

Facilities/Equipment Usage Agreement

UCR School of Medicine, Research Operations

Contact: Facilities Manager Tara Barthol

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INSTRUCTIONS:

1. PI please read carefully, fill out, and sign form
2. Obtain users signature on form
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. After approval of lab authorization, new lab members can be added or members deleted from this agreement

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.

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 (please 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? Yes No
Human carcinogens? Yes No
Hazardous materials/gases? Yes No

If you answered "yes" to one of the above, please list UCR approvals/BUA numbers:

INVESTIGATOR INFO:

Investigator (PI): _____ Department: _____
Office Location: _____ Telephone: _____
UCR Email: _____
Dept. Analyst: _____ Telephone: _____
FAU 1: _____ Award#: _____ End Date: _____
FAU 2: _____ Award#: _____ End Date: _____

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, that I am financially liable. I confirm individual(s) listed has required training to use the facility equipment and work in a BSL 2 environment.

PI Signature: _____

Date: _____

USER(S) INFO:

User Name: _____

Job Title: _____

Department: _____

UCR Email: _____

Net ID: _____

Telephone: _____

Award #: _____

Signature: _____

Date: _____

User Name: _____

Job Title: _____

Department: _____

UCR Email: _____

Net ID: _____

Telephone: _____

Award #: _____

Signature: _____

Date: _____

User Name: _____

Job Title: _____

Department: _____

UCR Email: _____

Net ID: _____

Telephone: _____

Award #: _____

Signature: _____

Date: _____

Note: For users working on more than one award/project, a separate username will be issued to each user for each project. This will facilitate accurate billing.

INTERNAL USE ONLY:

Date Received: _____

Reviewed by: _____

SOM
badge/fob/pin #: _____

Notes: _____