

Policies and Procedures for BU – BME Core Facilities (effective February 2008)
(*Micro/Nano Imaging, BioInterface Technologies, MBE Foundations, Clean Rooms*)

Please Read Carefully:

1. All users must be properly trained by appropriate personnel. Training will be available for graduate students or postdoc fellows in one of the following formats; dependent on instrumentation type:
 - a. Single user/hands-on training
 - b. Small group training scheduled by Engineer/Instructor
 - c. Short course or _ day symposium.
 - d.
2. Once proof of training is provided, card reader access, if available, will be granted to end user. A qualified user will not grant access to an unqualified user. All privileges will be revoked if this is discovered.
3. Since there is often more than one instrument in the same room, user is only allowed to use equipment he/she has been appropriately trained on. Use of other un-authorized equipment may lead to loss of all equipment privileges.
4. All qualified users must follow operation instructions. Any damage to the instrument due to inappropriate use will result in loss of user privileges. Dependent on the service contract for the instrument, compensation for the repair cost may also be instituted.
5. Equipment will generally be available from 9 a.m. to 5 p.m. Monday-Friday unless prior permission for after hours use is requested and granted.
6. End users must also sign in to the log book at each station and report anything unusual immediately to the appropriate personnel.
7. All users must bring their own consumables where appropriate.
8. All users must clean up after themselves. Failure to keep the equipment and surrounding area in the manner they found it will have equipment privileges revoked.
9. Each item will be available on a fee-for-service basis. Fees and cost recovery mechanisms will be dependent on the type of equipment being utilized.

Your signature on this document is an acknowledgement that you have read and accept the terms and conditions defined by the *Policies and Procedures for Shared Equipment Facilities*. Violation of these terms may result in immediate revocation of access.

Applicant Name: _____ BU ID: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

PI Name _____ **PI Signature** _____

PI's Primary Department _____ BU source number for billing _____

PI please complete this area

Section II - Project Information

TITLE OF PROJECT: _____

PROFESSIONAL PERSONNEL INVOLVED IN THE PROJECT

(List Principal Investigator on project first and include anyone within your organization or group who will use our facilities.)

NAME/TITLE/ DEPT./TELEPHONE NUMBER
PRINCIPAL INVESTIGATOR

OTHER PERSONNEL

RESEARCH OBJECTIVES

(Please indicate your current research goals and specify in detail the specific objectives of your research project. Attach additional sheets if necessary.)

Section III – Billing Contact Information
(Must be filled by non-BU users)

Agreement

By signing below, you certify that you are authorized to execute this application, and you agree to the above terms and conditions and to follow the guidelines for outside use of BU-BME core Facilities.

FOR THE APPLICANT ORGANIZATION

PRINCIPAL INVESTIGATOR

AUTHORIZED ADMINISTRATIVE OFFICER*

Date

Date

(Please print name under signature)

(Please print name and title under signature)

* individual, i.e., Billing Contact Person, must have authorization to commit the organization's funds

This part is for internal BME USE.

FOR THE BU –BME core Facility

Action: Effective Date:

Expiration Date:

Approve/Deny

Rate Schedule Authorized: **Academic**

Comments: