

Off Hours Access Form

Date: _____

Person to be Granted OH: _____

OHA – Mon to Fri - 5pm to 12pm / Sat, Sun – 7am to 12pm

OHA* – Mon to Fri - 5pm to 12pm / Sat, Sun – 7am to 12pm – no buddy required – no chemical work

Checklist:

- Current safety badge

- OHA Requirements
 - SNL user with active project in lab – student has been active for at least one quarter prior
 - Certified Operator on two Base Level Tools. (student requirement only)
 - Certified operator on one Upper Level tool. (student requirement only)
 - PI has signed Off Hours form attesting to need and responsibility. (student requirement only)
 - Candidate has SNL Staff sponsor (student requirement only)
 - Consensus on candidate reached between SNL management.
 - Trained in after hours procedures. Date: _____

- OH* Requirements

Please list the reason you need OH*

Signatures

I agree to the SNL policies and procedures concerning the use of the facility for Off Hours use. I understand my responsibilities and have received the appropriate training. I understand that failure to comply with any SNL policies may result in loss of lab privileges.

Off Hours User: _____

As the PI responsible for this students work, I can attest to this student's responsibility and need for off hours Access. I also agree to be responsible for this student's behavior while working in the SNL.

PI Sponsor: _____

SNL Representative: _____

Date Removed: _____

Reason Removed: _____