

ICMM X-ray diffraction unit

To be filled in by:

The user of the X-Ray Diffraction unit (XRD)	The person responsible for the user of the X-Ray Diffraction Unit (XRD)
<p>Mr./ Ms. _____</p> <p>Qualification _____</p> <p>DNI/NIE _____</p> <p>email _____</p> <p>Phone _____</p> <p>From the Department/Faculty/ University: _____</p>	<p>Dr. _____</p> <p>Category _____</p> <p>_____</p> <p>email _____</p> <p>Phone _____</p> <p>From the Department/Faculty/ University: _____</p>
<p>I HEREBY DECLARE:</p> <p>That the XRD Unit staff have trained me and I am familiar with the operation of the XRD diffractometers of the XRD Unit and the XRD technique, both technically and experimentally. I am also aware of the dangers to my health and the health of others involved in the technique and of the necessary precautions to be taken, and therefore request personal access to the X-ray diffractometers in laboratories 023/025.</p>	<p>I HEREBY CERTIFY:</p> <p>That the undersigned user of the Unit has been working under my supervision since _____ of _____ of _____, and is sufficiently familiar with the XRD technique, both technically and experimentally, as well as with the operation of the Unit's diffractometers. I also assure that the user is aware of the hazards to their own and others health associated with the technique and know the necessary precautions and therefore request personal access to the X-ray diffractometers in laboratories 023/025.</p>

The undersigned declares that this access authorisation to ICMM is exclusive for the XRD Unit laboratory 023/025 and that it cannot be used to access other ICMM units or to carry out other tasks. In case of need, the user must go to reception and register the new ICMM access authorisation.

Cantoblanco, ____ / _____ / _____

Signed User

Signed responsible