

## Indiana University Physical Biochemistry Instrumentation Facility

### Training Request Form

In order to access any of the instruments housed in the Facility, each user must complete a training course on the instrument needed for use. Please fill out the form below and submit to the Facility Manager, or for after hours submission, simply email to [tstone@indiana.edu](mailto:tstone@indiana.edu).

Name	
Phone	
E-mail Address	
Mailing Address	
Faculty Sponsor	
Phone	
E-mail Address	
Billing Address	
Account # to be billed	
Instrument desired for Training	
Brief description of application	
Sample description	
Safety issues with sample	

Other issues or pertinent information:

Sponsor Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Once training has been successfully completed, you will be given a computer account in the Physical Biochemistry Instrumentation Facility, which will be linked to your billing information. If you have questions, please contact:

Todd A. Stone, Ph.D.  
Facility Manager  
Physical Biochemistry Instrumentation Facility  
Indiana University  
(812) 856-7505  
tstone@indiana.edu

## Indiana University Physical Biochemistry Instrumentation Facility

### Release Form

In order to access any of the instruments housed in the Facility, each user must agree to abide by the rules and regulations of the Facility and the directions of the Facility Manager, Director, and Faculty Executive Committee. Please fill out the form below and submit to the Facility Manager, or for after hours submission, simply email to [tstone@indiana.edu](mailto:tstone@indiana.edu).

1. I hereby acknowledge that I have completely read and understood the terms and conditions set forth for instrument training, use, billing, and reservations as stated in the Indiana University Physical Biochemistry Instrumentation Facility User's Guide.

Yes  No

2. I agree to abide by all rules, regulations, and policies of the Indiana University Physical Biochemistry Instrumentation Facility as well as the directions of the Facility Manager, Director, and Executive Committee.

Yes  No

3. I acknowledge that I will be held responsible for damages to any equipment or accessories falling under the governance of the Facility, and that all expenses related to repair or replacement of equipment will be provided by me or my Faculty Sponsor immediately.

Yes  No

Print Name	Signature	Date
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Print Faculty Sponsor Name	Signature	Date
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## Indiana University Physical Biochemistry Instrumentation Facility

### Technical Problem / Damage Report

If you have encountered damage to or problems with an instrument or accessory, please fill out the form below and submit to the Facility Manager, or for after hours submission, simply email to [tstone@indiana.edu](mailto:tstone@indiana.edu), and post an "Instrument Inoperative" notice on the equipment.

Name	
Phone	
Date	
E-mail Address	
Instrument experiencing problem	
Brief description of problem:	
Brief description of damage:	
Steps taken to rectify problem / damage:	

Signature \_\_\_\_\_

## Indiana University Physical Biochemistry Instrumentation Facility

### After Hours Key Application

Each user must agree to abide by the rules and regulations of the Facility and the directions of the Facility Manager, Director, and Faculty Executive Committee regarding key entry. If you wish to make use of the Facility after the normal staffed hours (8:30 am – 5:00 pm M-F), please fill out the information below for key approval, or for after hours submission, simply email to [tstone@indiana.edu](mailto:tstone@indiana.edu):

1. I hereby acknowledge that I have completely read and understood the terms and conditions set forth for key access, after hours use, and key possession policies as stated in the Indiana University Physical Biochemistry Instrumentation Facility User's Guide.

Yes  No

2. I agree to abide by all rules, regulations, and policies of the Indiana University Physical Biochemistry Instrumentation Facility and Department of Chemistry regarding use of the Facility outside normal staffed operating hours.

Yes  No

3. I acknowledge that I will be held responsible for misuse of key access, including damages to any equipment or accessories falling under the governance of the Facility, and that all expenses related to repair or replacement of equipment will be provided by me or my Faculty Sponsor immediately.

Yes  No

Print Name	Signature	Date
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Print Faculty Sponsor Name	Signature	Date
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**Indiana University Physical Biochemistry Instrumentation  
Facility**

**Phosphor Screen Checkout**

Please complete all information below to check out a phosphor screen for use outside the Facility:

Name	
Phone	
Date	
E-mail Address	
Screen ID Number	
Brief description of application:	
Date checked out:	
Date returned:	
Status upon return:	Received by:

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date