JILA CLEAN ROOM USER INFORMATION FORM

Append this form by completing all the requested information and email to: kecklab@jila.colorado.edu

YOUR FULL NAME: _______________________________

DEPARTMENT, AGENCY or COMPANY NAME: _______________________________

GROUP or DIVISION: _______________________________

STATUS (e.g. Graduate Student, Senior Scientist): _______________________________

YOUR EMAIL ADDRESS: _______________________________

PHONE NUMBER: _______________________________

PREFERRED USER NAME (eight or fewer characters): _______________________________

This user name will be used for logging into the Keck Lab server and web-based reservation system. Preference: Select a user name that was issued to you by CU or JILA. If you have no preference, one will be assigned to you.

PREFERRED PERSONAL IDENTIFICATION NUMBER (four-digit PIN): _____________

Please do not use a PIN associated with any secure account such as a bank account. This PIN will serve as your password for your Keck Lab account and web-based reservation system. For Clean Room and X110 users, it will also be your entry access code. Do not share this number.

NAME OF PRINCIPAL INVESTIGATOR or SUPERVISOR: _______________________________

THAT PERSON'S EMAIL ADDRESS: _______________________________

PROJECT NAME ACCOUNT or P. O. NUMBER START/END DATES
________________________ ________________________ ______________________
________________________ ________________________ ______________________
________________________ ________________________ ______________________

INSTRUMENTS FOR WHICH YOU WISH TO HAVE PRIVILEGES: _______________________________

_____________________________________________________________________________________________

X110 COMMUNITY FUME HOOD □

SAFETY REQUIREMENTS

JILA CLEAN ROOM SAFETY MODULE COMPLETION DATE: _______________________________

Completion of this safety module is required for all clean room users.

FOR THOSE INTENDING TO USE THE LITHOGRAPHY BAY OR COMMUNITY CHEMISTRY AREA:

SEM Bay Only users do not have to complete E.H.&S. safety requirements.

NAME OF E.H.&S. HM/WM SAFETY PROCTOR FOR YOUR GROUP: _______________________________

THAT PERSON'S EMAIL ADDRESS: _______________________________

E.H.&S. HM/WM TRAINING COMPLETION DATE: _______________________________

E.H.&S. SEALED SOURCE RADIATION TRAINING COMPLETION DATE: _______________________________

I have read a copy of the Keck Lab Policies and Procedures and agree to abide them.

_________________________ __________________________
Signature Date