INRF/BiON
New User Checklist

I. Fill out an Account Authorization Form, Key Issuance Form, & Emergency Notification Form.

II. Read the following: INRF Chemical Hygiene Plan, Lab Safety Manual and MSDS Literature found online or available in the INRF office.

III. Complete INRF & BiON Safety Assessment. You must receive a score of 80% or higher. Once complete print result to submit to INRF.

IV. Complete EH&S “UC Lab Safety Fundamentals,” “Hazardous Waste safety training,” & “Hazardous Materials Incidents Emergency Procedures Training” and print out the EH&S completion certificates to submit to INRF. Users may sign up for the courses through the UC Learning Center. Please contact INRF staff to set up a UCI Net ID.

V. Read and complete the Policy Compliance Agreement.

VI. Complete the Chemical Usage Form.

VII. Complete the User Agreement, Waiver Release and provide a copy of a Certificate of Insurance.

VIII. Submit documentation from steps I through VII by email to inrf@uci.edu.

IX. Complete an on-line slide orientation, an on-line orientation quiz, and request an on-site orientation.

X. Receive Keycard from INRF office and proceed with on-site orientation.

XI. Please request cleanroom suit from INRF staff if you are a full-time user.

XII. Please request equipment training by filling out the on-line training request form.
ACCOUNT AUTHORIZATION FORM
For other Academics
THIS FORM MUST BE COMPLETED BY ALL USERS OF INRF

User Name _____________________________________________________ Phone # _____________________

Last   First

Employee /Student Number __________________________________  E-mail address _______________________

Home Address ___________________________________________________________________ ______________

Billing/Authorization Information

Academic Department ______________________________________________________________________

Department Contact for Billing (Name and E-mail)_______________________________________________

Account and Fund Number for Billing ________________________________________________________

Billing Terms and Conditions

1) Billing will be processed each month via recharge or invoice.
2) Billing will be based on the rates listed below and current equipment usage rates which are posted to the INRF
   website and subject to change annually.
3) A one-time fee of $500 will be billed. The cost may be shared by up to 3 users per orientation.
4) User can purchase specialty supplies from our Cleanroom Store which will be included in the billing.

Please select the appropriate Rate Structure

<table>
<thead>
<tr>
<th>Use of Cleanroom</th>
<th>Hourly Rate</th>
<th>Monthly Cap Rate Per User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic User (Non UC) INRF Access Only</td>
<td>$110.00 per hour</td>
<td>$2,736 per month per user</td>
</tr>
<tr>
<td>BiON Access Only</td>
<td>$110.00 per hour</td>
<td>$2,138 per month per user</td>
</tr>
<tr>
<td>Combine User- INRF/BiON Access</td>
<td>$110.00 per hour</td>
<td>$3,300 per month per user</td>
</tr>
</tbody>
</table>

AGREEMENT: I agree to the INRF billing terms and conditions. I authorize UCI INRF to bill my account monthly
for facility and equipment use based on hours of use. I understand that any supplies purchased from INRF will also be
included in the billing.

Authorized PI Signature __________________________________ Date __________________________________

Printed PI Name and Department _________________________________ E-mail Address ___________________

For billing questions, contact: Marc Palazzo at mdpalazz@uci.edu or 949-824-8125 Phone
CLEAN ROOM KEY ISSUANCE FORM
THIS FORM MUST BE SIGNED BY ALL ISSUED ELECTRONIC KEYS

Name _____________________________________________________ Title: ___________________

     Last,                      First

Status:  □ UCI User  □ Academic User  □ Commercial User  □ Sponsor User  □ Technical  □ Administrative

AGREEMENT: It is understood and agreed that:

1.) I am responsible for the University INRF Clean room key issued to me and I will report its loss/theft immediately.
2.) The key issued to me may not be reproduced except by the University of California, Irvine.
3.) The key is to be returned immediately to the INRF Business Office on termination of my employment or my withdrawl as a user.
4.) Each key will cost $10 and replacement keys will be charged for the same fee.

SIGNATURE
I understand the above agreement and take responsibility for the key issued to me.

Signed__________________________________________________________  Date _____________________

AUTHORIZATION:

__________________________________   _______________________________________
PI/Supervisor       INRF Facility Administrator

INRF Use Only

Key Serial # ___________________________  Date Issued ______________  Date Returned ___________

INRF Assigned User Name _________________________  INRF Assigned Account Number _______________

User Status ___________________
INRF Emergency Notification Information

Full name

Department

Special medical conditions and allergies that medical personnel should be aware of:

Name
Relationship
Address
Work phone
Home phone

Person to notify in the event of emergency

Name
Relationship
Address
Work phone
Home phone

Alternate emergency contact

Name
Relationship
Address
Work phone
Home phone
Chemical Usage Form

THIS FORM MUST BE COMPLETED BY ALL USERS OF INRF THAT ACCESS WET PROCESSING AREAS

User Name: _____________________________________________________________

Check all Classes of Hazardous Material that apply, see Hazardous Material SOP for INRF at: http://www.ehs.uci.edu/programs/sop_library/index.html

- Acids
- Hydrofluoric Acid
- Ammonium Fluoride
- Bases
- Solvents
- Oxidizers
- Toxic Compounds
- Water Reactive Chemicals
- Pyrophoric Substances
- Cryogenic Fluids
- Asphyxiant Gases
- Flammable Gases
- Toxic Gases
- Reactive or Explosive Chemicals
- Carcinogens
- Other, please explain:

Process (Check all that apply, see: http://www.inrf.uci.edu/facility/sop/wet-dry/)

- Alcohol NAOH
- Si Etch using KOH
- Buffered Oxide Etch
- Nickel Electroless Plating
- Glass Etch
- Gold Etch
- HF (2%) Dip
- Isotropic Si Etch using HNA
- Nickel Etch
- Silicon RCA-1
- Silicon RCA-2
- Silicon Solvent Clean

Process name/title (Attach SOP):

PI/Supervisor Certification:

I certify that this individual has received training specific to the hazards involved in working with the material or process checked off, including work area decontamination and emergency procedures.

Authorized PI Signature __________________________________ Date ______________________________

User Acknowledgement: By checking the applicable boxes above and signing below, I acknowledge that I have read and understood the SDS and Standard Operating Procedure (SOP) for each chemical and process. I have located the SDS on file with INRF/BiON at: http://www.inrf.uci.edu/msds/. The chemical I plan to use is not found in the INRF online SDS Database. I will submit a chemical request form (http://www.inrf.uci.edu/safety/standard-procedures/) and SOP (if applicable).

User Signature ___________________________ Date ______________________________
Policy Compliance Agreement

All users of the INRF and BiON Cleanrooms (students, staff, faculty, and industrial visitors) are expected to act in a professional manner giving courtesy and respect to other users in our research community. The actions of any one user has the potential to affect the successful outcome of research and the safety of all users in our shared community. Therefore it is essential that our users and their responsible PI or Supervisor understand our policies to promote a safer, cleaner and more useable lab.

The following is required of all Users:

I. MINIMUM COMPETENCIES
   A. Have prior experience working in a lab environment or have a research group that will mentor you
   B. UCI EH&S Safety Training Certification
      a. Lab Core Safety/ Lab Safety Fundamentals
      b. Hazardous Waste
   C. Know and understand basic hazards of chemicals in the INRF (See Lab Safety Manual pgs.7-11)
   D. Understand proper procedures for collection, storage and disposal of hazardous waste (Lab Safety Manual pg. 12)

II. READ (All documentation can be found at: [http://www.inrf.uci.edu/safety/standard-procedures/](http://www.inrf.uci.edu/safety/standard-procedures/))
   A. Lab Safety Manual
   B. INRF & BiON Policy Overview
   C. Chemical Hygiene Plan
   D. The MSDS Literature and SOP’s for each chemical that you use
   E. The SOP’s for each equipment that you use

III. BE RESPONSIBLE (Each user is responsible for the equipment and chemical used. Each user must follow the minimum guidelines or be subject to consequences, potentially including expulsion)
   A. Wear proper personal protective (PPE) gear and safety glasses or chemical splash goggles at all times
   B. Always log-in when entering the Facility and log-out when leaving
   C. Fill out the log for all equipment that you use
   D. Complete Chemical In-Use forms for all chemicals presently in use, including contact phone number.
   E. Leave all equipment in the same or better condition it was found. This includes turning off microscopes and cleaning spinners when you are finished using.
   F. Store all personal equipment or supplies in designated areas or lockers. DO NOT store chemicals in your locker.
   G. Follow the proper disposal procedures for all chemicals. If you do not know how to dispose of something, ask staff.
   H. Notify staff immediately in the case of an accident resulting in a chemical spill, broken equipment or injury
   I. Each user will be issued an access card for entering the lab. Users will not share their access card with anyone and must report to staff if lost or stolen.
   J. Report potential safety hazards to Staff
   K. Pay close attention to Do’s and Don’t signs

IV. RESPECT
   A. Treat all equipment and experiments in the lab as if they are your own. DO NOT dispose of or dismantle an experiment or chemical without first checking with staff
   B. If you observe someone failing to follow policy or proper procedure, help them in a kind manner to understand
   C. Make an appointment with Lab Staff for equipment or process training, DO NOT interrupt staff for personal training when they are working
   D. Attend weekly Lab Meetings whenever possible as this is dedicated time with our Lab Manager

Policy Violations

Users that violate INRF/BiON Policies and Procedures as specified in this agreement and in our Lab Safety Manual will be subject to the following consequences listed below. Lab Staff reserves the right to enforce additional consequences if deemed necessary. **Safety Violations will result in immediate 2 week suspension.**

1st – 3rd Occurrence: Written warning to the violator and responsible PI/Supervisor
4th Occurrence: 2 week suspension from INRF and BiON Cleanroom(s)
5th Occurrence: 30 day suspension from INRF and BiON Cleanroom(s) and requirement to re-take the Lab Orientation for an additional cost of $150 internal / $350 external user.

Updated 12/9/14
Lab Protocol Violations include (but are not limited to):

- Improper Use of Lockers (ex: storing chemicals, leaving a mess)
- Improper Entry (ex: Using another users key card or username, not logging in, signing in as a guest when you are a user)
- Failure to follow SOP's for equipment or processes (this will lead to suspension from tool)
- Failure to log equipment use and parameters
- Failure to clean up after yourself (ex: after use of spinner, wet bench and utensils)
- Using equipment or supporting infrastructure that you are not trained or authorized to use
- Removing another users samples from equipment or chemicals
- Altering process parameters during another users run
- Theft or unauthorized removal of equipment, materials or chemicals (may result in expulsion)

Safety violations include (but are not limited to):

- Failure to comply with the buddy policy
- Improper chemical glove use (ex: touching equipment or door handles with chemical gloves)
- Unauthorized use of the wet bench (users must be qualified before use)
- Improper use of chemical fume hoods or wet benches
- Improper chemical handling, transport, storage, use or labeling
- Improper waste disposal or failure to clean and dispose of empty chemical bottles
- Bringing non-approved chemicals, materials, or people into the lab
- Not following Do’s and Don’t signs in the lab
- Failure to immediately respond to and/or report equipment problems, injuries or safety hazards including chemical spills

PI/Supervisor Acknowledgment

1.) I certify that the user named below has met the minimum competencies as listed under section I
2.) I have read and understand the INRF & BiON Policies listed in the Lab Safety Manual and will ensure that user violations are limited
3.) I understand that there are consequences to policy violations that could potentially lead to additional cost and expulsion of the user named below

PI/Supervisor Signature __________________________ Date ________________

PI/Supervisor Name (Printed) __________________________ E-mail ____________________

User/ Employee Acknowledgment

1.) I have read and will follow the policies in the Lab Safety Manual
2.) I understand that failure to follow these policies may endanger the entire lab environment and serious consequences will result in loss of lab privileges.
3.) I understand that I will be held responsible for any damage caused if I fail to follow these policies.
4.) I understand that I may be included in photos and/or videos taken during lab usage and they may be shown for INRF purposes

User Signature __________________________ Date ________________

Name (Printed) __________________________ E-mail ____________________

Updated 12/9/14
Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being permitted access to or to participate in any way in the activities, work and research within the Integrated Nanosystems Research Facility (INRF) hereinafter called “the activity”, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue The Regents of the University of California, their officers, employees, and agents from liability from any and all claims including the negligence of The Regents of the University of California, their officers, employees and agents, resulting in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in the activity.

Assumption of Risks: Participation in the activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, chemical exposure, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD HARMLESS The Regents of the University of California from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in the activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Signature of Participant  Date