



ChIM User Registration Form

Applicant to complete

First name: _____ Surname: _____

Massey Usercode: _____

Extension: _____ Email address: _____

I agree to follow the procedures outlined in the ChiM User's guide and any subsequent updates to maintain integrity of the ChiM database. I will refer any errors I find, and am unable to fix, to ITS. I am also aware of the University Code of Practice for the Use of Information and Communications Technology and understand that this code applies in the ChiM context.

Signature: _____ Date: _____

ChIM Area Inventory Manager to complete

College (ChIM Group) _____ Institute (ChIM sub-group): _____

Research group/centre (ChIM sub-sub-group) _____

Tick appropriate boxes:

- Look up chemical availability
- Enter chemicals
- Transfer chemicals
- Dispose of chemicals
- Other please describe _____

Training completed on _____ By _____

Authoriser's Signature: _____

Authoriser's Name _____

Please send completed form to CoS ChIM Administrator PN434

Registration Process

ChIM Area Inventory Manager to complete

- Form Complete
- Form Sent to CoS ChIM Administrator

CoS ChIM Administrator to complete:

- Authorised
- Date: _____
- Initials: _____
- Permission Level: _____

ITS to complete:

- User Added to system ITS
- Date: _____
- Initials: _____
- Password sent to User
- Date: _____
- Initials: _____