

**Princeton Plasma Physics Laboratory
NSTX Experimental Proposal**

Title:

OP-XP-

Revision:

Effective Date:

(Ref. OP-AD-97)

Expiration Date:

(2 yrs. unless otherwise stipulated)

PROPOSAL APPROVALS

Author:

Date

ATI - Task Force Leader:

Date

RLM - Run Coordinator:

Date

Responsible Division: Experimental Research Operations

Chit Review Board (designated by Run Coordinator)

MINOR MODIFICATIONS (Approved by Experimental Research Operations)

Title

1. Overview of planned experiment

Describe the scientific goals of the experiment.

2. Theoretical/ empirical justification

Brief justification of activity including supporting calculations as appropriate

3. Experimental run plan

Describe experiment in detail, including decision points and processes

4. Required machine, NBI, RF, CHI and diagnostic capabilities

Describe any prerequisite conditions, development, XPs or XMPs needed.
Attach completed Physics Operations Request and Diagnostic Checklist

5. Planned analysis

What analysis of the data will be required: EFIT, TRANSP, etc.

6. Planned publication of results

What will be the final disposition of the results; where will results be published and when?

PHYSICS OPERATIONS REQUEST

Title:

XP No.:

Machine conditions (indicate range where appropriate):

TF: Flattop (kA) _____ Flattop start/stop (s) _____

I_p: Flattop (kA) _____ Flattop start/stop (s) _____

Position: R (m) _____ Z (m) _____ Inner wall / Single null / Double null

Gas: Prefill _____ Puff _____

NBI: Power (MW) _____ Start / stop (s) _____ Voltage (kV) _____

RF: Power (MW) _____ Start / stop (s) _____ Frequency (MHz) _____

CHI: Off / Start-up / Ramp-up / Sustainment

If this is a continuation of a previous run or if shots from a previous run are similar to those needed, provide shot numbers for setup

If shots are new and unique, sketch desired time profiles and shapes. Accurately label the sketch so there is no confusion about times or values. Attach additional sheets as required.

DIAGNOSTIC CHECKLIST

Title:

XP No.:

		Need	Desire	Special requirements
Magnetics	Flux loops, B-coils			
	Passive plate diag.			
n_e and T_e	Interferometer			
	Thomson Scattering			
T_i	CHERS			
	NPA			
Spectroscopy	H			
	SPRED (UV)			
	VIPS (H/D ratio)			
	X-ray PHA			
	Visible Bremsstrahlung			
Particles	NPA			
Fluctuations	Mirnov Coils			
	X-ray Array			
	Reflectometer			
Edge	Bolometer			
	Plasma TV			
	IRTV			

PPPL EXPERIMENTAL PROPOSAL REVIEW CHIT Chit No. _____

XP TITLE: _____ XP No. _____

PROPOSER: _____ DATE OF REVIEW: _____

COMMENT / CONCERN / RECOMMENDATION

Name _____

REVIEW BOARD COMMENT / RECOMMENDATION

REQUIRES ACTION / NO ACTION REQUIRED / OTHER _____

Run Coordinator _____ Date _____

PROPOSER'S RESPONSE

Proposer _____ Date _____

RUN COORDINATOR REVIEW OF RESPONSE

APPROVE / DISAPPROVE RESPONSE

Run Coordinator _____ Date _____