

FEL LASING OPERATION PLAN



PROGRAM DEPUTY APPROVAL

Experiment has been approved by FEL Program Manager. User training has been verified as complete with Laser Safety Officer, ESAF approved, and Lab inspection Experimental Readiness Checklist completed by Laser Safety Officer.

FEL Facility Manager: _____ Date: _____

FEL Experiment ID# _____

NOTE: Information addressing the appropriate content of each of the following Sections can be found in Section 2.0 of the Test Plan Instructions.

Test Plan Title: _____

Author(s): _____

Date Submitted: _____

Revision Number: _____

Brief Purpose of Test

Anticipated Benefits

Beam Conditions Required

Complete all of the following tables, entering value or an "X" in the appropriate spaces

Laser Characteristics

Beam Type	Laser Power	Wavelength

Location of Test

Lab #	Pickoff Mirror #

*****The following three tables to be completed by the FEL Facility Manager*****

e-beam Characteristics

Beam Off	350 keV	10 MeV	42 MeV	Energy Recovery Dump

(Provide current, pulse characteristics, etc.)

Beam Termination Point (select one)

Inj. Dump	ER Dump	Straight Ahead Dump	Other (specify)

Experiment Limits

Power (W) CW/Pulsed	Wavelength(s)	Comment

These limits are not to be exceeded on this experiment without Facility Manager approval

Time Required

Preferred Time of Test

Staff Required to Execute the Test (including contact info)

Controlled Access Requirements

Hardware and/or Software Changes Required

NOTE: If software changes are part of the test plan, include the name of the application, the old revision level, the new revision level, and if applicable, whether or not it is possible to roll back to the old revision level (are there hardware limitations, etc.)

Setup Procedure

Test Procedure

Decommissioning/Shutdown Procedure (if necessary)