

AMERI @ FIU

Advanced Materials and Engineering Research Institute

The Engineering Center
College of Engineering and Computing
10555 West Flagler Street
Miami, Florida 33174
Tel: 305-348-3608 Fax: 305-348-2649

AMERI ACCESS FORM

- Electronically fill out this application form.
- Print the form and obtain the proper signatures.
- Return the **signed and scanned copy** to **AMERI administration**. (antorres@fiu.edu)

Access to AMERI facility is granted only upon receipt of Advisor's signed approval and funding authorization.

Part I: User Information		
Personal Information		
First Name	First Name	
Panther ID#	Novell ID	Gender : <input type="checkbox"/> Female <input type="checkbox"/> Male
Email		
Home Phone	Cell Phone	
Academic Status	Department	
Advisor/Supervisor		
Home Address		Apt
City	State	Zip
Date of Birth	Country of Birth	
Emergency Contact		
First Name	Last Name	Relationship
Home Address		Apt.
City	State	Zip
Country	Phone	

Part II: Project Description

Describe in detail what specifically you expect to do at the AMERI Facility. Describe specific instruments, materials, processes, dimensions and tolerances required.

Part III. Project Principal Investigator Approval

The above individual will be working under my supervision on the specified project. The above information regarding his/her status at FIU is correct. I understand that I must notify the AMERI office regarding any change in this status. This authorization is only for the work on the above named user project as part of the individuals work for me while s/he is a resident at FIU. Exceptions should be noted below. I understand that it is my responsibility to secure the return of all access card(s) at the completion of his/her term at FIU or the completion of this work, whichever comes first.

I agree to pay for the following that may be required by current AMERI policy from funds in the below guaranteeing account (ACTIVITY NUMBER):

- All Materials
- Equipment Usage Charges
- Training Charges
- Service Charges

I understand that I will be invoiced monthly via SMART BILLING.

Principal Investigator Signature

Date

Name of Principal Investigator

Activity Number

Part IV. User/AMERI Agreement

By signing below, the User warrants that he/she has been provided with the AMERI USER GUIDE and understands and agrees to abide by the usage rules and safety provisions discussed in the manual. While the User will be trained in general chemical safety before being allowed to use chemicals, and in the operation of the particular processing instruments required by his/her work, the User assumes primary responsibility for his/her personal safety. It is expected that the User will operate all instruments and equipment in a safe and professional manner, consistent with the operating instructions and the Laboratory rules. The User represents that his/her knowledge of chemistry and general laboratory practice is advanced enough to permit the safe pursuit of the project in question. The User acknowledges that the AMERI Facility is a research enabling center, and that the User retains ultimate responsibility for project progress and development, and FIU does not in any way warrant or assure a particular project result. Additionally, by signing this agreement, the User agrees to abide to the [Florida International University Code of Conduct; https://compliance.fiu.edu/](https://compliance.fiu.edu/) and the [Florida International University's Policy Regarding Abuse Of Computers And Network System https://it.fiu.edu/about/fiu-code-computing-practice/](https://it.fiu.edu/about/fiu-code-computing-practice/) In addition, by signing below, the User acknowledges understanding that access to the AMERI facility and use of the lab resources is a revocable privilege and not a right. That rogue behavior and non-compliance with the lab practices and rules established by the AMERI staff will not be permitted and will result in loss of access privileges. Safety violations, intentional or not, may result in instant revocation of access depending upon the severity.

User Signature

Date



User Account Update Form

NAME: _____

- New User
- Existing User

1. Safety Training (attach safety certificates to form)

	Date Completed	User Initial	FOM	DB
<input type="checkbox"/> HazCom: In Sync with GHS	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Laboratory Hazard Awareness	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Fire Safety	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

2. Account Information:

	PI Name/Course	Acct Number	PI Sign.	FOM
<input type="checkbox"/> Primary	_____	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Secondary	_____	_____	_____	<input type="checkbox"/>

3. FOM: fom.fiu.edu (contact afrancoh@fiu.edu or proma016@fiu.edu for staff initial)

	Username	User Initial	Staff Initial	FOM
<input type="checkbox"/> Create Account	_____	_____	_____	<input type="checkbox"/>

4. Access (contact afrancoh@fiu.edu or proma016@fiu.edu for staff initial)

	Room	User Initial	Staff Initial	SL
<input type="checkbox"/> External	1650WN/WS	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Sample Prep	1650	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Microscopy	1656	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Clean Room	1655	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> XRD (req. cert.)	1662	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Furnace Room	1661	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> Packaging Lab.	1660	_____	_____	<input type="checkbox"/>
<input type="checkbox"/> 3D Prntng Lab	3455	_____	_____	<input type="checkbox"/>

5. Director Meeting (for new users only, contact bboesl@fiu.edu)

	Date	User Initial	Director Initial
<input type="checkbox"/> Meeting	_____	_____	_____

Upon completion, please bring checklist, FOM user account form, and safety training certificates to Ana Torres, EC3475, (antorres@fiu.edu).

Please allow for 3 working days for any changes in user accounts to be made.

User Name (print): _____ User Signature: _____
User email: _____

For AMERI Staff use

Date Received: _____

Date Processed: _____

Processed by: _____

Date Student Notified of Access: _____