JILA KECK METROLOGY LAB AND CLEAN ROOM
USER INFORMATION FORM

YOUR FULL NAME: ________________________________________

DEPARTMENT, AGENCY or COMPANY NAME: __________________________________________

GROUP, DIVISION OR ADDRESS: _______________________________________________________

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 Fume Hood users, it will also be your entry 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
__________________________________________ ____________________________
__________________________________________ ____________________________

AREAS AND INSTRUMENTS FOR WHICH YOU WISH TO HAVE PRIVILEGES:
☐ OPTICAL METROLOGY LAB (S105)
Instruments: _______________________________________________________________________

CLEAN ROOM AREAS
☐ COMPLETION OF THE JILA CLEAN ROOM SAFETY MODULE IS REQUIRED FOR ALL CLEAN ROOM USERS.
☐ CLEAN ROOM SEM AND FABRICATION BAYS (X131A and X121B) ONLY
☐ CLEAN ROOM LITHOGRAPHY BAY (X121D)
COMPLETION OF E.H.&S. HM/WM TRAINING IS REQUIRED. SEALED SOURCE RADIATION TRAINING IS RECOMMENDED.
☐ COMMUNITY FUME HOODS AND DICING SAW ROOM (X110)
COMPLETION OF E.H.&S. HM/WM TRAINING IS REQUIRED IF WORKING WITH CHEMICALS.

JILA CLEAN ROOM SAFETY MODULE COMPLETION DATE: ____________________________
E.H.&S. HM/WM TRAINING COMPLETION DATE: ____________________________
E.H.&S. SEALED SOURCE RADIATION TRAINING COMPLETION DATE: ______________________
NAME OF E.H.&S. HM/WM SAFETY PROCTOR FOR YOUR GROUP: __________________________
THAT PERSON’S EMAIL ADDRESS: ____________________________

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

__________________________________________ ____________________________
Signature Date

Return to JILA S120 or email completed form to: kecklab@jila.colorado.edu