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 537/NSC 438

Typhoon □

Equipment Use Fee for using the Typhoon: $2.00/hour.

Equipment Fee is subject to change without notice.

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 Panthecard (FRONT & BACK)

Authorization:

______________________________

Training Date: __________________________

Security Date: __________________________

Introduction to Equip training Date: