Name: ___________________________________________ Date: ______________________________

PI’s Name: _______________________________ E-mail Address: _____________________________

Lab Room # (PSC, RSC, NSC, Kell or STA): _________ Panther Card #: 601708 ___________________

Lab Phone #: 404-413 ________________________ Cell Phone #: _____________________________

Rm # Equipment to be Used Access

PSC 555/637

Scintillation counter

NSC 488

Scintillation counter

Kell 405

Scintillation counter

Signature:

__________________________________________

*As a member of the Research Faculty at Georgia State University, I understand that my Department and I are responsible for any damage that may occur as a result of the use (or misuse) of the core facility by the student/staff member (named above) and that we will recompense the core facility for any damage to equipment or facility that occurs as a consequence of this use.

PI’s Signature:

__________________________________________

Approved by Core Director / Dept. Chair:

__________________________________________

Return to: Debby Walthall (PSC 519) along with a copy of your Pantercard (FRONT & BACK)

Authorization:

__________________________________________

Training Date: ______________________________

Security Date: ______________________________

Introduction to Equip training Date: