

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:

- Laboratory Safety Fundamentals
- Hazardous Waste Management
- Radiation Safety For Users of Radiation Producing Machines
- 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: _____