

### **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 at least 3 DAYS prior to requested start date	

LAST NAME:   IIII IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
EMAIL:   PROPOSAL NO.:     FACILITY:   POINT OF CONTACT:     CYCLE REQUESTED TO WORK AFTER HOURS:   POINT OF CONTACT:     EQUIPMENT TO BE USED:   EQUIPMENT TO BE USED:     DESCRIPTION OF PROPOSED WORK:   EQUIPMENT TO BE USED:     DESCRIPTION OF PROPOSED WORK:   EQUIPMENT EXAMPLE:     IDENTIFY MATERIALS USED IN PROPOSED WORK:   EQUIPMENT EXAMPLE:     CHEMICALS TO BE USED:   EQUIPMENT EXAMPLE:     CHEMICALS TO BE USED:   EQUIPMENT EXAMPLE:     IDENTIFY MATERIALS USED IN PROPOSED WORK:   EQUIPMENTERIALS	LAST NAME:		FIRST NAME:	
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# **CENTER FOR FUNCTIONAL NANOMATERIALS**

#### **AFTER HOURS WORK REQUEST**

#### **USER ACKNOWLEDGEMENT:**

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.

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.

I acknowledge and understand that a willful violation of these procedures and requirements may result in the loss of my access to the facility.

User/Guest Signature:	Date:					
APPROVALS:						
Facility POC:		Date:				
ES&H Representative:		Date:				
Operations Representative:		Date:				
CFN User Admin.:		Date:				