Nom, prénom, initiales

Laboratoire, équipe :

Date d’évaluation :

|  |  |  |
| --- | --- | --- |
| **Critères d’évaluation** | **Acquis** | **Non acquis** |
| Retrait spontané des objets métalliques (téléphone, clefs…) |  |  |
| Conduite à tenir en cas de déclenchement de l’alarme d’anoxie |  |  |
| Connaissance de la couleur de bouchons assignée à son laboratoire |  |  |
| Connaissance de l’interface graphique des positions (code couleur des positions) |  |  |
| Tubes trop longs interdits |  |  |
| Choix de la position sur le carrousel (proximité par rapport à la position actuelle) |  |  |
| Manipulation du spinneur (position des doigts) |  |  |
| Nettoyage du tube avant insertion dans le spinneur |  |  |
| Sécurité de la calibration |  |  |
| Confiance dans ses actes (rapidité, certitude…) |  |  |
| Connaissance des possibilités propres au mode passeur (expériences réalisables, paramètres modifiables…) |  |  |
| Connaissance des critères d’obtention d’un bon spectre : rôle des shims, hauteur de solvant, présence de particules |  |  |
| Protocole lors du retrait de tubes d'autrui analysés pour libérer des position sur le passeur (récipients prévus) |  |  |

Observation de l’évaluateur :

I, (SURNAME, First Name): …………………………………………………………………………….……

certify that I do not carry any medical device such as pacemaker, metal implant, insulin pump, hearing aids … that could be damaged by the strong magnetic field of the NMR spectrometers. The INRS also underline that it is strongly recommended for pregnant women to stay away from spectrometers. If you have any doubt, please inquire with the staff of the NMR facility.

I have been informed of the risks associated with the use of NMR spectrometers (intense magnetic fields): metallic or magnetic objects (such as pincers, spatulas, cell phones, badges, credit cards, watches, coins …) should never be approached within the 5 Gauss line of the spectrometers. The NMR facility cannot be held liable for any damage resulting from not complying with these rules.

I undertake to respect the rules of procedure of the CCRMN which were given to me today.

It is mandatory to cite the CCRMN acknowledgements of the publications that rely on NMR spectra recorded in the service. In case of significant involvement of CCRMN staff in a research topic, I’ll associate him/her as co-author of the resulting publications.

Department/service: ………………………………………

Status:

* Master (specify the name of the supervisor)
* Ph.D. (specify the name of the supervisor)
* Postdoc (specify the name of the supervisor)
* Permanent staff (specify the status: CR, MC, DR, IR, IE, AI, technician …)
* Other (specify)

Contract beginning from ……………………………………… to ………………………………………

I will inform the staff of the NMR facility of any change regarding my status or contract.

I certify that I have read this document and commit myself to comply with the rules of procedure of the UCBL-CPE NMR facility which were given to me today.

Date : ……………………………………… Signature :