

## Critical/Essential Experiment Reservation Sheet

1. Brief description of proposed experiment (1-2 sentences)

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2. I commit to following safety protocols (wearing PPE, hand washing and wiping down equipment before and after use as specified, maintaining distance and adhering to time limits).
3. I certify that these experiments have been approved as critical/essential by the Dean/Department Chair and are in accordance with the criteria specified by the Vice Provost.

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(Researcher)

(P.I.)

Instrument requested: \_\_\_\_\_

Preferred Dates : \_\_\_\_\_

Time slots requested: \_\_\_\_\_