

Nanofab Off Hours Access Form

Project Title: _____

Project #: _____ Submission Date: _____

User Information

User # 1

Current User : YES NO

Name: _____ Title: _____

LAB: _____ Division: _____ NIST Associate NIST Employee
 Student Post Doc Senior Scientist Other

Email: _____ Ext: _____

User # 2

Current User : YES NO

Name: _____ Title: _____

LAB: _____ Division: _____ NIST Associate NIST Employee
 Student Post Doc Senior Scientist Other

Email: _____ Ext: _____

Experiment Information

Proposed start date: _____ Proposed start time: _____
 Proposed end date: _____ Proposed end time: _____

To which lab do you require access?

Clean room FIB (216/E102) Post Process (215/C02-2)

Which tools do you plan to use?

- | | | |
|--|---|---|
| <input type="checkbox"/> Photolithography | <input type="checkbox"/> Dry etch | <input type="checkbox"/> Furnaces |
| <input type="checkbox"/> Metal Deposition | <input type="checkbox"/> Inspection | <input type="checkbox"/> Wet chemistry |
| <input type="checkbox"/> Wafer saw/wire bonder | <input type="checkbox"/> Imprint lithography | <input type="checkbox"/> Focused ion beam |
| <input type="checkbox"/> Electron beam lithography | <input type="checkbox"/> Other (please specify) _____ | |

Please provide justification for requesting off hours access and describe in detail the work you intend to conduct including specific materials and chemicals.

Off Hours Access Approved: YES NO