



MEMS SENSORS AND ACTUATORS LAB

USER NAME:

USER ID:

DEPARTMENT:

USER'S TITLE:

USER'S EMAIL:

PHONE:

ADVISOR'S NAME:

PHONE:

ADVISOR'S EMAIL :

PART I. BACKGROUND

1. How much cleanroom experience do you have (e.g. 1 year)?
2. Please specify some of the cleanrooms you have been working in and the basic works in these cleanrooms:

PART II. PROCESS INFORMATION

1. What is the title of your project?
2. Please explain briefly the process(es) you are going to do in MSAL (The lab manager may ask you to attach a separate sheet to describe the process steps if necessary) :
3. What equipment do you need to use in MSAL? Do you have any experience using the equipment somewhere else?
4. Have you read the SOP for the process(es) and equipment?
5. What is the duration of this project and how often do you expect to work at MSAL?
6. How long do you expect your process to take?

PART III. CHEMICALS

1. Please list the names of all the chemicals you are going to use in MSAL:
2. Do you need to use DI water in your process? If yes, how often?
3. Please list the names of the chemicals you are going to use that belong to MSAL:
4. Please list the names of the chemicals in your process that we currently don't have an MSDS for in MSAL:
5. Have you provided the MSDS for any new chemicals to the lab manager?
6. Are you going to prepare the waste bottles for new chemicals you'll use in MSAL?
7. Please specify briefly the potential danger and hazards for any chemicals that you are going to use:

Signature of the User:

Date:

Signature of User's Advisor:

Date:

Signature of Professor Ghodssi:

Date: