

ESRF - The European Synchrotron

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Use of the Chemistry Laboratory: User Declaration Form

This form is to be completed by **all persons** wishing to use the ESRF Chemistry Laboratory and has to be returned to the ESRF User Office at **least 15 working days** before the beginning of the experiment.

Experiment title:	Proposal number:
Experiment dates:	Beamline:
	Local Contact:

Persons authorized: <i>(full name and affiliation of each person)</i>	Phone/fax/email
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I certify that the persons named above

- have had sufficient training to enable them to work unattended in a chemistry laboratory;
- are qualified to handle flammable, toxic or otherwise hazardous chemicals.

Date:

Signature of the Head of Department or Institute

When you have completed this form, please return it to the

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For ESRF use

Copies to:	<input type="checkbox"/> Safety Group	<input type="checkbox"/> Local contact
	<input type="checkbox"/> Harald Müller	<input type="checkbox"/>