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)

☐ CLEAN ROOM
  REQUIRES COMPLETION OF THE JILA CLEAN ROOM SAFETY MODULE.

☐ CLEAN ROOM LITHOGRAPHY BAY (X121D)
  REQUIRES COMPLETION OF E.H.&S. HM/WM AND SEALED SOURCE RADIATION TRAINING.

☐ COMMUNITY FUME HOODS AND DICING SAW ROOM (X110)
  REQUIRES E.H.&S. HM/WM TRAINING IF WORKING WITH CHEMICALS.

Instruments: _________________________________________________________

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 Conditions of Use and Policies and Procedures and agree to abide them.

__________________________________________________________
_________________________
Signature Date

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