**Proposal for ECAC Instrument/ Laboratory intercomparisons**

# *Principal Investigator*

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

# *Workshop+Instrument Information*

|  |  |
| --- | --- |
| Workshopnumber: |  |
| 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)

|  |  |
| --- | --- |
| 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.