Biophysics Instrumentation
Core Facility
Access Form

Full Name: _____________________________________________________________

Email: _____________________________________________________________

ND ID Number: _______________________________________________________

PI Name: ___________________________________________________________

Lab Phone Number: ___________________________________________________

FOPAL Number: _______________________________________________________

Instrument Required: _________________________________________________

Have you been trained to use the instrument required?  YES  NO  PENDING

Have you completed RMS training?  YES  NO

Date of most recent training: ________

- Please be aware that you will be charged for instrument use. Also, you may be financially responsible for any instrument repair due to incorrect operation.
- Signing in for instrument use is required. Failure to sign in could result in loss of instrument access.
- Closed toed shoes, long pants/skirt and appropriate PPE must be worn at all times in the facility. No food or drink (including water) is allowed in the facility.

PI Name: ___________________  PI Signature: ___________________  Date: ____________

User Name: ___________________  User Signature: ___________________  Date: ____________