

Materials Science and Engineering

Netzsch TGA & DSC Equipment Authorization and Training Certification

New Authorization FAU Change TGA only DSC only TGA + DSC training

PI 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: _____

NetID: _____ ENGR Username: _____

- To obtain training and authorize scheduling time on the Netzsch TGA and DSC equipment in MSE
- I certify that the employee listed on this form has received the following training:
 - Laboratory Safety Orientation (Fundamentals) 2013 Training
 - Hazardous Waste Management Training
 - Compressed Gas Safety
- I certify that I and the employee have read and understand the MSE TGA & DSC Policies and Regulations

I, the PI, certify that I will be responsible for any damages to the Netzsch TGA and/or DSC if my employee is found to be at fault (but not limited to) for the following:

- Damage to thermocouple by spilling or depositing sample onto sensors
- Damage to chamber cells by coating surface with sample vapor or residue
- Unauthorized tampering with gases such as regulator adjustment or plumping
- Failure to flow protective and purge gases to protect chamber cells during experiments
- Use of incompatible crucibles or pans on the Auto Sampler Changer (ASC)
- Unsafe or inappropriate temperature programs
- Unauthorized attempt to fix or modify the instrument

CHECK HERE IF FAU ACCOUNT CHARGED IS THE **SAME** FOR TGA AND DSC

CHECK HERE IF FAU ACCOUNT CHARGED IS **DIFFERENT** FOR TGA AND DSC

FAU for use of Facility and Training Charges for the **TGA ONLY (or both TGA and DSC):**

Activity: _____ Fund: _____

Function: _____ CC: _____ PC: _____

Signature of PI (or Advisor)

Signature of PI's Dept. Management Services
Officer or Financial Administrative Officer

FAU for use of Facility and Training Charges for the **DSC ONLY:**

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

Lab Manager Signature (or initials): _____ Date: _____