# HPMI - MRB ACCESS SHEET

## Access Request for the Materials Research Building or Resources

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name & Information | | | | | |
| **Name** |  | | | | |
| **Email** |  | | | | |
| **Phone** |  | | | | |
| **FSU ID Number** |  | | | | |
| **Academic Advisor & Contact Information** |  | | | | |
| MRB Access Information | | | | | |
|  | | | | | |
| **Requirements** | | *HPMI Policies & Procedures* | *EH&S Safety Training* | *24/7 Access* | *Limited Access* |
| Completed | |  |  |  |  |
| Date Completed | |  |  | NA | NA |
| Confirmation by HPMI Official (Initial) | |  |  |  |  |
| Printed last name | |  |  |  |  |
| **Equipment** (List specific equipment requested for use. May be continued.) | | *Sign & Print Name* | | | |
|  | | HPMI Advisor approval & date | | | |
| Trained by & date | | | |
|  | | HPMI Advisor approval & date | | | |
| Trained by & date | | | |

**FOR NON-HPMI PERSONNEL:** I understand that upon condition of access equipment use, I will be required to submit a one page report each semester as provided on the HPMI website. I will acknowledge HPMI in any publications or reports associated with this research.

As academic advisor, I will ensure that the researcher submits the required semester report. I agree to be responsible for any consumables or equipment damage caused by the researcher.



RESEARCHER ADVISOR



HPMI ADVISOR HPMI OPERATIONS DIRECTOR

|  |  |
| --- | --- |
| MRB Access Information | |
| **Equipment** | *List specific equipment you are requesting to use* |
|  | HPMI Advisor approval & date |
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