

Materials Science and Engineering

Netzsch TGA & DSC Equipment Authorization and Training Certification

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

Date: _____

I, (Printed Name of PI) _____, authorize:

Employee/Student (Printed Name of User): _____

Employee/Student Department: _____

Graduate Student Undergraduate Post-Doc Other: _____

Employee/Student E-mail: _____

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

PI Department: _____

Printed Name of PI: _____

Phone Ext: _____

Date: _____

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**

Activity: _____ Fund: _____

Function: _____ CC: _____ PC: _____

Signature of PI

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

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