

EPR Facility Use Form January 7, 2009

Name: _____ **Research group:** _____

Email: _____

Account number for charges: _____

Type of sample(s):

any hazardous materials?

Measurements to be done (describe in some detail):

(To be filled out by EPR Facility)

Spectrometers to be used:

Cryostats to be used:

Cryogens for sample:

Rates:

Cryogens for magnets: \$2.50/hour

Consumables/cryogens supplied by EPR Facility: at cost

Assistance by EPR Manager: \$26.50/hour

Charges:

Estimate:

Final:

Hourly rate used: _____

Number of hours: _____

Charge based on hourly rate: _____

Extra charges (consumables or breakage): _____

TOTAL: _____

EPR Manager signature: _____

Damage caused by a user or by undisclosed hazards are charged to the user.

Faculty signature/approval/ _____