Micro Nano Fabrication Keyless Access Request

LAST NAME: FIRST: CatCard#:  
Position/Title: Acct#/Project:  
Access Start Date: Access End Date:  

With the new cat-card readers you will scan your cat-card to enter AND exit the cleanroom. **IF you do NOT scan your exit, your access will be automatically deactivated.** To reinstate your access you will have to contact the Cleanroom Manager and they will have to re-activate your access.

After carefully reading the new cleanroom entry/exit process and the policies document attached please initial the following statements:

- [ ] I received a copy of the “Policies for Use of The Cleanroom.”
- [ ] I understand that I must scan my exit or my access will be automatically deactivated.
- [ ] I understand that my keyless access requires supervisor and lab manager approval.

CERTIFICATION OF USER
By signing this form; I certify that I read and understood the policies and procedures and will comply with them. I have had the necessary training to work in the cleanroom. I understand that if I do not follow the policies and procedures, my cleanroom privileges may be taken away.

______ (User Signature) ___________ (Date)

______ (Supervisor Name) ___________ (Supervisor Signature) ___________ (Date)

(CERTIFICATION OF OVERTIME (OT) REQUEST)

The cleanroom is open during office hours Monday-Friday from 8 A.M. to 5 P.M. In order to have access outside of these hours permission must be obtained from the Cleanroom Manager. By signing this section I am requesting overtime access and understand that overtime access includes the use of the OSC cleanroom on the weekends and after hours (excluding holidays and official cleanroom closures) and that I must follow the overtime rules:

1) You must refrain from handling dangerous chemicals.
2) At least one person should know that you are working in the clean room. This person should know the overtime work hours and should check on you every hour (for example by phone).
3) When the overtime access is no longer needed, you must let the cleanroom manager know.

______ (User Signature) ___________ (Date)

CERTIFICATION OF LAB MANAGER
RLSS Requirement date completed: __________________ Only Initial if OT request approved: __________________

______ (Lab Manager Name) ___________ (Lab Manager Signature) ___________ (Date)

Last Updated 02/03/2016