

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 "[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 Commercial Users

THIS FORM MUST BE COMPLETED BY ALL USERS OF INRF and BiON

User's Name _____

Phone Number _____ E-mail Address _____

Billing/Authorization Information

Company Name _____

Company Contact for Billing Purposes _____

Company Address _____

City, State _____

Phone Number _____ Fax Number _____

Billing Rates and Terms and Conditions

- 1) Billing will be sent at the beginning of each month and is due and payable in 30 days in US Dollars.
- 2) Billing will be based on user classification per the rates listed below and current equipment usage rates which are posted to the INRF website and are subject to change annually.
- 3) A one-time fee of \$750 will be charged. The cost may be shared by up to 3 users per company per orientation.
- 4) User can purchase specialty supplies from our Clean Room Store, which will be included in the billing.
- 5) Company purchase orders are preferred.

Please select the appropriate Rate Structure

<i>User Classification</i>	<i>Hourly Rate</i>	<i>Monthly Cap Rate Per User</i>
INRF & BiON Access	\$110 per hour	\$4,400 per month
INRF Access Only	\$110 per hour	\$3,648 per month
BiON Access Only	\$110 per hour	\$2,850 per month
Guest User ¹	N/A	N/A

¹Guest Users are defined as observers that do not perform work in the facility. Guest users are prohibited from touching any equipment in the facilities.

AGREEMENT: I authorize UCI to bill my company for facility use and agree to the cleanroom billing rate specified above. I understand that any supplies purchased or equipment used in INRF or BiON will also be included in the billing.

Authorized Company Signature _____ Date _____

Name and Title _____

For billing questions, contact: Marc Palazzo at mdpallazz@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 withdrawal 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:

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	Toxic Compounds	Toxic Gases
Hydrofluoric Acid	Water Reactive Chemicals	Reactive or Explosive Chemicals
Ammonium Fluoride	Pyrophoric Substances	Carcinogens
Bases	Cryogenic Fluids	
Solvents	Asphyxiant Gases	
Oxidizers	Flammable Gases	

Other, please explain:

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

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

PI / Company: _____

User: _____

Department: _____

Project: _____

INRF Research Story

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/>)

- 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.**

1 st – 3 rd Occurrence:	Written warning to the violator and responsible PI/Supervisor
4 th Occurrence:	2 week suspension from INRF and BiON Cleanroom(s)
5 th 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.

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

Participant's Name: _____

Please Print

UNIVERSITY OF CALIFORNIA, IRVINE

Integrated Nanosystems Research Facility (INRF)

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.

Signature of Participant Date

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** The Regents of the University of California, **HARMLESS** 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