

ICMM X-ray diffraction unit

To be filled in by:

<p>The user of the X-Ray Diffraction unit (XRD)</p> <p>Mr./Ms. _____</p> <p>Qualification _____</p> <p>DNI/NIE _____</p> <p>email _____</p> <p>Phone _____</p> <p>With permission to stay at the Materials Science Institute of Madrid, CSIC, on the grounds of _____</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>The person responsible for the user of the X-Ray Diffraction Unit (XRD)</p> <p>Dr. _____</p> <p>Category _____</p> <p>email _____</p> <p>Phone _____</p> <p>Based at the Materials Science Institute of Madrid, CSIC, _____</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 you 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>
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Cantoblanco, ____ / ____ / ____

Signed User

Signed responsible