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)


☐ COMMUNITY FUME HOODS AND DICING SAW ROOM (X110)

E.H.&S. Lab Safety and Hazardous Waste Generation 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