

EXPERIENCE USER TRAINING AND EVALUATION FORM (Krios 300kV)

Prof/Dr/Mr./Mrs./Ms.* _____	Position: <input type="checkbox"/> MPhil student/ <input type="checkbox"/> PhD student / <input type="checkbox"/> Staff / <input type="checkbox"/> Faculty member
Student / Staff Number: _____	
Training date: ____ / ____ / _____	Evaluation Date: ____ / ____ / _____ By: _____

Evaluation Items		Trained	Pass/Fail
Part A (General Policy and Safety)			
General Policy	The Krios session is from 11am-10:30am.	<input type="checkbox"/>	
	It is highly recommended to book at least 24hr in advance. If you make a booking within 24 hours, please contact the Cryo-EM staff.	<input type="checkbox"/>	
	For bookings on Friday, Saturday, or Sunday, sample loading will take place at 11:00 on Friday, with sample unloading scheduled for 10:30 on Monday.	<input type="checkbox"/>	
Door Access	Door access is restricted to the person who made the equipment booking, from 9:30 to 17:30 for weekend session.	<input type="checkbox"/>	
	Test the card access from 17:30 to 18:00 on Friday if you book weekend session.	<input type="checkbox"/>	
	Enter the lab via the entrance next to subway.	<input type="checkbox"/>	
	Cards with RFID technology (e.g. Octopus card) may interfere with the card detection on the card reader.	<input type="checkbox"/>	
	It is not allowed to pass the student/staff card to non-experienced users to access the lab in non-office hours.	<input type="checkbox"/>	
General Safety	No eating or drinking at computer area.	<input type="checkbox"/>	
	Familiarize yourself with the fire escape route.	<input type="checkbox"/>	
	Locate and be aware of the emergency contact information and the first aid box.	<input type="checkbox"/>	
	Always prioritize human safety over your samples!	<input type="checkbox"/>	
Ethane, Oxygen Sensor Alarm	Stop the experiment immediately.	<input type="checkbox"/>	
	Wait until the alarm stops before re-entering the lab.	<input type="checkbox"/>	
Fire Alarm	Stop the experiment immediately.	<input type="checkbox"/>	
	Follow the designated fire escape route to safely exit the lab.	<input type="checkbox"/>	
	Do not re-enter the lab until it has been declared safe to do so by the appropriate authorities.	<input type="checkbox"/>	
	After returning to the lab, please help to close the TEM doors.	<input type="checkbox"/>	
Downgrade Policy	Misconduct may result in warning messages or the suspension of booking privileges.	<input type="checkbox"/>	
	<p>After completing experience user training, users should be able to handle advanced situations related to the instrument. In most cases, please do NOT directly contact staff members on their personal mobile phones.</p> <p>If you encounter any of the following issues, please take note:</p> <p>a. Door access problem: please check your card access at office hour on Friday. If you have not done so, we will be unable to open the door for you at the weekend. Consequently, you will not be able to enter the Cryo-EM lab.</p>	<input type="checkbox"/>	

	<p>b. Technical problem related to operation: After completing this training, you should be able to resolve common technical problems. However, if you encounter any unexpected hardware problems / error messages, please contact us the following day with the specific details. We will consider waiving charges on a case-by-case basis.</p> <p>c. If you have any specific condition settings, please contact our staff in advance.</p>			
Part B (Operation)				
TEM Operation (EPU)	Load and Save EPU pre-set	<input type="checkbox"/>		
	Calibrate image shift	<input type="checkbox"/>		
	Measure drift	<input type="checkbox"/>		
	Direct alignment	<input type="checkbox"/>		
	Tune Energy filter	<input type="checkbox"/>		
	Tune Objective astigmatism and Coma	<input type="checkbox"/>		
	How to insert objective aperture	<input type="checkbox"/>		
	C-FEG Flash and measure dose	<input type="checkbox"/>		
	Stage movement range limit	<input type="checkbox"/>		
	Change magnification, spot size, intensity	<input type="checkbox"/>		
	Check eucentric height is correct when hole sectioning	<input type="checkbox"/>		
	Select "Close Column Valves" at EPU Data Acquisition page	<input type="checkbox"/>		
	How to set up EPU session for lacey film?	<input type="checkbox"/>		
	How to set up EPU session for tilted acquisition?	<input type="checkbox"/>		
	How to do Cryo-Cycle?	<input type="checkbox"/>		
NEVER touch "diffraction" button on control panel.	<input type="checkbox"/>			
After The Run	Check no error for vacuum and temperature.	<input type="checkbox"/>		
	Sign the logbook.	<input type="checkbox"/>		
	Log out EMShark and stop data transfer.	<input type="checkbox"/>		
	Remember to take away all your personal belongings.	<input type="checkbox"/>		
	Turn off light and lock the door.	<input type="checkbox"/>		

Remarks for staff:

If the user can be processed for experience user training if:

- book and use the instrument 10 times within 10 months. (For Cryo-EM Core)
- has no misbehavior in the last 3 months (with at least 3 bookings).

Evaluation will be conducted after the training for 5-working days.

Fail the evaluation if:

- Fail any black item.
- Fail any 2 white items in either Part A or Part B.

If the user fails, he / she can apply again 3 months later.

CPOS Cryo-EM Lab

Dear User,

This document is written to address the lab regulation & safety concerns when you are qualified to be an experienced user for any instruments within the LKS Cryo-EM Laboratory.

Please read through the Health and Safety section of the Operation Manual and be alerted in the lab area always.

When completed, sign the form below and return it to the LKS Cryo-EM Laboratory at LLG03 of Laboratory Block, Li Ka Shing Faculty of Medicine, HKU.

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- I confirm that I have been notified of any potential hazards and are reminded to be aware of all health and safety issues in LKS Cryo-EM Laboratory, in which the instrument of which I am an experienced user resides.
 - I am aware of all regulations and users' responsibility for LKS Cryo-EM Laboratory.
 - I am aware of the no tolerance policy of any abused use in non-office hours booking.

Name:

Staff / Student No.:

Department:

P.I. Name:

Signature: _____ **Date:** _____

CPOS Cryo EM

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