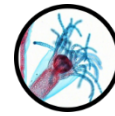


LMIF User Registration Form



James Madison University
Light Microscopy
and Imaging

Please write legibly!

Name: _____ JMU ID: _____

Email: _____ Gmail (for scheduling): _____

undergraduate student graduate student faculty other (specify): _____

Lab: _____ Department: _____

School/Organization (if not JMU): _____

Students: anticipated graduation semester/year (or project end-date): _____

Please specify which instrument(s) will be used:

Microscopes

- | | |
|--|--|
| <input type="checkbox"/> Leica Stellaris confocal | <input type="checkbox"/> Nikon Eclipse |
| <input type="checkbox"/> Nikon C2si confocal | <input type="checkbox"/> Leica Macroscope |
| <input type="checkbox"/> Leica DM6b | <input type="checkbox"/> Zeiss AxioScope.A1 |
| <input type="checkbox"/> Zeiss Stemi stereo microscope | <input type="checkbox"/> Zeiss Discovery stereo microscope |

Other

- | | |
|---|---|
| <input type="checkbox"/> Wolf Cell Sorter | <input type="checkbox"/> Image analysis workstation computers |
| <input type="checkbox"/> WideTEK25 scanner | <input type="checkbox"/> Accuri C6 Flow Cytometer |
| <input type="checkbox"/> Other (specify): _____ | |

Indicate whether any of the following apply to your project.

(Students: ask your research mentor if you are unsure how to answer.)

- Bio-safety-level 2 (BSL-2) organisms Research regulated by IACUC or IRB

Microscopy Facility Users Agreement

I have read and will abide by the LMIF User Policy. I will treat the equipment in the microscopy facility with care and report any problems to the Director. I understand that I may only use equipment for which I have been *fully trained* and which I have booked via the Google Calendar booking system. I understand that I am responsible for any damage caused by my negligence or misuse of the equipment. I understand that violating any of these policies may result in suspension of my user privileges. I will acknowledge the LMIF in all presentations and papers utilizing data acquired in the facility.

Signature: _____ Date: _____

Microscopy Facility Safety Form

Please indicate below whether you have been informed of the various safety practices in the Microscopy Facility (hereafter, "laboratory"), or if it is not applicable (N/A) to you. If there are any safety features that you are not familiar with, for your own safety you should ensure that you inform yourself about them the next time you are in the laboratory. (Note: this is the standard Biology Department Safety Form.)

1)	I have been instructed as to the appropriate laboratory practices and safety rules for the laboratory.	Yes No
2)	I understand that working alone with dangerous (e.g. flammable, toxic, or caustic) chemicals or procedures is strictly forbidden in the laboratory.	Yes No N/A
3)	I understand that appropriate eye protection (safety glasses, goggles, or face shields) is required while in the laboratory.	Yes No N/A
4)	I understand that appropriate apparel is required while in the laboratory. Closed-toed shoes are required at all times. Sandals and flip-flops are not allowed to be worn since they provide no protection from spills.	Yes No
5)	I understand that gloves should be worn when working with hazardous chemicals or glassware at extreme temperatures. I also have been instructed as to the appropriate type of gloves to be worn.	Yes No N/A
6)	I understand that eating, drinking, and chewing gum in the laboratory are forbidden.	Yes No
7)	I understand that long hair must be tied back and clothes with baggy sleeves should not be worn in the laboratory.	Yes No N/A
8)	I know the location of the emergency equipment in the laboratory, which includes eye wash fountain, safety shower, first aid kit, and fire extinguisher.	Yes No
9)	I have been instructed as to the proper use of the emergency equipment.	Yes No
10)	I know the Safety Data Sheets (SDS) for this laboratory can be found at https://jmu.kha.com/ .	Yes No
11)	I know the location of the emergency phone numbers list in the laboratory. I know to dial 568-6911 (or 442-6911) for the Fire Department, Police, Rescue Squad, and other emergency personnel.	Yes No
12)	I understand that when transporting chemicals to never carry more chemicals than I can safely handle. I know to hold bottles securely from the top and bottom and to avoid carrying incompatible chemicals at the same time. I understand that chemicals transported between floors should be carried on carts up an elevator; never by hand on the stairs.	Yes No N/A
13)	I know that the Biology department has a laboratory guide, "Chemical Hygiene & Laboratory Equipment safety Plan" available on-line at www.jmu.edu/biology/safety.shtml .	Yes No
14)	I have been instructed as to the closest emergency exit and proper evacuation route should exiting the building become necessary in an emergency situation.	Yes No
15)	I have been instructed as to the appropriate Biosafety Level 2 (BSL-2) laboratory practices and safety rules for this research project and/or laboratory.	Yes No N/A
16)	I have been instructed to inform the laboratory director, faculty research mentor or campus police in the case of an accident, glass breakage or spill.	Yes No

I have read and understand the Standard Laboratory Practices and Safety Rules. I agree to follow the rules as stated and realize that my failure to do so may result in my losing the privilege to remain in this course.

Signature: _____ Date: _____