

Cleanroom Access Form

The applicant must submit this access form before getting the training and certification of any equipment.

Name _____ Phone _____ Email _____

Department _____ Faculty Advisor _____

Check the facilities you are going to use and check if you have obtained the operating certification.

Tools	facility selection	Certificated	not yet certificated
Mask Aligner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thermal Evaporator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sputter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EBM Coater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fume Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum oven/furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dektak Profilometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxidation Furnace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Approved by faculty advisor

This is to certify that the person above has been given the permission to apply for the cleanroom access. I understand that the user fee will be charged based on the cleanroom access/equipment usage and I will be responsible for any repair fee if any facility is damaged due to reckless action of the applicant.

Faculty Advisor

Date

This is to certify that the applicant has been given permission to use the selected facilities.

Cleanroom Manager

Date

Bring completed form to: Dr. Youngsik Song, Tel: x6887