PASS System
Proposal Allocation Safety Scheduling

NSLS
NATIONAL SYNCHROTRON LIGHT SOURCE
home

End of Run Forms

View Notes

Form ID:	10964
Beamline Used:	3-ID
Start Date:	1/2/2015
End Date:	1/2/2015

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?
satisfied

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

3) How satisfied were you with the beam performance (i.e., was beam or service maintained close to specifications)?
satisfied

4) How satisfied were you with the support for users provided by the NSLS-II staff?
satisfied

5) How satisfied were you with the support for users provided by the beamline staff?
satisfied

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

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

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)?
satisfied

9) Are the training and safety procedures appropriate?
yes

10) What would you like the NSLS-II to do differently in the future that would assist users (not mentioned above)?

☐ Flag this form for follow up

☐ Issue has been identified

☐ Issue has been resolved

Submit