**Use of the Electrochemistry Laboratory: experiment form**

This form is to be completed by **the persons** wishing to use the Electrochemistry Laboratory and has to be returned to the EC-lab staff **at least 15 days** before the beginning of the experiment. The information you are providing in this form must be consistent with the one you have already provided to the safety group in the "Risk Analysis" or "Description of Experimental Set-up" forms.

|  |  |
| --- | --- |
| **Experiment title:** | **Proposal number:** |
|  | **Main Proposer:** |
|  | **Beamline:** |
| **Experiment dates:** | **Local Contact:** |

|  |
| --- |
| **Intended manipulations at the laboratory (give a relevant concise description):** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Chemicals** (please be as precise as possible in terms of volumes and specifications required; e.g. "some ethanol" is not very helpful indication)**:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **Equipment/consumables needed:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

*When you have completed this form, please return it to:*

**Valentin Vinci** email: [valentin.vinci@esrf.fr](mailto:valentin.vinci@esrf.fr) ; [Tel: +33](Tel:+33) (0)4 76 88 2231

**or**

**Helena Isern** Tel: email: [isern@esrf.fr](mailto:isern@esrf.fr); Tel: +33 (0)4 76 88 2979