Record of Instrument Training

User Name ___________________________ School ___________________________

Email ___________________________ Phone ___________________________

PI’s Name ___________________________ Phone ___________________________

Status: □ Faculty □ Staff □ Student □ Post-Doc □ Visitor

My signature below certifies that I have received training in checked instrument from EAL personnel, covering the following topics:

Please check the following listed instrument

___ IC                                        ___ ICP-MS       ___ Anton Paar Multiwave Digestion
___ TOC Analyzer                              ___ ICP-OES      ___ Water Isotope Analyzer
___ Flow Injection Analyzer                  ___ GFAA         ___ GC-MS
___ DMA-80                                     ___ MERX-T & M

- The standard operation instructions and special procedures concerning appropriate instrument operation and safe work practice involving the checked instrument and related chemicals
- The guidelines and procedures for good laboratory practices involving in data quality control and assurance
- The guidelines and procedures concerning safe work practices involving equipment and chemicals
- The availability of literatures, including instrument manuals, standard operating procedures and checklists regarding sample preparation and labeling, instrument start-up, run and shutdown, and procedure to handle hazardous materials and waste disposal.
- The policy regarding the cost of repairs due to improper use of chemicals, improper operation of instrument or carelessness
- The emergency procedures, including the emergency evacuation procedures and people to contact in case of an emergency
- The importance and requirement that work areas and instrument always be kept clean and tidy

I understand this training and agree to comply with the above guidelines and procedures.

Trainee’s Signature ___________________________ Date ___________________________

Instructor’s Signature ___________________________ Date ___________________________

Please return the completed form to: Dr. Liying Zhao, Director
Phone: (209) 233-1728; Email: lzhao4@ucmerced.edu