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: ________________  ____________

AREA(S) AND INSTRUMENT(S) FOR WHICH YOU WISH TO HAVE PRIVILEGES:
☐ OPTICAL METROLOGY LAB (S105)
Instruments: _______________________________________________________________________

☐ CLEAN ROOM SEM AND FABRICATION BAYS (X131A and X121B) ONLY

☐ CLEAN ROOM LITHOGRAPHY BAY (X121D)
COMPLETION OF THE JILA CLEAN ROOM SAFETY MODULE IS REQUIRED OF EVERY CLEAN ROOM USER.
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