

Test Beam Experiment at DESY II

Beamline 21

Experiment/Group: CMS OT 2S

Responsible Person(s): Doris Eckstein

Cell phone:, while at DESY:

Technical Acceptance (Techn. Abnahme)

Technical Acceptance by Testbeam coordinators _____ (Signature)

and optionally by D5 (DESY Safety Group) _____ (Signature)

Safety key for Interlock

received: _____

returned: _____

Assigned Test Period

Signature of the DESY test beam coordinator