Brookhaven National Laboratory

ACCELERATOR FACILITY
SHIFT REQUEST FORM

Welcome

Please contact Mary Jane Ilardi (631-344-6361, milardi@bnl.gov) if you have questions or issues completing this form.

Date: Click or tap to enter a date.

First Name: Click or tap here to enter text.

Last Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Experiment Number: Click or tap here to enter text.

Select your required experiment resources:

Electron Accelerator	CO2 Laser	CO2 Laser and Electron Beam	Ultrafast Electron Diffraction
☐	☐	☐	☐

Preferred Shift Dates:

A shift is 8-hours and are only during week days (Monday thru Friday)

Preferred State Date: Click or tap to enter a date.

Preferred End Date: Click or tap to enter a date.

Please choose one option for your set up time:

Option 1 ☐

Only a small amount of time will be required and can be preformed by experiment group members during the designated beam time.

Option 2 ☐

More than 1-day and/or special equipment and/or AFD expertise will be needed. Please contact Kark Kusche (kusche@bnl.gov) for assistance.

Please provide any additional requirements or comments (optional):