

**PERMISSION FORM FOR AAS**

**Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Metals to Analyse: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mode to use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Timing and Duration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample(s) properly Digested? Yes/No : \_\_\_\_\_\_ Protocol used for digestion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No of Samples: \_\_\_\_\_\_\_\_ Sample Codes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Turbidity of Sample (Should be less than 0.2 NTU): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Characteristics of Sample: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sample Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*I take complete responsibility that I will use the instrument with care and will follow the safety and operating procedures and will be responsible for any damage to the instrument. I also assure that I have obtained all the necessary training on the instrument by AAS trained personnel and understand the safety risks of Fumes and Flammable Acetylene gas. I will keep a trained student/staff with me while working and I, myself will be responsible for any accident/mismanagement.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of Student

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments by the Supervisor

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and Sign of Supervisor**

**Approval**

**Associate Dean**

**For Office Use only**

Incharge Atomic Absorption (Sign and Remarks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note**

* **The instrument can be used only during working hours for safety concerns.**
* **Samples should be clear with no suspended particles and turbidity less than 0.5 NTU.**
* **The Lab should be intimated a week before the working, so that instrument and gases availability may be made sure.**
* **The Student is strictly advised to follow SOP and cleaning/washing/safety procedures of instrument after switching it off properly.**
* **They keys will be issued after assurance of student and provision of duly filled form.**
* **The Log Entries are must and should be made at the time of Entering and Leaving the AAS Room.**