

MSE Departmental Facilities Use & Training Form

Name: _____

Please complete the information below as accurately as you can and return to the departmental laboratory director, Tom Staley (tstaley@vt.edu) for approval. If you require training on any of the equipment below, please contact the lab director for assistance or referral.

Location (Check all that you require access to)	Specific Equipment Needs (List all equipment or devices in each area that you require and have been trained to use properly)	Where Training Obtained (Identify the individual or course that trained you to use each item at left)
146 Randolph (Microscopy & Project Space) <input type="checkbox"/>		
148 Randolph (Sample Prep) <input type="checkbox"/>		
150 Randolph (Furnace) <input type="checkbox"/>		

NOTE: This form is two-sided. Please fill out details on both front & back, and obtain all required signatures on the back side before submission.

154 Randolph (Thermal & Analytical) <input type="checkbox"/>		
156 Randolph (Processing & Mechanical Testing) <input type="checkbox"/>		
124 Holden (X-Ray) <input type="checkbox"/>		

Student signature indicates familiarity and agreement with established laboratory policies.

Student/Visitor Signature: _____

Date: _____

Advisor/Sponsor Signature: _____

Date: _____

Approved by: _____

Date: _____

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