

CAAAM LAB BASIC INSTRUMENTATION TRAINING / ACCESS REQUEST FORM

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

INSTRUMENT

User Information

Date

User Name:

Email:

EUID:

Phone #

Academic Level/Position:

Department/Company:

Advisor's Name:

Advisor's Signature:

CAAAM Director's Signature:

The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument.

TRAINING INFORMATION:

Do you have any previous experience operating this type of instrument? If yes, please explain.

Yes No

What materials do you anticipate analyzing with this instrument?

How often do you anticipate using this instrument during the week?

Deliver the completed & signed form to CAAAM, Discovery Park E-180P