Materials Science and Engineering
XRD Equipment Authorization and Training Certification

☐ New Authorization
☐ FAU Change

PI’s Department: _____________________________________________ Date: _________________________

I, (Printed Name of PI or Advisor) _____________________________________________________, authorize:

Employee/Student (Printed Name of User): _______________________________________________________

Employee/Student’s Department: _______________________________________________________________

☐ Graduate Student  ☐ Undergraduate  ☐ Post-Doc  ☐ Other: ______________________________

Employee/Student E-mail: _______________________________________ Phone: ______________________

☐ To obtain training and authorize scheduling time on XRD equipment in MSE
☐ I certify that the employee listed on this form has received the following training:
  o Laboratory Safety Orientation (Fundamentals) 2013 Training
  o Hazardous Waste Management Training
  o X-Ray Safety Training
  o Compressed Gas Safety

☐ I certify that I and the employee have read and understand the MSE XRD Policies and Regulations

FAU for use of Facility and Training Charges:

Activity: _____________________________________ Fund: _________________________________

Function: _____________________ CC: ________________________ PC: ______________________

__________________________________________ ____________________ ___________________
Signature of PI (or Advisor) Signature of PI’s Dept. Management Services Officer or Financial Administrative Officer

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FOR ADMIN USE ONLY:

☐ Photo on file
☐ Lab walkthrough with Lab Manager
☐ User has signed Laboratory Safety Manual or XRD Training Sheet

Lab Manager Signature (or initials): __________________Date: __________________

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