



**Analysis Research Service Center (ARSC)  
Equipment Training Certification Form**

Equipment Name: \_\_\_\_\_

Equipment safety/training completed date: \_\_\_\_\_

Equipment SOP quiz completed date: \_\_\_\_\_

Instructor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Certification Agreement**

I, (print) \_\_\_\_\_, am now certified to use the above equipment and have received appropriate training.

Furthermore (please initial below),

\_\_\_\_\_ I am familiar with the policies of the Analysis Research Service Center and other documentation required by the training instructor.

\_\_\_\_\_ I understand that misuse of the equipment or facility or deviation from policy may result in loss of privileges and could lead to financial liability.

\_\_\_\_\_ I received room specific safety training for the room this equipment is located in.

\_\_\_\_\_ I further understand that proper personal protective equipment (PPE) and practices are required, and I acknowledge that I have been instructed in the same, and that it is my responsibility to comply with these requirements.

User's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Texas State Net id: \_\_\_\_\_

**Routing information:** Please submit hard copy to the MSEC/SRO front desk outside RFM 3205. The user must provide this requested documentation prior to being granted access.