

## Request for Access to the Electron Microscopy Core Facility (EMCF)

LEGAL NAME: \_\_\_\_\_  
Last First Middle

EMPLOYEE/STUDENT ID#: \_\_\_\_\_

Access to the EMCF is conditional on acceptance of the following rules.

1. I will use the EMCF only to perform research related to my UNMC duties.
2. I will only use equipment on which I am approved by EMCF staff.
3. I will use the equipment only as instructed by EMCF staff.
4. I will completely and accurately record my use of EMCF equipment in the appropriate logbook.
5. I will not provide access to other individuals without obtaining prior approval of EMCF staff.
6. I will not train or supervise another user without obtaining prior approval of EMCF staff.
7. I will not attempt to repair or recalibrate equipment without explicit permission from EMCF staff.
8. I will not circumvent the security procedures (eg. no sharing swipe cards or propping open the door).
9. I will always use safe laboratory practices in the EMCF.
10. I will promptly report equipment problems and errors on my part to the EMCF staff.
11. I will not load software or modify the EMCF computers in any way.
12. I will leave the workstation clean and tidy for the next user.
13. I will not analyze any samples that are considered BIOHAZARDOUS without fixing them at least 2 hours prior to analysis.
14. I understand that access to the EMCF can be revoked if I violate any of these rules or if the EMCF staff determines that I do not function at the level of an independent user.

Your signature below indicates agreement with each of the conditions described above.

USER: \_\_\_\_\_  
Printed Name Signature Date

LAB PI: \_\_\_\_\_  
Printed Name Signature Date

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### For EMCF use only

\_\_\_\_ Standard access (M-F, 9 a.m. – 4 p.m.)

\_\_\_\_\_  
EMCF staff Name Signature Date

\_\_\_\_ All hours access granted (24/7)

\_\_\_\_\_  
EMCF Staff Name Signature Date

