

AIMS USER REGISTRATION FORM 2022-2023



| Name: | | | | | | Date: | |
|--|--|--|--|--|---|--|---|
| Department: | | | | | | CC Centre: | |
| Group: | | | | | | CF Centre: | |
| Phone: | | | | | | Fund: | |
| Email: | | | | | | _ | |
| Training: | API4000 | ☐ Hours | | Date | | - | |
| | QStarXL | | | | | _ | |
| | MALDI-TOF | | | | | _ | |
| | MALDI-TOF | | | | | _ | |
| Instrumen | t Use and | Care | | | | | |
| observe care: document in instrument b Any damage of be the response | fully the ap the logbook e left in wo done to the onsibility o | propriate pra details of rking order a equipment re | their act and that as sulting frand his or | use and ivities my problo om negle ther fa | care of the on the mass ems be reported, improper culty supervises. | instrumentation. spectrometer. It ed promptly to the use or chemical | training for and to Users are required to is expected that the a Laboratory Manager. incompatibility shall that repairs may be |
| | Use | r Signature | | | Re | esearch Director | |
| | | | KEY-1 | FOB R | EQUEST | | |
| Facility 2 | Access | | | | | | |
| Chemistry i ensuring t security or | in consulta hat indiv f the fac | tion with idual users cility and | the Labor s follo reporti | ratory w app ng unau | Manager. Me ropriate p thorized ac | mber groups are procedures for | are issued on an |
| - | | - | = | | _ | posit required) a | and can be access may revoked |

at the discretion of the Laboratory Manager to maintain compliance with Departmental Policies.

I acknowledge having read this notice and accept the above conditions:

User Signature

Research Director