

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 Orientation (Fundamentals) 2013 Training
- Hazardous Waste Management Training
- X-Ray Safety Training
- 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: \_\_\_\_\_