

Instrument Experience Questionnaire

Spectrum Laboratory Products, Inc.

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Gardena, CA • New Brunswick, NJ • Tucson, AZ

A USA DEPT. OF HOMELAND SECURITY E-VERIFY EMPLOYER

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PLEASE PRINT LEGIBLY

Lawful Name: _____ Date: _____

Do you have experience with HPLC? Yes No

If yes, how many years? _____ Year from: _____ Year to: _____

Where? _____

Do you have experience with UPLC? Yes No

If yes, how many years? _____ Year from: _____ Year to: _____

Where? _____

Do you have experience with ICP-MS? Yes No

If yes, how many years? _____ Year from: _____ Year to: _____

Where? _____

Do you have experience with GC? Yes No

If yes, how many years? _____ Year from: _____ Year to: _____

Where? _____

Do you have experience with LIMS? Yes No

If yes, how many years? _____ Year from: _____ Year to: _____

Where? _____

Please list all other equipment with which you have experience.

I certify that all information I have provided is true, complete, and correct.

Signature: _____ Date: _____