

Exhibit B

Core Research Facilities Visitor Form

Visitor Name:	Core Facility:
Client Name:	Location:
Address:	Director:
C/S/Z:	Telephone:
Telephone:	Email:
Email:	

In addition to the terms and conditions of the Core Research Facilities Master Agreement dated _____, which are incorporated herein by reference, these additional terms and conditions apply when an officer, employee or other representative or agent of Client visits any UMass premises or facilities to perform work or otherwise use facility equipment. The Client and Visitor must complete this form. Use of the premises, facilities or equipment will be at the sole discretion of the Core Research Facility Director or other authorized UMass personnel (“Director”).

Safety and Other Training. Client and Visitor agree that Visitor shall complete all UMass training applicable to the subject facilities and/or equipment before use. This training may include, by way of example, courses offered by UMass’s Environmental Health & Safety Department (EH&S) in Biosafety, Lab Safety, Laser Safety, Radiation Safety, etc. At a minimum, Visitor shall complete the Lab Safety training course. Depending on the nature of the work to be performed, other safety courses may be required. The Director will advise on safety course arrangements. Additional information can be found at: <http://ehs.umass.edu/trainings>.

If the Visitor’s work involves use of Core Research Facilities equipment, the Visitor shall receive training from qualified UMass personnel on that equipment. The Director will decide on the type and amount of training required and when the Visitor is adequately prepared to use the equipment with or without supervision. The Visitor may only use equipment on which he/she has been trained and received approval.

Materials. Should any Materials be of a hazardous or similar nature, the Director will advise on EH&S transportation, handling and disposal requirements.

Access: The Visitor shall have access to the subject Core Research Facilities during normal UMass business hours. Access at other times may be made by specific arrangement and with the approval of the Director.

Visitor	Core Research Facility Director
By: _____	By: _____
Name: _____	Name: _____
Title: _____	Title: _____