

EUROPEAN ORGANIZATION FOR NUCLEAR RESEARCH

[Proposal/Letter of Intent/Addendum ...] to the ISOLDE and Neutron
Time-of-Flight Committee

[title]

[submission date]

[author1]¹, [author2]^{2,3}, ...

¹ [affiliation1]

² [affiliation2]

....

Spokesperson(s): [name(s)] ([email])
Technical coordinator: [name(s)] ([email])

Abstract

[text]

6 pages maximum

Requested protons: [x] protons on target, (split into [y] runs over [z] years)

Experimental Area: [EAR1, EAR2 or NEAR]

[main text of the proposal]

6 pages maximum

Summary of requested protons:

.....

References:

....

Appendix

DESCRIPTION OF THE PROPOSED EXPERIMENT

Please describe here below the main parts of your experimental set-up:

| Part of the experiment | Design and manufacturing |
|---|---|
| <p><i>If relevant, write here the name of the <u>fixed</u> installation you will be using</i></p> <p>[Name <u>fixed/present n TOF installation</u>: e.g. TAC, C6D6, SIMON, uMegas, HPGe, GEAR-HPGe]</p> | <input type="checkbox"/> To be used without any modification <input type="checkbox"/> To be modified |
| <p><i>If relevant, describe here the name of the <u>flexible/transported</u> equipment you will bring to CERN from your Institute</i></p> <p>[Part 1 of experiment/ equipment]</p> | <input type="checkbox"/> Standard equipment supplied by a manufacturer <input type="checkbox"/> CERN/collaboration responsible for the design and/or manufacturing |
| <p>[Part 2 experiment/ equipment]</p> | <input type="checkbox"/> Standard equipment supplied by a manufacturer <input type="checkbox"/> CERN/collaboration responsible for the design and/or manufacturing |
| [insert lines if needed] | |

HAZARDS GENERATED BY THE EXPERIMENT

Additional hazard from flexible or transported equipment to the CERN site:

| Domain | Hazards/Hazardous Activities | | Description |
|--------------------------|---|--------------------------|-------------------------------|
| Mechanical Safety | Pressure | <input type="checkbox"/> | [pressure] [bar], [volume][l] |
| | Vacuum | <input type="checkbox"/> | |
| | Machine tools | <input type="checkbox"/> | |
| | Mechanical energy (moving parts) | <input type="checkbox"/> | |
| | Hot/Cold surfaces | <input type="checkbox"/> | |
| Cryogenic Safety | Cryogenic fluid | <input type="checkbox"/> | [fluid] [m ³] |
| Electrical Safety | Electrical equipment and installations | <input type="checkbox"/> | [voltage] [V], [current] [A] |
| | High Voltage equipment | <input type="checkbox"/> | [voltage] [V] |
| Chemical Safety | CMR (carcinogens, mutagens and toxic to reproduction) | <input type="checkbox"/> | [fluid], [quantity] |
| | Toxic/Irritant | <input type="checkbox"/> | [fluid], [quantity] |

| | | | |
|--------------------------------------|--|--------------------------|----------------------|
| | Corrosive | <input type="checkbox"/> | [fluid], [quantity] |
| | Oxidizing | <input type="checkbox"/> | [fluid], [quantity] |
| | Flammable/Potentially explosive atmospheres | <input type="checkbox"/> | [fluid], [quantity] |
| | Dangerous for the environment | <input type="checkbox"/> | [fluid], [quantity] |
| Non-ionizing radiation Safety | Laser | <input type="checkbox"/> | [laser], [class] |
| | UV light | <input type="checkbox"/> | |
| | Magnetic field | <input type="checkbox"/> | [magnetic field] [T] |
| Workplace | Excessive noise | <input type="checkbox"/> | |
| | Working outside normal working hours | <input type="checkbox"/> | |
| | Working at height (climbing platforms, etc.) | <input type="checkbox"/> | |
| | Outdoor activities | <input type="checkbox"/> | |
| Fire Safety | Ignition sources | <input type="checkbox"/> | |
| | Combustible Materials | <input type="checkbox"/> | |
| | Hot Work (e.g. welding, grinding) | <input type="checkbox"/> | |
| Other hazards | | | |
| | | | |