

Centre for Intelligent Antenna and Radio Systems

Supervisory Approval Form

Request # (CIARS use only):

Approval Statement

I, the SUPERVISOR/EMPLOYER of the USER,

acknowledge that the ERL is a high risk environment requiring special expertise and training*,
certify that I have reviewed the EXPERIMENTAL PLAN and vouch for its feasibility

- certify that

Y N USER has adequate training* to complete the described experiment,

OR

Y N we have arranged for a trained* person to facilitate the experiment
▪ Name of trained person:

will ensure that CIARS is credited in all publications containing results obtained through experiments performed therein.

This usage is:

academic - source of funding:

industrial - contact information for invoicing:

Contact full name:

Street address:

Affiliation/company:

City:

Phone:

Province/state:

Email:

ZIP/postal code:

****INDUSTRIAL USE ONLY****

I, the EMPLOYER of the USER, confirm that the described experimental plan is part of the their duties. They will be covered by our insurance for the duration of their experiment in CIARS.

Signature (user)

Date

Signature (supervisor/employer)

Date

*Training in this context includes both technical proficiency sufficient for the described experiments, and completion of the relevant necessary health and safety modules.