

UNIVERSITY OF CAMBRIDGE
DEPARTMENT OF MATERIALS SCIENCE & METALLURGY

Research worker:.....

Grant code/Order number:.....

Status:.....

CRSID (for Cambridge members):.....

Email:.....

Telephone number:.....

Responsible staff member:.....

Department:.....

Full work address (non-Cambridge only):

Equipment to be used:

Nature of samples and deposition materials (if relevant):

Information it is hoped to obtain:

Do you have any previous experience using this equipment?

Before using any equipment, I confirm that:

I will pass the Department Safety Test.

I will complete all necessary training, COSHH forms and Risk Assessments.

I will write or sign a Standard Operating Procedure (SOP) for the equipment I will use.

Signature of research worker:..... Date:.....

Signature of supervisor:..... Date:.....