



## End-of-Experiment Survey Form

**Thank you** for completing the End-of-Experiment Survey Form. Check one answer for each question. Comments are especially useful (and necessary) when "low" or "high" ratings have been given. Please use the comments sections for this purpose.

To submit, click the "Submit by Email" button or click the "Print Form" button. You can send the printed form by fax to 631-344-3093, or mail to CFN User Administration, Brookhaven National Laboratory, Building 555, P.O. Box 5000, Upton, NY 11973.

If you have any questions, please contact CFN User Administration at 631-344-6266 or by email at [cfnuser@bnl.gov](mailto:cfnuser@bnl.gov).

### User Information

Name:	<input type="text"/>	Institution:	<input type="text"/>
Address:	<input type="text"/>		
Phone:	<input type="text"/>	Fax:	<input type="text"/>
Email:	<input type="text"/>		

### Experiment Information

Facility Used:	<input type="text"/>	Start Date:	<input type="text"/>	End Date:	<input type="text"/>
----------------	----------------------	-------------	----------------------	-----------	----------------------

Please rate your satisfaction level with each of the following statements.

- 1 = outstanding
- 2 = excellent
- 3 = satisfactory
- 4 = marginal
- 5 = unsatisfactory

1      2      3      4      5

#### A. Administrative Support

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Administrative processing of my experimental proposal                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The administrative support (registration, access, general info) prior to visit | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Check-in location: <input type="text"/>  |                       |                       |                       |                       |                       |
| 4. Check-in procedure   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Comments about administrative support:   |                       |                       |                       |                       |                       |

#### B. Environment, Safety, and Health

- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The Safety Approval Form and facility authorization processes  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. The quality and appropriateness of required safety training (Guest Site Orientation, Lab Standard, etc.) for laboratory access | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The quality and appropriateness of lab-specific CFN Operations and Safety Awareness (COSA) training                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. Are training and safety procedures appropriate?  Yes  No

5. If not, how would you change them?

6. Other comments about training and/or safety:

### C. Facility Service and Equipment

---

1. The scheduling process

    

2. The time allocated (number of days or e-beam hours ) for my experiment

3. The effectiveness and general support provided by the facility staff

    

4. User friendliness of the facility (i.e., documentation and user training)

    

5. The readiness of the facility and related equipment for your experiment

    

### D. Problems or Lost Time

---

1. Did you encounter any unforeseen problems during your experiment?  Yes  No

2. Did you lose time to an equipment-related problem? If yes, please explain.

### E. Data Acquisition

---

1. The arrangements for sending data home

    

2. Comments about data acquisition

### F. Suggested Facility/Equipment Improvements

---

1. What facility or equipment improvements, new instruments, would you like to see in the future?

2. With improvements suggested above, how much more utilization would you anticipate annually?

### G. User Amenities

---

1. Did you stay at BNL onsite housing during your visit to the CFN?  Yes  No

2. What amenities would you like made available at the CFN or onsite at BNL?

Please respond to the following questions by rating your satisfaction level with each of the following statements. **Responses to these questions are required by DOE.**

- 1 = very satisfied
- 2 = satisfied
- 3 = neither satisfied nor dissatisfied
- 4 = dissatisfied
- 5 = very dissatisfied
- 6 = NA

1      2      3      4      5      6

---

## H. Overall Success and Satisfaction

- |  |                       |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. How satisfied were you with the fraction of the year that the facility operates?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. How satisfied were you with the schedule or service (i.e., was the time or service delivered on schedule and was downtime kept to a minimum)?                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. How satisfied were you with the performance (i.e., was facility or service maintained close to specification)?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. How satisfied were you with the support for users provided by the facility staff?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Please rate your overall satisfaction   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. What was the subject of your use of this facility this year? Choose the subject that best applies.  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Basic research   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Applied research   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Developed a new or improved product, process, or technology  |                       |                       |                       |                       |                       |                       |
| 7. How do you intend on communicating the knowledge gained at this facility?   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Publish in peer-reviewed open literature   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Present findings at professional society meeting   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Acquired a patent  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Other benefits. Please specify. <input style="width: 400px;" type="text"/>   |                       |                       |                       |                       |                       |                       |
| 8. What additional benefits did you gain at this facility?   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Furthering the goals of the Department of Energy   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Obtained access to unique capabilities not available elsewhere (e.g., forefront experiments; one-of-a-kind instruments; distinctive materials or services) |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Experiments, increased multidisciplinary work; enabled a new approach within your discipline   |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Trained students (undergraduate, graduate, or postdoctoral associate)  |                       |                       |                       |                       |                       |                       |
| <input type="radio"/> Other benefits. Please specify. <input style="width: 400px;" type="text"/>   |                       |                       |                       |                       |                       |                       |
| 9. What would you like this facility to do differently?  |                       |                       |                       |                       |                       |                       |
|  |                       |                       |                       |                       |                       |                       |