

UCSC NMR FACILITY SAFETY RULES & USE POLICY FOR WORKING IN LARGE MAGNETIC FRINGE FIELDS

I HAVE READ AND UNDERSTOOD THE NMR POLICIES AND TRAINING POLICIES

Signatures of User and Faculty Advisor

NMR USER _____

Date: _____

SUPERVISOR APPROVAL _____

Date: _____

User Information

Name (print): _____

UCSC E-mail: _____

Lab Phone: _____

Cell: _____

Supervisor (print): _____

Academic Status:

___ Undergraduate Student ___ Graduate Student ___ Exchange Student

___ Postdoc ___ Faculty/Staff ___ Other _____

Prior experience with NMR Spectrometer

___ None ___ Some ___ A lot

Spectrometer used previously if applicable

___ Varian/Agilent ___ Bruker ___ Others

Expected frequency of spectrometer usage

___ At least once a week

___ Once every month

___ Once every few months or longer

For UCSC NMR Facility Use Only

User ID: _____

Date of initial training: _____

Date of training completed: NMR500 _____ Miracle _____ Plumeria _____

NMR Facility Manager Signature _____