Full Name: ____________________________________________________________

Email: ____________________________________________________________________________

ND ID Number: ____________________________________________________________________________

PI Name: ____________________________________________________________________________

Lab Phone Number: ____________________________________________________________________________

FOPAL Number: ____________________________________________________________________________

Instrument(s) Required: ____________________________________________________________________________

Have you been trained to use the instrument(s) 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.
- Please acknowledge the BIC Facility in all publications that involve the use of facility instrumentation.
- 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.
- Users must follow all posted social distancing policies.

_________________  _____________________  ___________
PI Name             PI Signature        Date

_________________  _____________________  ___________
User Name            User Signature       Date