#  Instrument Driver License at the FPT Department


## Instrument name: **Tabletop** **SEM TM-1000** (Hitachi, Japan)

### Instrument location: Teknikringen 56-58, Lab 261, 2nd floor

**Name**:

**Position**:

**Starting and ending date of your contract at FPT**:

**Supervisors**:

**Division**:

**Department**:

**School**:

**Email**:

**Telephone number**:

**Invoice reference number (for the users outside FPT only)**:

**Trained by and when**:

I have taken part of the general instructions for the use of the Tabletop SEM TM-1000 and understand the rules connected to its use.

Signature and date − user:

Signature and date − instrument responsible person: