CHTM Cleanroom Information Form
All information gathered will be kept confidential
Please print legibly

Name: _____

Advisor's Name: _____

Department: _____

Lobo Card Number: _____

Phone number: _____

Complete Email: (e.g. me@chtm.unm.edu) _____

Reason for Needing Cleanroom Access: _____

_____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Medical conditions or medications that might affect cleanroom performance (such as diabetes, epilepsy, asthma, high blood pressure medications): _____

_____

Initial cleanroom access is limited to 8am-5pm Monday through Friday, with the exception of University holidays. For access outside of this time, users must submit a written request for 24-hour access, a copy of their Lobo Card, and a copy of a current CPR training card to the cleanroom manager. The cleanroom staff will verify that the user meets the requirement of a minimum of 120 hours of cleanroom work.

Cleanroom users agree to follow all rules and regulations for cleanroom access as outlined in cleanroom orientation. Failure to follow these rules can result in loss of cleanroom privileges.

The user will submit a new cleanroom information form if the information given above changes.

Cleanroom orientation does not allow the user full access to the cleanroom equipment. Each process tool has it's own qualification procedure.

When the user no longer needs access to the cleanroom, the user will contact the cleanroom manager for checkout procedures.

Signature: _____

Orientation Date: _____