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

_________________________________ ________________________________

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

_________________________________ ________________________________

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 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 (X110)

Completion of E.H.&S. HM/WM Training is required.

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 the Keck Lab Rules of Usage and agree to abide them.

__________________________________________
Signature

__________________________________________
Date

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