

# Kroto Institute Confocal Microscope

## New User Registration Form

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First name	
Surname	
Department	
Email address	
PI/supervisor of project	
Current status	<input type="checkbox"/> Staff <input type="checkbox"/> Postgraduate <input type="checkbox"/> Undergraduate
Completion date for fire safety training	____ / ____ / ____
Completion date for laser safety training	____ / ____ / ____
I have registered to use the Class 4 two photon laser	<input type="checkbox"/> Yes <input type="checkbox"/> No
I confirm that I am registered as a laser user on the database	<input type="checkbox"/> Yes
I confirm that I have completed COSHH for all work that is to be carried out within the confocal facility, and I can provide the appropriate documents	<input type="checkbox"/> Yes
Completion date for online confocal training	____ / ____ / ____
Completion date for out of hours training (only required for out of hours use)	____ / ____ / ____

I agree to comply with all the safety requirements and conditions as specified in the Confocal Users Policy. I agree to use the booking system to record all my use of the equipment

Signed (user) \_\_\_\_\_ Date \_\_\_\_\_

Signed (supervisor) \_\_\_\_\_ Date \_\_\_\_\_