Application for Safety Orientation and limited access to NMR Facilities
NMR Center, U. of Maryland, College Park, MD.

*Person with metal implants, such as heart pacer, should not work or enter the NMR labs. The form is NOT for NMR training nor authorization the use of equipments.*

**Instruction:**
1. Safety orientation is mandatory and by appointment only.
2. Please return the form to NMR office, attention Dr. Yiu-fai Lam (YFLAM@UMD.EUD) to set up an appointment.
3. Safety orientation is free of charge, except a fee of $25 will be charged if one breaks the appointment without 24 hours advance notice.
4. Refer [http://www.chem.umd.edu/nmr](http://www.chem.umd.edu/nmr) for more information and contact.

**Terms and Conditions:**

**Responsibilities, Risks and Liabilities Disclosure**

1. I, the applicant, will be accompanied by a NMR authorized users to gain access to the NMR labs.
2. I will not operate the NMR equipments or enter the chained areas in the NMR Labs.
3. I will be exposed to strong magnetic fields (up to 15 Tesla maximum), once in the NMR labs. Strong magnetic fields and hence their potential danger always present even when electric power of the lab is off.
4. I will keep myself as well as all loose metal objects at least 15-ft from the magnets. The strong magnetic field attracts all loose paramagnetic metal objects nearby. The collision force could lead to body injury, fatal in some extreme case.
5. I accept the potential health impact and danger of exposing to strong magnetic field in the NMR labs.
6. I will be liable for any mishap due to negligence or violation of the safety policy of the NMR facility.

**ACCEPTANCE:**

On the date after the safety orientation, you will be asked to sign in the NMR user record log if you agree and accept all the terms and conditions disclosed in the application form.

Please Keep this page for your record, return only the second page to NMR Center.
Applicant Information

Last Name: _______________________________________________________
First Name: _______________________________________________________

E-mail address: (PRINT). ___________________________________________

U ID Number (or Driver License) _______________________________________

Home address: _____________________________________________________

Contact Phone Number: _____________________________________________

User Status (check one): Undergrad; Grad. Student; Postdoc; UM associates; Visitors.

Please state reasons to gain access to the NMR Labs:
___________________________________________________________________

Sponsor Authorization and Liability

The undersigned sponsor authorizes the Applicant for safety orientation and gain limited access to the NMR facility at UMCP for a period of
1) One month or 2) Four months
2) Others __________________(max is 6 months)

He (she) will be accompanies and supervised by one of my authorized NMR users.

User name(s): _____________________________________________________

The applicant will not operate any NMR spectrometers and its accessories.
When the applicant damages the NMR equipment and violate the term of use in this application, I will be responsible for cost of repair and liabilities of the incident.

Sponsor Name: __________________________ Signature: _____________________
Sponsor E-mail: __________________________ Date: ________________________