



INSTRUCTIONS: Equipment Site managers are requested to evaluate research proposals to utilize their site to assure policy compliance with respect to feasibility, safety, budget, and schedule (but not on the technical merit) of the proposed experimental plan. The intent of this "Equipment Site Policies Compliance Check (ESPCC)" process is to assure that staff of the NEES Equipment Site(s) identified in a proposal have a clear understanding of the anticipated scope of work, are well positioned to deliver the experimental services that are expected, and that any potential concerns regarding equipment capabilities, safety, schedule, or budget are identified and clarified up front in the planning stage of the research. This form should be completed electronically, saved, and returned via email to the NEEScomm Director of Site Operations.

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| PROPOSAL INFORMATION | NSF Proposal No.: | Proposal Title: | | |
| | PI's/Co-PI's: | Proposing Institution: | | |
| | NEES Equipment Site(s) to be used: | | (3) | (please select) |
| | (1) (please select) | (4) | (please select) | |
| | (2) (please select) | | | |

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| EQUIPMENT SITE EVALUATOR | Equipment Site Compliance Evaluator: | Equipment Site: (please select) | Evaluation Date: |
| | Phone: | Email Address: | |
| | Address: | | |

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| COMPLIANCE CHECK: FEASIBILITY | Is the proposed test plan feasible (i.e. within the capabilities of the staff, facility, equipment, data acquisition, and instrumentation)? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |

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| COMPLIANCE CHECK: SAFETY | Does the proposed test plan meet the safety standards established by the Equipment Site? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |



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| COMPLIANCE CHECK: BUDGET | Does the proposed budget adequately account for all costs (in excess of standard operations and maintenance) that will be incurred by the Equipment Site from the proposed research? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |

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| COMPLIANCE CHECK: SCHEDULE | Does the duration and schedule of the proposed test plan adequately reflect the effort involved and site availability? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |

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| COMPLIANCE CHECK: DATA | Is the proposed plan for telepresence, data acquisition and data archiving/storage compatible with resources available at the site?? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |

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| COMPLIANCE CHECK: OTHER | Do you have any other comments or concerns that affect the performance of this research at your site? |
| | Recommendation: (please select) <i>(Please identify REQUIRED versus RECOMMENDED revisions if applicable)</i> Comments: |