**ESRF – The European Synchrotron**

**ESRF User Office**, CS 40220, F-38043 GRENOBLE Cedex 9, France

Tel: +33 (0)4 7688 2552, Fax: +33 (0)4 7688 2020

email: useroff @esrf.fr

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**Use of the Electrochemistry Laboratory: User Declaration Form**

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

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

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| **Persons authorized:** *(full name and affiliation of each person))* | 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 inflammable, toxic or otherwise hazardous chemicals. |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of the Head of Department or Institute

*When you have completed this form, please return it to* ***Valentin VINCI – valentin.vinci@esrf.fr***

***For ESRF use***

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| Copies to: | [ ] Safety Group | [ ] Local contact  [ ] Valentin Vinci  [ ] Helena Isern |