



**Certificate of Equipment Training
Bio-Rad Gel Doc XR imaging system
Department of Biochemistry, Room 3108**

Name: _____

Job title: _____

Department: _____

Principal investigator: _____

Email: _____ **Phone:** _____

- I have been instructed on the safe and correct use of the Bio-Rad Gel Doc XR.
- I will clean up any surface or screen used during image acquisition.
- I will log off at the end of my image acquisition session.
- In order to allow other users access to the system, I will proceed with image analysis using a different computer. The Image Lab image analysis software is available free from the Bio-Rad web site (<https://www.bio-rad.com>).
- I understand that my safety depends on the correct use of personal protective equipment: gloves, goggles, lab coats and safety compliant footwear.
- I will fill out the logbook completely every time I use this instrument.
- I will keep the access door to room 3108 locked at all times
- I will not use this equipment if it is malfunctioning and I will report any malfunction to Paolo Fagone (Rm 3120, Tel. 304-293-7728; e-mail: pafagone@hsc.wvu.edu).

Trainee Signature/Date: _____

Principal investigator/Date: _____

Trainer Signature/Date: _____