Materials Science and Engineering
Thin Film XRD Equipment Authorization and Training Certification

☐ New Authorization  ☐ COA 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: ______________________

Expected Graduation or Departure Date of Employee/Student: ___________________________

☐ To obtain training and authorize scheduling time on Thin Film XRD equipment in MSE

☐ I certify that the employee listed on this form has received the following training:
  o Laboratory Safety Fundamentals
  o Hazardous Waste Management
  o Radiation Safety For Users of Radiation Producing Machines
  o Compressed Gas Safety

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

COA for use of Facility and Training Charges:

Entity: _______________ Fund: _______________ Activity: _______________ Function: _______________

Program: _______________ Project: _______________ Flex 1: _______________ Flex 2: _______________

__________________________________________  _______________________________________
Signature of PI (or Advisor)  Signature of PI’s Dept. Financial Analyst or Financial Administrative Officer

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NOTES (FOR ADMIN USE ONLY):