RAPID TURNAROUND XAS PROPOSAL FORM

Application is good for one year from date of submission and is subject to staff review and approval. A one-page description of the planned work must be attached to this form and sent to Cathy Knotts, SSRL, 2575 Sand Hill Rd., MS 99, Menlo Park, CA 94025, or via e-mail to knotts@ssrl.slac.stanford.edu

SPOKESPERSON and COLLABORATORS: (list spokesperson first)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Full Institution Address</th>
<th>Work Phone</th>
<th>Fax Number</th>
<th>E-mail</th>
<th>Degree</th>
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</thead>
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PROPOSAL TITLE:

BRIEFLY DESCRIBE THE PROBLEM TO BE STUDIED: (Please limit to 300 words/2000 characters):

SCHEDULING INFORMATION:

<table>
<thead>
<tr>
<th>Samples:</th>
<th>Sample Concentration:</th>
<th>Energies/Edges:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crystal: Si(111) Si(220)</td>
<td>Orientation: phi=0 _ phi=90 _ no preference _</td>
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<tr>
<td>Lytle detector needed?: YES ( ) NO ( )</td>
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</tbody>
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Have you had previous experience at a synchrotron facility? □ YES □ NO If yes, where and when?
Have you had previous experience at SSRL? □ YES □ NO
Have you previously carried out XAS experiments? □ YES □ NO If yes, briefly describe level of experience on attached sheet.
Number of 8-hour shifts requested: ____ (Maximum for new user is 12 shifts; experienced user is 18 shifts)

POTENTIAL SAFETY CONCERNS OR HAZARDS:

Please complete safety questions below. Additionally, provide detailed safety procedures in proposal text.

CHEMICAL USE? ( ) NO ( )Yes
Substance: ___________________________________________________________________________________________
Common Name: _________________________________________________________________________________________

NANOSCALE MATERIALS USE? ( )No ( )Yes
- If yes, will there be open manipulation of nanoscale material samples at SSRL? ( )No ( )Yes
- If no, how are the samples contained?
- If yes, a safety plan must be submitted to the SSRL Safety Office for approval. See CDC/NIOSH website for guidance. http://www.cdc.gov/niosh/topics/nanotech/safenano/

BIOHAZARDOUS MATERIALS USE? ( )No ( )Yes
- If yes, what type _________ & what is the materials NIH classification _________________

USE TISSUE FROM HUMAN OR ANIMAL SUBJECTS? ( )No ( )Yes
- If yes, what type __________. *Please contact SSRL Safety Office for further guidance.

Revised 19-Dec-08
RADIOACTIVE MATERIALS USE? ( )No ( )Yes*
- If yes, what is the materials specific activity ________________________________________

*Radioactive substances may not be brought directly to SSRL. They first must be shipped or taken to Operational Health Physics, Bldg. 24, MS 84, 2575 Sand Hill Rd., Menlo Park, CA 94025, or contact Ray Russ at 650-926-4768.

LASER USE? ( )No ( )Yes
- If yes, ANSI classification: ________________Wavelength: ________________ Total power: ________________
Laser hazards controls you will apply:

HAZARDOUS EQUIPMENT/ELECTRICAL EQUIPMENT? ( )No ( )Yes
- If yes, describe hazardous/electrical equipment you will be bringing to SSRL. Indicate if it is a commercial product, certified, and if it has been altered in any way.

PRIVATE SECTOR RESEARCH: (Private sector research is subject to specific terms and conditions. SSRL must be reimbursed at full cost recovery.) Will private sector research be performed under this application? □ YES □ NO

REQUIRED FOR DOE/NIH REPORTING PURPOSES:

<table>
<thead>
<tr>
<th>RESEARCH AREA (check all that apply)</th>
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</thead>
<tbody>
<tr>
<td>Materials Science</td>
<td>Polymers</td>
</tr>
<tr>
<td>Physics</td>
<td>Medical Applications</td>
</tr>
<tr>
<td>Chemistry</td>
<td>Biological and Life Sciences</td>
</tr>
<tr>
<td>Other: (specify)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>FUNDING AGENCY (check all that apply)</th>
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<tr>
<td>DOE/BES</td>
<td>DVA</td>
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<tr>
<td>DOE/BER</td>
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<td>DOE Other: (specify)</td>
<td>NIH</td>
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<tr>
<td>DoD: (specify)</td>
<td>NIST</td>
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<tr>
<td>Other: (specify)</td>
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</table>

HAVE YOU RECEIVED BEAM TIME AT SSRL IN THE PAST? □ YES □ NO

IF YOU HAVE PREVIOUSLY RECEIVED BEAM TIME AT SSRL, HAVE YOU NOTIFIED SSRL OF ALL OF YOUR SSRL RELATED PUBLICATIONS, PATENTS AND/OR AWARDS? □ YES □ NO If not previously reported, list below or append to this proposal information on publications, patents, and awards that resulted from your prior beam time at SSRL (refer to lists at www-ssrl.slac.stanford.edu/pubs/):

IF YOU PUBLISHED RESULTS RELATED TO YOUR SSRL BEAM TIME, DID YOU ACKNOWLEDGE SSRL AND FUNDING SOURCES IN THESE PUBLICATIONS? □ YES □ NO (If not already done, please refer to instructions and sample acknowledgements at www-ssrl.slac.stanford.edu/pubs)