

Pelletron Linac Accelerator Facility
BARC – TIFR

Feed Back Form

Beam Schedule No.		Date	
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Name of Principal Investigator (PI)	Institution	Telephone No.	eMail Address

Expt Serial No.	Beam Started on (Date)	at (Time)	Beam Ended on (Date)	at (Time)

A. Total time (hours) of non-availability of beam from accelerator due to technical problems

Problems encountered during experiment due to non-functional accelerator facility or for related other reasons

B. Total time (hours) lost due to User side problems

Reasons of user side problems

C. Any other problem

Did all the members carry radiation badges while entering the radiation hazard area <Y/N>

Were the hazardous samples handled in conformity to the stipulated safety code <Y/N>

Were the hazardous samples carried back in conformity to the stipulated safety code <Y/N>

Any specific suggestions / comments

Overall Assessment of the experiment (choose one): **Very Good / Good / Satisfactory / Poor**

Name

Signature

Date