

<b>Experiment name (short):</b>		
OCL experiment number:		(Will be provided by OCL operators)
Name of person responsible for exp.:		
E-mail to responsible person:		

List <i>all</i> people participating in experiment, and their status:					
Name:	Affiliation:	Dosemeter <sup>1)</sup> :	Training <sup>2)</sup> :	Type of work <sup>3)</sup> :	Remarks

1) UiO = Has a UiO dosimeter; Need = does not have a dosimeter;  
 2) Indicate what kind of training each person has got: NONE = No training; GOSSA = General introductory training; SA-01 = OCL operator training (needed for access to cyclotron vault), SA-02 = training for entering unescorted to the OCL Experiment hall;  
 3) SR = Shift Responsibility (required in order to be alone in the OCL lab or in charge of cyclotron when machine is running); SRL = Shift Responsibility "Light" (can be alone in OCL, but not operate the cyclotron); P = Participant, not allowed to be alone in OCL lab or to operate the cyclotron.

Information about OCL Target and Beam			
Beam particle:		Beam intensity:	__ A (electrical)
Beam energy:		Beam size on the target :	
Target type(thickness) :		Experiment station:	

Schedule		
Preferred days/period:		
Days/period you cannot run:		
Must cyclotron operator be present at all time?		(yes or no)
Type of beam time:		(day/day+evening/continious)
Remarks/requests:		

Note that experimenters are required to prepare the experiment and tidy up afterwards themselves. If this requires access to experiment hall or cyclotron vault before and/or after experiment, this must be included in beam time schedule request.

If assistance from cyclotron operators are required for setting up or removing equipment or experiment jigs, this must be agreed upon *before* the experiment and clearly stated above.

**On the following pages, description of proposed experiment, safety hazard evaluation and any other relevant information should be given, as indicated by section headings.**

**Description of Experiment and Equipment:**

(Maximum one page):

## EHS and Radiation Safety

Below, give a general description of safety issues concerning the proposed experiment:

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### Safety Evaluation

Evaluate the risks involved in the experiment by grading each safety issue according to the seriousness of the event and likelihood that it will happen. Use the following grades:

Consequence: 4 = Critical; 3 = Dangerous; 2 = Minor injury; 1 = Not dangerous.

Probability: 5 = Extremely likely; 4 = Very likely ; 3 = Likely; 2 = Might happen; 1 = Unlikely.

### Concerning Radiation Safety:

Case:	Description:	Consequence:	Probability
A			
B			
C			
D			
E			
F			
G			
H			

### Concerning other Safety Aspects:

(E.g. high voltage/current, heavy equipment, vacuum, high pressure, very hot or cold liquids or surfaces, chemical hazards, etc.)

I			
J			
K			
L			
M			
N			

Place the Case letters in the matrix below according to Consequence and Probability!

	Not Dangerous (1)	Minor Injury (2)	Dangerous (3)	Catastrophic (4)
Extremely likely (5)				
Very Likely (4)				
Likely (3)				
Might happen (2)				
Unlikely (1)				

Decision by OCL board		
Experiment evaluated and accepted without modifications:		(yes/no)
Safety evaluated and found acceptable:		(yes/no)
All experimenters have required training (necessary training requirement(s) written in the Remarks column in the list of experimenters):		(yes/no)
Allocated Beam Time:		

If rejected, the following modifications must be done (resubmit beam-time request after modifications have been done):		(yes/no)
Issue 1		
Issue 2		
Issue 3		
Issue 4		
Issue 5		

Signatures:		
	Signature:	Date:
Cyclotron Operator:		
Radiation Protection Officer:		

For approved Beam-Time Requests please notice that experimenters are required to meet with the operators to discuss practical issues *on Wednesday at 11:00 the week before the experiment* (in the OCL office and meeting room). If this is not possible, make an alternate appointment.

Furthermore, a complete list of participating persons, with e-mail addresses, mobile phone numbers and other relevant contact information must be submitted.

For experiments running several shifts, a shift schedule indicating responsible shift experimenters and other experimenters must be submitted. It is the responsibility of the responsible experimenter to keep the list up-to-date at all times.