

# MSERF External Academic/Industrial User Account Request Form

## Section 1

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Department/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Project name: \_\_\_\_\_

(Academic only)

Principal Investigator (PI): \_\_\_\_\_

PI Email: \_\_\_\_\_

What is your title/position: *(please check one)*

- University Student
- Post Doctoral Fellow
- Professor/Academic Staff
- Other: \_\_\_\_\_ *(specify)*

- Remote work (processing performed by MSERF staff) – skip **Section 2**
- On-site work (processing performed by outside user with assistance from MSERF Staff)

**Project description:** Provide process descriptions so that we may determine compatibility of process within the facilities. All materials used in the processes must be listed. New and unusual materials will be reviewed for compatibility by the oversight committee. Be as detailed as possible and attach documents as needed. BEFORE YOU MAY BEGIN WORK AT YOU MUST SCHEDULE A MEETING WITH A MEMBER OF STAFF TO DISCUSS YOUR PROCESS.

\_\_\_\_\_  
\_\_\_\_\_

I agree that if I start a new project I will meet with MSERF Staff to discuss the new project details, and obtain any necessary training or equipment access.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Section 2

### **UNF Environmental Health & Safety Training Verification**

Basic understanding and adherence to UNF laboratory safety policies and procedures is required to perform work in MSERF.

UNF laboratory safety manual –

*(Initial and Date each item below)*

- |   | Initials | Date  |
|---|----------|-------|
| • Read and understand the UNF Laboratory Safety Manual? | _____    | _____ |

### **Equipment Use Agreement**

I agree that before using any process tool or instrument within the MSERF I will read the SOP (Standard Operating Procedure).

Signature \_\_\_\_\_

I agree that before using any process tool or instrument within the MSERF I will receive “hands on” tool operation training from MSERF Staff.

Signature \_\_\_\_\_

I also understand that I may not adjust equipment parameters that are not covered in the SOP unless instructed to do so, or assisted by MSERF Staff.

Signature \_\_\_\_\_

### Section 3

#### Faculty Approval (for Academic user/account)

The applicant will be working under my supervision. This user authorization only permits work by the above named user while s/he is a resident of the above academic institution. I understand that it is my responsibility to notify MSERF Staff of the completion of this work or of the completion of this user's term, which ever comes first.

Faculty Member (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Billing Information (required for both Academic and Industrial accounts)

Institute/Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Fiscal Contact name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Applicant Signature

I agree to abide by all policies and instructions contained therein regarding the use of MSERF. Failure to read and understand the policies, and failure to act in a safe and courteous manner exposes me to dismissal from the facility without recourse. All personal information contained on this application is correct.

Signature of User: \_\_\_\_\_ Date: \_\_\_\_\_

*\*please don't write below this line*

#### MSERF Staff Approval

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MSERF Admin assigned user ID: \_\_\_\_\_