

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