**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 Business Development Office at **least 15 working days** before the beginning of the experiment.

|  |  |
| --- | --- |
| **Experiment title:** | Experiment number: |
|  |  |
|  | Beamline: |
| **Experiment dates:** | Local Contact: |

|  |  |
| --- | --- |
| **Persons authorised:** *(full name and affiliation of each person))* | Phone/fax/email |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| 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 by email scan to:*

**ESRF Business Development Office (BDO)**, CS 40220, F-38043 Grenoble Cedex 9, France

Tel: +33 (0)4 76 88 40 90, email: industry@esrf.fr

***For ESRF use***

|  |  |  |
| --- | --- | --- |
| Copies to: | [ ] Safety Group[ ] Harald Müller | [ ] Local contact[ ] |