# XRD FACILITY USER FORM

1. Name and address of the User: ..........................................................  

2. Signature of the User: .................................................................  

3. Name and Signature of the Guide/Professor: ..................................  

4. Details of the Sample: ...................................................................  

<table>
<thead>
<tr>
<th>Number of samples</th>
<th>Sample description</th>
<th>Sample name/code</th>
<th>2θ range</th>
<th>2θ Step (degrees)</th>
<th>Step Time (seconds)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>From</td>
<td>To</td>
<td></td>
</tr>
</tbody>
</table>

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*To be filled by XRD machine operator*

5. Start time: ............... End time: ............ Total time: .....................  

6. File name(S): .................. ..........................................................  

7. Operated by: ..........................................................  

Signature of Head  
Dept. of Physics  

Signature of XRD facility in charge