="checkbox"/> User Supplied <input type="checkbox"/> WNR Supplied		
Please specify data acquisition requirements or user equipment		
Facility Requirements or Modifications		
<input type="checkbox"/> Standard Configuration <input type="checkbox"/> Special Configuration (select all systems below that require non-standard configuration)		
air	cooling	user provided sample can
alarms	electrical	vacuum
beam lines	interlocks	other:
collimation	shielding	
control	shutters	

Hazard Concerns

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Hydrogen/deuterium/other flammable gases |
| <input type="checkbox"/> Biological hazards | <input type="checkbox"/> Lasers (>5 mw) |
| <input type="checkbox"/> Chemical hazards | <input type="checkbox"/> Low temperatures or cryogenics |
| <input type="checkbox"/> Compressed gases/high pressure (> 15 psi) | <input type="checkbox"/> Radio frequency/microwave fields |
| <input type="checkbox"/> Energized electrical equipment (exposed conductors) | <input type="checkbox"/> Radioactive material or sources |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Toxic gases |
| <input type="checkbox"/> High magnetic fields | <input type="checkbox"/> Unbound engineered nanoparticles |
| <input type="checkbox"/> High temperatures | <input type="checkbox"/> Vacuum or pressure vessels |
| <input type="checkbox"/> Hydraulic systems | <input type="checkbox"/> Waste (biological, chemical, radioactive, other) |
| | <input type="checkbox"/> Other |

Please provide details for all checked items

Waste Generation

- None or not sure
- Radioactive Waste
- Hazardous (chemical or other) Waste
- Mixed (hazardous + radioactive) Waste
- Nanoparticle

Storage and disposal path. For each generated waste please provide name of chemical, physical state, and quantity (ml, mg) of waste generated: Example: acetone 10 ml liquid

Special Procedures

- None - standard facility and flight path procedures only
- Not sure
- Special

Provide Details for Special Procedures:

Anticipated Personnel Dose Evaluations

- Don't know
- Less than 50 mrem
- Greater than 50 mrem

Please describe basis for dose estimate: