Intake form for users of the GI's light microscopy ML-I room (HG01.228) for students and interns

Several light microscopes of the department of general instrumentation (GI) are located in an ML-I room (HG01.228). Before the start of the training/work in this room this form must be completed by the student, their supervisor, and the VM ("responsible employee") of their department and handed over to Jelle.

This form is for students or interns who will "work under supervision". As a reminder, hereby the definition of "work under supervision" from the BioRisk Prevention office:

"Work under Supervision" means that when handling GMOs, the Employee/student/intern/guest under supervision is capable and allowed to work independently, but a direct supervisor has the final responsibility for the work. The direct supervisor is always aware of the employee/student/intern/guest his/her activities and always in relatively close proximity to the lab (on location). When working under supervision you can only work during office hours of the direct supervisor, working in weekends is not permitted unless the appointed direct supervisor will also be on location.

For more info, contact <a href="https://neurol.neur

To be filled in by the student
Name:
U/Z/E/S-number:
Email:
Department and PI:
Intended time period (start and end date):
In order to work in the ML-I room, I declare that: • I have read and understood the work protocol of the GI ML-I room and I will behave accordingly.
Date and signature:
To be filled in by the student's supervisor
Name:
I declare that:

Date and signature:

• I myself am registered as a user for the GI's ML-I room.

I will supervise the student/intern while they work in the GI ML-I room.

To be filled in by the student's VM
Name:
The VM declares that: • The student is registered at the student's department as a 'student', at ML-I level • Select the relevant option: The intended work is licensed under RBV number: The user will NOT be using GMO's
 Any future work with different GMO's than described above, is licensed before using them at the GI microscopy facility. Date and signature:
To be filled in by the GI VM (Hetty) or aVM (Jelle)
Name:
The VM/aVM declares that: • The user has received instructions regarding the GI ML-I work protocol and room policies.
Date and signature: