# HPMI - MRB ACCESS SHEET

## Access Request for the Materials Research Building or Resources

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| 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

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