

**Facilities/Equipment Personnel Amendment:**  Add User  Delete User

UCR School of Medicine, Research Operations

Contact: Facilities Manager Tara Barthol Tel: 951-827-2540 Email: tara.barthol@medsch.ucr.edu

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**INSTRUCTIONS:**

1. PI please read carefully, fill out, and sign form
2. Obtain users signature on form – one form for each personnel amendment
3. Following submission of this form user will be instructed to collect SOM badge and/or scramble pad pin or have existing fob activated to open designated areas of approved access
4. New lab members can be added or members deleted from existing Agreement using this form

**AGREEMENT:**

1. Facilities and equipment must be left in the same condition, as they were found. If equipment is damaged or dirty at the time of arrival please inform Facilities Manager via email as soon as possible.
2. PI is responsible for making sure that experiment has current IBC, AUP, BUA, EH&S, and/or other required approvals.
3. PI assumes responsibility for repair and replacement of damaged equipment by lab members.
4. All users are required to read and sign the *Facilities/Equipment Usage Agreement* and are responsible for compliance with this agreement.
5. All users are required to access facilities/equipment with the fob, badge, or pin issued to them for their use.
6. *Facilities/Equipment Usage Agreement*: PI agreement and authorization remains in place unless otherwise notified (no need for annual renewal). The PI is responsible for informing the Facilities Manager of any changes in personnel including both additions and deletions. PI is also responsible for informing the Facilities Manager of any changes in IBC, AUP, BUA, EH&S, or other required approvals.

**EQUIPMENT USE:**

What facility/equipment are you requesting to use?

- Multiphoton Core  Webber Histology Core  Webber Dark Room  Webber Centrifuge Room  
 SOMRB Dark Room  SOM Cell Sorter  Other (explain)

Does the project involve the use of:

Material covered by BUA?

Yes  No

Radioactive material?

Yes  No

Radiation producing equipment?

Yes  No

Potentially infectious agents, incl. human blood/tissue? (does not apply to fixed tissue)

Yes  No

Human carcinogens?

Yes  No

Hazardous materials/gases?

Yes  No

**INVESTIGATOR INFO:**

Investigator (PI): \_\_\_\_\_

Department: \_\_\_\_\_

I take full responsibility for the care and safekeeping of the equipment I and my lab personnel are using at UCR School of Medicine Division of Biomedical Sciences. I understand that if items are damaged, broken or lost while in our use, I am financially liable. I confirm individual listed has required training to use the facility equipment and work in a BSL 2 environment.

PI Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**USER INFO (required for either additions or deletions; one form for each personnel amendment):**

User Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

UCR Email: \_\_\_\_\_

Net ID: \_\_\_\_\_

Telephone: \_\_\_\_\_

Award#: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INTERNAL USE ONLY:**

Date Received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_