PASS System
Proposal Allocation Safety Scheduling

NSLS
NATIONAL SYNCHROTRON LIGHT SOURCE
home

End of Run Forms

View Notes

Form ID:	10905
Beamline Used:	23-ID-1
Start Date:	11/9/2017
End Date:	11/15/2017

SAF No.:	301845
Time requested this cycle:	6
Time received this cycle:	6
Name:	N/A
Institution:	N/A
Guest Number:	N/A
E-mail:	N/A

This user does not wish to be contacted with a status report.

1) How satisfied were you with the fraction of the year that the facility operates?
very satisfied
Comments:
N/A

2) How satisfied were you with the Beamtime scheduled (i.e., was beamtime delivered on schedule were beamtime outages kept to a minimum)?
very satisfied
Comments:
N/A

3) How satisfied were you with the beam performance (i.e., was beam or service maintained close to specifications)?
very satisfied
Comments:
N/A

4) How satisfied were you with the support for users provided by the NSLS-II staff?
very satisfied
Comments:
N/A

5) How satisfied were you with the support for users provided by the beamline staff?
very satisfied
Comments:
N/A

6) Which of the following benefits have resulted or will soon result from your use of this facility this year?

Created new fundamental knowledge (i.e., basic research)
N/A

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7) How satisfied were you with the Safety Approval Form and the Beamline authorization processes?
very satisfied

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8) How satisfied were you with the quality of general training (NSLS-II safety orientation, GERT, Stop Work) and BeamLine Operations and Safety Awareness (BLOSA)?
very satisfied

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9) Are the training and safety procedures appropriate?
yes
If not, how would you change them? Write your recommendations for Training and Safety below:
Comments:
N/A

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10) What would you like the NSLS-II to do differently in the future that would assist users (not mentioned above)?
The guest house condition is dismal. Consider building a new accommodation facility.

☑ Flag this form for follow up

☐ Issue has been identified

☐ Issue has been resolved

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