

# Burnett School of Biomedical Sciences

## Equipment Use Request Form for External Users

Individual User \_\_\_\_\_  
 NID \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Department \_\_\_\_\_

University Status  Fac  Grad  Undergrad  Vol  Other  
 Research Area \_\_\_\_\_

\*If Student, Volunteer, or Other Status

Principal Investigator \_\_\_\_\_  
 PI Authorization \_\_\_\_\_

Resource Description	Location	Date(s) Needed (1 year max)	Brief Description Of Procedure	BSBS Faculty Approval

By requesting access to these Burnett School resources, you agree to adhere to all policies and procedures in place regarding resource utilization and assume financial responsibility for any usage fees as well as costs associated with misuse of the resource.

Is your Lab Safety current with EH&S?  Yes  No

Are you trained on the requested equipment?  Yes  No

Is your lab currently funded?  Yes  No

Provide a supporting Funding Number \_\_\_\_\_

\_\_\_\_\_  
 Requesting User Signature Date

\_\_\_\_\_  
 Requesting User Department Chair/Director Signature Date

\_\_\_\_\_  
 BSBS Director Approval Date

Note: Permission granted is non-transferable and is intended for the approved user for specific equipment and specific time period only.