



### Nanofabrication Central Facility Internal User Agreement

New Application  
 Update Application

Date: \_\_\_\_\_

#### 1. User Information:

Last Name		First Name		Middle Initial	
Position Title		Faculty Advisor			
Home Department		Phone Number			
Brown Username (AuthID)		Brown Email			
Expected Completion or Departure Date from Brown					

#### 2. Default Account Information:

Account Driver WorkTag		Account PI or Responsible Person	
Program WorkTag (if applicable)	PRG	Account Department	
Assignee WorkTag (if applicable)	A	Account Funding Agency	
Additional WorkTags		Account Expiration Date	
Account Description			
If Default Account PI is NOT the user's Faculty Advisor, please explain			

#### 3. Environmental Health & Safety Compliance:

By initialing here \_\_\_\_\_ I certify that *I have attended and will remain current* on the required Brown University EHS training, which is required for ALL personnel who enter the Nanofabrication Central Facility.

**Have you Completed and remain current on the following EHS Training?**

Lab Safety Training Yes <input type="checkbox"/> No <input type="checkbox"/>	Hazardous Waste Training Yes <input type="checkbox"/> No <input type="checkbox"/>	Hydrofluoric Acid Exposure Training Yes <input type="checkbox"/> No <input type="checkbox"/>
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**IMNI Administrative Use**

Next Lab Safety Training Due:	Next Hazardous Waste Training Due:	Next Hydrofluoric Acid Exposure Training Due:
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#### 4. Description of Research Project:

\_\_\_\_\_

#### 5. Instrumentation (indicate which of the following you intend to use):

<input type="checkbox"/>	<b>Clean Room Only</b> (this includes use of chemicals, spinner, hot plate, and hood)
<input type="checkbox"/>	<b>Research Engineer Time</b> (to run samples on your behalf)
<b>Major Instruments</b>	
<input type="checkbox"/>	Heidelberg MLA 150 Maskless Aligner
<input type="checkbox"/>	Karl Suss MJB3 UV300 Mask Aligner
<input type="checkbox"/>	NIL Technology Nano Imprinter
<input type="checkbox"/>	Newport-Oriel Flexible Mylar Mask Lithography
<input type="checkbox"/>	Cambridge Fiji F200 Atomic Layer Deposition
<input type="checkbox"/>	Angstrom Engineering Electron-Beam
<input type="checkbox"/>	Lesker Lab-18
<input type="checkbox"/>	Angstrom Multi-Target Sputtering System
<input type="checkbox"/>	Angstrom Organic Evaporator
<input type="checkbox"/>	PlasmaTherm Model 790 RIE/PECVD System
<input type="checkbox"/>	SPTS LPS Inductively Coupled Plasma RIE System
<b>Supportive Instruments</b>	
<input type="checkbox"/>	RTA Rapid Thermal Annealer
<input type="checkbox"/>	Wet & Dry Oxidation Furnace
<input type="checkbox"/>	Annealing & Drive-in Heat Treatment
<input type="checkbox"/>	Dektak3 Profilometer
<input type="checkbox"/>	JA Woolam M-2000 Ellipsometer
<input type="checkbox"/>	Karl Suss 200mm Precision Manual Analytical Prober
<b>Key for Processes</b>	
<input type="checkbox"/>	Lithography
<input type="checkbox"/>	Thin Film Deposition
<input type="checkbox"/>	Plasma Etching
<input type="checkbox"/>	Furnaces
<input type="checkbox"/>	Characterization

# Nanofabrication Central Facility Internal User Agreement

I hereby apply to use the IMNI Nanofabrication Central Facility and agree to the following:

1. Laboratory Orientation and Instrument Training will be scheduled by the NCF Research Engineer via e-mail or phone. The training session must be completed within 30 days of this application or this application will need to be resubmitted with current information. I agree to review the current NCF Rate Schedule. Information on rates and fees can be found at [www.brown.edu/IMNI](http://www.brown.edu/IMNI).
2. I certify that I have attended the required Environmental Health & Safety training sessions: Laboratory Safety Training, Hazardous Waste Training, and Hydrofluoric Acid Exposure Training. I will maintain compliance with these training requirements that are mandatory for all NCF users. I understand that a lapse in training will result in the suspension of access privileges until training has been completed.
3. During the NCF training, I will be shown the location of the safety supplies and Material Safety Data Sheets of the most common chemicals used in the facility and the equipment. I will download the NCF Chemical Hygiene Plan from [www.brown.edu/IMNI](http://www.brown.edu/IMNI). I agree to read and familiarize myself with these documents and with the properties and risks of any chemicals used in the NCF. **Please initial here:** \_\_\_\_\_
4. I agree to report instrument malfunctions or facility issues immediately to the NCF Research Engineer via email at: [Domenico\\_Pacifici@brown.edu](mailto:Domenico_Pacifici@brown.edu).
5. I agree to use my Brown University Identification Card as an access card to enter the facility and to supply information allowing the customary charges to be made for my use of the equipment and supplies. I will not share my ID card or allow access to other user my access codes.
6. I understand that I will be added to the NCF email list, instrument reservation calendars, and temporary data storage system (as applicable). I understand I am responsible for my research data, and I agree to transfer my data from the temporary data storage system within 30 days.
7. I agree to provide any updated information on this agreement to the IMNI Administrative Office via email at: [IMNI@brown.edu](mailto:IMNI@brown.edu). I understand the expiration of the default account number will result in removal of my access privileges until an updated account has been provided.
8. I understand that failure to abide by these terms may result in losing the privilege of using the facility either temporarily or permanently and my advisor or supervisor being notified of the reason(s).
9. I hereby grant permission to Brown University and its representatives to take photographs or videos of me and/or to make recordings of my voice in the Electron Microscopy Core Facility and agree to the conditions outlined in the [Brown University Image Use General Consent and Release Form](#).

User's Name (Please Print)	User's Signature	Date
Advisor's Name (Please Print)	Advisor's Signature	Date

### IMNI Administrative Use Only

Fund Approval (Initial & Date)		Safety Approval (Initial & Date)		Research Approval (Initial & Date)	
<b>Listserv</b>		<b>Date Added</b>	<b>Brown Group</b>		<b>Date Added</b>
<input type="checkbox"/>	MICROELECTRONICS@listserv.brown.edu		<input type="checkbox"/>	imni-NCF_users@brown.edu	
<input type="checkbox"/>	FURNACE@listserv.brown.edu		^ This generates next-day card access to the facility		
<input type="checkbox"/>	PHOTOLITH@listserv.brown.edu		<input type="checkbox"/>	imni-NCF_MLA-150_MasklessAligner@brown.edu	
<input type="checkbox"/>	PLASMATHERM@listserv.brown.edu		^ This generates next-day access to the MLA computer		
<input type="checkbox"/>	EBEAMEVAP@listserv.brown.edu		<input type="checkbox"/>	Info Added to NCF User Profiles	
<input type="checkbox"/>	ICP@listserv.brown.edu		<input type="checkbox"/>	Isilon Folder created for temp storage (MLA only)	
<input type="checkbox"/>	ALD@listserv.brown.edu		<input type="checkbox"/>	Agreement to User & Faculty Advisor	
<input type="checkbox"/>	ANGSTROMSPUTTERING@listserv@brown.edu		<input type="checkbox"/>	Agreement to Dept. Account Person	
<input type="checkbox"/>	LESKERPVD@listserv.brown.edu		<input type="checkbox"/>	Agreement to Research Engineer	