

## NMR Facility Key Request Form

DATE\_\_\_\_\_

NAME\_\_\_\_\_

POSITION\_\_\_\_\_

RESEARCH ADVISOR\_\_\_\_\_

BC EMAIL ADDRESS\_\_\_\_\_

TRAINING DATE\_\_\_\_\_

I have received training by the NMR laboratory manager and I am aware of the following training documents and manuals on the BC Chemistry Website\*

1. NMR Center Rules & Regulations
2. NMR Center Safety Plan
3. Additional Varian Manuals and PowerPoint Training Presentations

I have read these materials, I agree to comply with all facility rules, and I understand how to use the NMR facility safely and efficiently.

SIGNATURE OF NMR USER\_\_\_\_\_

SIGNATURE OF NMR LAB DIRECTOR\_\_\_\_\_

SIGNATURE OF FACULTY ADVISOR\*\* or TRAINER  
\_\_\_\_\_

\* [www.bc.edu/schools/cas/chemistry/facilities/nmr.html](http://www.bc.edu/schools/cas/chemistry/facilities/nmr.html)

\*\* Undergraduate only