

PART 2: Accessibility Form to use TAS lab

MUST BE SUBMITTED AND APPROVED PRIOR TO TRAINING OR ANALYSES

*The instrumentation in the MC² labs is extremely sensitive and expensive. If it is not treated with care or is used incorrectly, it could be rendered unusable for extended periods. Even under service contract, many things will take weeks to get fixed. Service contracts do not cover negligence on the part of the users. To keep all of the equipment functioning properly for everyone, refer to the guidelines in **PART 1**.*

Applicant Information (Please fill in BLOCK letters)			
Name (First/Last):			
Designation (ex., Undergraduate, Ph.D., PDF, etc.)			Phone:
Email address:			
Department/Company:			McGill ID:
Supervisor/P.I.'s Information			
Name (First/Last):			
E-mail:			Phone:
FOAPAL number to be charged/ PO#:			
Facility Training Available/Required/Service			
<input type="checkbox"/> DSC Q2000	<input type="checkbox"/> TGA Q500	<input type="checkbox"/> CARY 5000 UV-VIS-near IR	<input type="checkbox"/> FTIR Spectrum II
<input type="checkbox"/> DSC Q20	<input type="checkbox"/> TGA Q50	<input type="checkbox"/> CARY50 BIO	<input type="checkbox"/> Bruker Alpha FTIR
<input type="checkbox"/> DSC 2500 Discovery	<input type="checkbox"/> TGA 5500 Discovery	<input type="checkbox"/> UV-Vis Evolution 260 Thermo	<input type="checkbox"/> TGA-FTIR
<input type="checkbox"/> TGA-FTIR-MS	<input type="checkbox"/> TGA-FTIR-GCMS	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Yes, I need TAS staff to perform the analysis!			
Sample/Project			
Name:			
Method (TGA and DSC users):			
Heating rate (°C/min):	Gas (N2/Air):	Maximum Temp (°C):	
What are you trying to determine?			
Agreement			
<u>Applicant</u> : I have read, understood and agreed to comply with the terms and conditions in Part 1 of this form. I understand that any violation could result in my being barred from entry and/or use of facilities in future.			
<u>Supervisor/PI</u> : I have completed the Supervisor/P.I.'s Particulars of this form. I have read and agreed to the Part 1 of this form and Charging Scheme appended with this form. I am agreeable with my student/staff to apply to use the QCAM facilities. I am agreeable with the occurring fees to be charged to my funding account.			
Signature of applicant:			Date:
Signature of Supervisor/PI:			Date: