



ADVANCED MICROSCOPY FACILITY

BOSCH AMF USER TRAINING FORM

Please fill this out electronically and return it as an email attachment (with risk assessments).

NAME:	
LAB:	
PHONE:	W: _____ M: _____
EMAIL:	
MICROSCOPE:	
PROJECT TITLE:	
SPECIMEN DETAILS: <i>Organism, tissue, preparation, etc.</i>	
LIVE CELLS? <i>Please provide details (e.g. ability to replicate) and special decontamination procedures (e.g. ethanol)</i>	
RISK ASSESSMENTS etc.	<i>Please provide an electronic and printed copy of any risk assessments or OHS forms related to your specimens.</i>
OHS <i>Please read the facility safety manual and sign here at training</i>	<i>Signature:</i>
MAILING LIST:	<i>Please subscribe to the appropriate mailing list on the Bosch AMF website</i>
SIGNATURES & COMMENTS: <i>This section will be filled out at training</i> <i>The client has undertaken training and is permitted to operate the equipment independently.</i> <i>You are satisfied with training process</i>	<i>Assessor:</i> <i>Client:</i>
<i>To be completed by the Bosch Microscopy officer:</i>	
Room Access: _____ <input type="checkbox"/>	PPMS: _____ <input type="checkbox"/> User Database: _____ <input type="checkbox"/>