**Proposal for ECAC Instrument/ Laboratory intercomparisons**

# *Principal Investigator*

|  |  |
| --- | --- |
| Family name, given name: |  |
| Home institution: |  |
| Address, City: |  |
| Country: |  |
| Phone: |  |
| E-Mail: |  |

# *Workshop+Instrument Information*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Workshop  number: |  | | | |
| Workshop dates: | Start date: |  | End date: |  |
| Type: | New Instrument:   * Calibration/ Intercomparison * Inter-Laboratory- comparison * On-site-Intercomparison & Audit   Recurrent Instrument/Laboratory comparison | | | |
| Instrument calibration/intercomparison:  Type, brand, model No., Serial No., ACTRIS or GAW standard? | |  | | |
| Inter-Laboratory comparison:  Thermal protocol, optical correction, range of loading, punch size, etc. | |  | | |
| On-Site Intercomparison:  Type, brand, model No., Seri-al No. of MPSS or CPC | |  | | |
| Date of last intercomparison: | |  | | |
|  | |  | | |
| **Observational site** | | | | |
| Location (town, country): | |  | | |
| Altitude (in m a.s.l.): | |  | | |
| Geographical. Coordination (lat, long): | |  | | |
| Additional information *(max. 150 words)*: | | | | |

# Participant (for Intercomparison Workshop)

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| --- | --- |
| Family name, given name: |  |
| Home institution: |  |
| Address, City: |  |
| Country: |  |
| Phone: |  |
| e-Mail: |  |

# *Application guidance notes*

1. The **Principal Investigator** is the person in charge of the instrument.
2. **Workshop number**: please insert the project number given for the calibration / Laboratory intercomparison (list is given at the ACTRIS website) you are applying for. This number identifies each TNA throughout application, selection, reporting, publication, etc.
3. **Workshop start/end dates**: first and last days of the workshop.
4. **Additional information**: Here you have space to include additional information. You can give a short description of the scientific reason behind the request. State, if possible, whether the instrument is operating under ACTRIS or GAW guidelines and make some comments whether the instrument is/will be used as a standard or within atmospheric measurements. Please limit the text to the recommended length. If required, you may add supplementary information in the E-mail to the office.
5. **Observational site**: please give the required information about the station the instrument is working at.