UC RIVERSIDE UNIVERSITY OF CALIFORNIA
Bourns College of Engineering

Materials Science & Engineering Program
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Materials Science and Engineering

XRD Equipment Authorization and Training Certification

☐ New Authorization ☐ COA Change

PI's Department: _____ Date: _____

I, (Printed Name of PI or Advisor) _____, authorize:

Employee/Student (Printed Name of User): _____

Employee/Student's Department: _____

☐ Graduate Student ☐ Undergraduate ☐ Post-Doc ☐ Other: _____

Employee/Student E-mail: _____ Phone: _____

Expected Graduation or Departure Date of Employee/Student: _____

NetID: _____ ENGR Username: _____

- ☐ To obtain training and authorize scheduling time on XRD equipment in MSE
- ☐ I certify that the employee listed on this form has received the following training:
  - Laboratory Safety Fundamentals
  - Hazardous Waste Management
  - Radiation Safety Online Training
  - Compressed Gas Safety
- ☐ I certify that I and the employee have read and understand the MSE FFS Policies and Regulations

COA for use of Facility and Training Charges:

Entity: _____ Fund: _____ Activity: _____ Function: _____

Program: _____ Project: _____ Flex 1: _____ Flex 2: _____

_____ _____

Signature of PI (or Advisor)

Signature of PI's Dept. Financial Analyst or Financial Administrative Officer

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NOTES (FOR ADMIN USE ONLY):