|  |
| --- |
| **Requested equipment:** |
| **I request to become a certified user of the equipment listed above.** |
| Name |  |
| Phone |  |
| Email |  |
|  |  |

|  |
| --- |
| **Requestor’s Advisor Approval** |
| **I confirm that the person listed above requires use of the requested equipment.** |
| Name |  |
| Signature |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Date trained** | **Trainer** | **Comments** |
|  |  |  |

**I certify that I have had the training, and I understand the required instructions and safety requirements for the equipment I will be using and that I will follow all directions and safety precautions for utilizing the requested equipment. I certify that I will follow the instructions of the HPMI personnel assigned to oversee my use of the equipment. I also commit to cleaning my work area after use.**

(Signature) (Date)

**I certify that I have provided the training and the required instructions and safety requirements for the researcher. I am confident that the researcher is qualified to operate the equipment.**

Signature of Equipment Manager:

(Signature) (Date)