

CLEANROOM TOOL TRAINING FORM

PLEASE **FILL OUT** THIS FILLABLE PDF OR **TYPE/PRINT** THE INFORMATION REQUESTED. PLEASE FILL OUT A SEPERATE FORM FOR EACH INSTRUMENT.

INSTRUMENT:

Training prerequisites and Notes:

(1) XPG2 EBL pattern generator Requires: JEOL SEM Training

USER INFORMATION:

Please Type or Print Clearly

USER NAME: _____ EUID #: _____

DEPARTMENT/COMPANY: _____ DATE: _____

E-MAIL: _____ PHONE #: _____

ADVISOR'S NAME: _____

ADVISOR'S E-MAIL: _____

ADVISOR'S SIGNATURE _____

The signer is agreeing to take financial responsibility for the cost of the training and use of the instrument by this user. See https://nanofabrication.unt.edu/sites/default/files/unt_cleanroom_user_fee_schedule_10_18_16.pdf for equipment rates and usage policies.

TRAINING INFORMATION:

Please Type or Print Clearly

Have you taken a characterization class covering this technique? If yes, which one and when? Yes No

Do you have any previous experience operating this type of instrument? If yes, please explain. Yes No

What do you hope to measure with this instrument?

What materials do you anticipate analyzing with this instrument?

How often do you anticipate using this instrument during the week? _____ hours