

ESAF SUBMISSION

CONTACT NARAYANASAMI SUKUMAR (sukumar@anl.gov) if you need any additional information.

The following important information are needed for the approval of ESAF

1. When the beamtime is allocated, an email (or two) from necatautoscheduler@anl.gov would be sent to you with a **subject APS / NE-CAT Beamline Scheduling Notification or APS / NE-CAT ESAF Reminder**. In these emails, there would a link which would pre-populate the ESAF for you. **Please use this link to create your ESAF.**
2. In “**GENERAL**” section, fill the experiment title, ESAF type, at-least one technique to be used for experiments (ex: Macromolecular Crystallography), appropriate subject areas, funding source(s) and the experiments are proprietary or not.
Users from academic lab - press “No” for proprietary. If you press “Yes” for proprietary, a popup window will request the account number to be used for beamtime charges and per centage of time for each account listed.
3. In “**EXPERIMENTERS**” section, list all the users who are going to perform the experiments (on-site or remote). Use “Find” at the first column to add users which would fill all relevant information including APS core training due date.

ESAF should be in PI name, even if he/she is not performing the experiments (user). If PI is not a user, “user type” (third column) corresponding to the name should be selected as “**OFF-SITE**”. Each group should have an experimenter as their spokesperson (OS). He/she should act as “Liaison officer” between user group and NECAT and coordinate their activities). There should be only one spokesperson per group.

IMPORTANT NOTE FOR REMOTE USERS

If you are planning to do “remote” data collection, change the “user-type” to “remote” at the “Experimenters” section. All the “remote” users should complete only required safety training “ESH223-Cyber Security Education and Awareness” before submitting their ESAF.

A spokesperson (OS) is needed for each group. The OS should sign electronically before submitting ESAF by clicking on the link “signature” (refer below figure).

An Electronic Signature is required for this ESAF. A person designated as an "OS" must provide the signature. Click to provide the [Signature](#).

Experimenters Coming to APS :

							Core APS Training (Due Date)									
							Grayed out training is not required for this experiment									
OS	User Type	Badge	First Name	Last Name	Affiliation	Home Employment Level	E-Mail	Phone	GERT	APS 101	ESH100U	Sector	ESH223 (U/A)	ESH327	Delete	
Principal Investigator																
<input type="checkbox"/>	Remote		PI NAME	PI NAME	Rockefeller University Search	Faculty / professional staff		Contact							Not Required	<input type="checkbox"/>
Other experimenters coming to the APS																
<input checked="" type="checkbox"/>	Remote		SPOKE	PERSON	Rockefeller University Search	Post-doc		Contact	04/04/2015	07/09/2015	07/09/2015			07/09/2015	Not Required	<input type="checkbox"/>
<input type="checkbox"/>	Remote		USER	NAME	Search											

- In “**DESCRIPTION**” section, provide information about the proposed experiments (about a paragraph). **Make sure beamline ID, start date, end date, start time and end time are appropriate at the top of this section.**
- If any group gets time at both beamlines (ID-C and ID-E) concurrently or subsequent days, check both “C” and “E” under “**Station**”. Add the start date and end date appropriate for both beamlines. **Only one ESAF is enough for beamtime at both beamlines.**
- In “**MATERIALS**” section, list the name of all the samples and quantity. **Only proper sample name along with source of expression (for example: Lysozyme expressed in E.Coli) will be accepted for approval of ESAF. If you like to keep the sample name “confidential” click “Y” at the last column corresponding to each sample name.**
- Press “**SUBMIT**” after completing all the necessary information.
- For detailed instructions click on http://www.aps.anl.gov/Safety and Training/Experiment Safety Approval Form/experiment_safety_approval_system_instructions.html