

CENTER FOR FUNCTIONAL NANOMATERIALS

AFTER HOURS WORK REQUEST

INSTRUCTIONS: 1. User/guest fills out request form completely. 2. CFN Facility Point of Contact (POC) submits form to CFN ES&H & Operations for review & access decision. REQUEST SUBMISSION DEADLINE: Form must be submitted <i>at least 3 DAYS prior</i> to requested start date			
LAST NAME:		FIRST NAME:	
LIFE/GUEST NO.:		INSTITUTION:	
EMAIL:		PROPOSAL NO.:	
FACILITY:		POINT OF CONTACT:	
CYCLE REQUESTED TO WORK AFTER HOURS:			
EQUIPMENT TO BE USED:			
DESCRIPTION OF PROPOSED WORK:			
IDENTIFY MATERIALS USED IN PROPOSED WORK:			
CHEMICALS TO BE USED:			
NAME	QUANTITY	CONCENTRATION	LOCATION / ROOM # USED
NOTE: No high-risk work is permitted after hours at CFN. ES&H will provide a determination based on your description provided above, whether procedures or materials used are classified as high risk. ** (Examples of high-risk work not permitted during after-hours/weekends: working with hydrofluoric acid (HF) and exchanging pyrophoric, flammable, or toxic gas systems)			
Working with a CFN Staff/Escort or Colleague?			
NAME:			
NAME:			
NAME:			
ES&H NOTES:			

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USER ACKNOWLEDGEMENT:			
<p>I acknowledge and understand that there may not be any onsite operations or ES&H support during after-hours. I understand the procedures, operations, and safety instructions given to me for this facility.</p> <p>I will promptly report equipment failure to the facility POC. In the event of an emergency call 911 or 2222 from any Lab phone, or 1-631-344-2222 from a cell phone. All fires, chemical spills where you need assistance from others must be reported.</p> <p>I acknowledge and understand that a willful violation of these procedures and requirements may result in the loss of my access to the facility.</p>			
User/Guest Signature: _____		Date: _____	
APPROVALS:			
Facility POC:		Date:	
ES&H Representative:		Date:	
Operations Representative:		Date:	
CFN User Admin.:		Date:	