Database Entry ☐
FOM Access ☐
Door Access ☐
Radiation Safety ☐
Laser Safety ☐

CLEANROOM TOOL TRAINING FORM

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

INSTRUMENT:

MOCVD

Training prerequisites and Notes:
(1) XPG2 EBL pattern generator Requires: JEOL SEM Training

USER INFORMATION:

Please Type or Print Clearly

USER NAME: _____ EUID #: _____

DEPARTMENT/COMPANY: _____ DATE: _____

E-MAIL: _____ PHONE #: _____

ADVISOR'S NAME: _____

ADVISOR'S E-MAIL: _____

ADVISOR'S SIGNATURE _____

The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument by this user. See https://nanofabrication.unt.edu/sites/default/files/unt_cleanroom_user_fee_schedule_10_18_16.pdf for equipment rates and usage policies.

TRAINING INFORMATION:

Please Type or Print Clearly

Have you taken a characterization class covering this technique? If yes, which one and when? Yes ☐ No ☑

_____

_____

Do you have any previous experience operating this type of instrument? If yes, please explain. Yes ☐ No ☑

_____

_____

What do you hope to measure with this instrument?

_____

_____

_____

What materials do you anticipate analyzing with this instrument?

_____

_____

_____

How often do you anticipate using this instrument during the week? _____ hours

Email the completed form to jianchao.li@unt.edu or deliver the completed & signed form to room E-178G of the UNT Discovery Park