**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.

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

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| **Persons authorised:** *(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 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***

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