

MSE Characterization Labs Training Policy and Procedure

Training

Please read this form carefully. All equipment users must have the proper online and hands-on training to use MSE labs and equipment.

For Training:

- 1) Prior to training, you must register for an iLab account and choose your PI as your lab within iLab. (See [How to Register for iLab](#))
 - a) If your PI does not have an iLab account, please notify the MSE Lab Supervisor, Michelle Grawe mgrawe@iastate.edu, so a Lab can be set up in iLab.
- 2) The following Learn@ISU safety courses are required for training:
 - a) Laboratory Safety: Core Concepts
 - b) Fire Safety and Fire Extinguisher Training
 - c) Emergency Response Guide Video
- 3) Complete the MSE Equipment User Registration form. Part A of your form must be filled out. Email this form to mselabs@iastate.edu. Without this form, we cannot connect your funding in iLab and you cannot be trained. You must include a Worktag. If you cannot have your PI sign the form, you must CC them when email the form.
- 4) MSE Lab Staff will contact you to schedule a training time and inform you of any additional safety or equipment training required for the equipment you will use. No training will be scheduled or given without passing the safety courses, a completed MSE Equipment User Registration, and an iLab user account that is set up and connected to funding.

Standard Operating Procedures (SOP's) can be found on the ISU MSE website:

<https://www.mse.iastate.edu/sops/>

Billing Policy:

You will be billed on your iLab reservation time unless you log into Kiosk and start the timer. If you log into Kiosk and start the timer, you will be billed on your timed session. If you are a "No Show", you will still be billed on your reserved time.

Email form to mse@iastate.edu

MSE EQUIPMENT USER REGISTRATION

A: USER INFORMATION

EQUIPMENT NAME: _____

PERSONAL DATA

USER NAME: _____
Last First Middle

ISU INFO: _____ ID# _____
Department

_____ *E-Mail* _____ *Cell #/ Home Phone #*

ADDRESS: _____ *Campus Office* _____ *Work Phone #*

GROUP LEADER: _____ *Name (Please Print)* _____ *Office Phone #*

_____ *Supervisor Signature* _____ *Supervisor E-Mail*

DRIVER WORKTAG: _____ DEPARTMENT DETAIL: _____

B: TRAINING REQUIREMENTS

Trainer Initials REQUIRED

TRAINING: Equipment training over Standard Operating Procedure

iLab Training

Learn@ISU Training

AUTHORIZATION

Trainer Name (Print): _____
Trainer's Name (Print)

Permission to use equipment _____ Date: _____
Trainer Signature

Permission Granted to Room: *Staff init.*

Access Granted to iLab Schedule: *Staff init.*