

User form upon arrival

Application number

Applicant Name

Applicant Affiliation

Dates of visit

Visit coordinator

Level of experience

Type of user

Relevant equipment

Service provider

Title

The key personnel of the Provider is responsible for informing the users about the safety instructions, access to first aid boxes in the workplace in case of accident, fire protection systems and fire extinguishers, emergency exits in case of fire or earthquake, etc. during their stay in all the premises of the host, in compliance with the corresponding international safety regulations.

For the personal safety of the user, access to the facility involving use of X-rays or Magnetic fields (if applicable) is granted on the basis that there is no underlying medical condition (e.g. pacemaker) or pregnancy

Check list (Please choose **Yes / No / Not applicable** as appropriate)

... I have been informed about the safety instructions and emergency procedures foreseen in the premises of the Provider

... I have been informed about the safety instructions and potential dangers emerging from exposure to X-rays and use of liquid nitrogen

... I have read and accept the access policy of the Research Infrastructure as service provider

... I hereby absolve the facility for any damage or injury resulting from my failure to follow the safety procedures. I declare the samples contain no virus, no prions, no toxins, nor any other potentially dangerous material.

(Please indicate requirements for special equipment or facilities)

(Please add any additional comments)

(Please provide a phone number to reach you while you are at the facility)



(Please provide a phone number in case of emergency)



(Please provide the visit coordinator email)



(Additional comments by the user)

Key/Relevant personnel

Scientist in charge

(Additional comments by the relevant personnel or scientist in charge)

Signatures

(Facility user)

(Relevant Personnel or Scientist in charge)