

User Information Form

Please note: all projects must be approved by CINS before any instrument can be used. Upon completion, submit this form to nanotechnologycenter@ualr.edu.

User Information		
For Center Use Only:		
Proposal Number:	Date Received:	
Last Name:	First Name, Middle Initial:	
Title:	Department:	
Non-UA Little Rock Users Only: Organization or home institution:		
Street Address:	State:	Zip Code:
Telephone:	Fax:	Email:
Project Title:		
Proposal Number (if known):		
Principal Investigator(s):		
Instruments to Be Used:	Have you been trained on each instrument by CINS personnel?	If Yes, when was your last training?
Billing Contact:	Title:	
Authorized Signature:	Date:	
Limit of Charges (if applicable):	Expiration Date:	

UA Little Rock Faculty Approval		
<p>I, _____, agree to supervise the above user's work at the Center for Integrative Nanotechnology Sciences (CINS). I verify that the above information regarding his/her status at our institution is correct, and I understand that I must notify the CINS director regarding any change in this status.</p> <p>This user authorization is only for the duration of the CINS project listed above and is only for work to be conducted while the user is an employee/student at UA Little Rock. <i>Exceptions should be noted below.</i></p> <p>I understand that it is my responsibility to secure the return of all key(s) at the completion of his/her term at my institution or the completion of this work, whichever comes first. I agree to pay for all materials and instrument charges that may be required by CINS from funds in either the above account or other accounts under my control. I understand that there are orientation/training fees appropriate for each instrument, which will be charged to the above account. Additional fees and repair costs may be charged as per current CINS rules and guidelines.</p>		
Authorizing Signature(s) of PI(s):		Date:
User Agreement		
<p>I, _____, agree that I have read the UA Little Rock Laboratory Safety Manual, Biological Safety Manual, Radiation Safety Manual, Chemical Safety Manual, and CINS Facility Rules and Guidelines for Use, as well as any other relevant UA Little Rock Safety Manuals. I also acknowledge that I have discussed any questions I have about these guidelines with the appropriate UA Little Rock personnel. I understand and agree to abide by the rules and safety provisions discussed in all aforementioned manuals. I also acknowledge that it is my responsibility to keep abreast of updates to these documents.</p> <p>I assume primary responsibility for my personal safety at CINS and UA Little Rock. I agree to operate all instruments and equipment in a safe and professional manner, consistent with the operating instructions and the laboratory rules. I ensure that my knowledge of general laboratory practice is advanced enough to permit the safe conduction of the project in question. I acknowledge that CINS is a research enabling center and that, as such, it does not in any way warrant or assure a particular project result; I retains ultimate responsibility for project progress and results.</p>		
User Name (please print clearly):	User Signature:	Date:

External User Information

All CINS users not currently employed or enrolled at the University of Arkansas at Little Rock must have the approval of their home institution/organization prior to beginning work at UA Little Rock and CINS. The user is considered a representative and employee of his/her institution while working at CINS. The user and his/her institutions represent that they have read, understood, and agreed to the terms of the [CINS Facility Rules and Guidelines for Use](#). The user and his/her institution understand that his/her work at CINS is controlled by the provisions of the CINS User Program, through which he/she has an approved project. Instruments are provided only for work in conjunction with the specific project described in the user's currently approved CINS project proposal. The user and his/her institution understand that conducting research at CINS does not make him/her an employee of UA Little Rock and that UA Little Rock provides no worker's compensation or other liability coverage for the user.

Usage fees and repair costs will be charged to the user's home institution/ organization or designated account, as per current CINS rules and guidelines.

All users not associated with UA Little Rock or the University of Arkansas System must have their own health and accident insurance, and the user's home institution must **carry business liability (\$1,000,000) coverage**. UA Little Rock is not responsible for any medical expenses that the user may incur. The user and his/her institution shall release, hold harmless, and indemnify UA Little Rock, its officers, agents, and employees from any and all claims, damages, costs (including attorneys' fees), and liabilities arising from the user's work at UA Little Rock, other than those that result from the negligence of UA Little Rock, its officers, agents, or employees.

External User Approval

To be completed by the home institution/organization. Approval must be granted by an officer of the home institution/organization with appropriate authority, e.g., the vice president for research, dean, or director—NOT the principal investigator.

Signatory Authority Name: _____ Title: _____

Signatory Authority Signature: _____ Date: _____