

## CENTER FOR FUNCTIONAL NANOMATERIALS AFTER HOURS WORK REQUEST

<b>INSTRUCTIONS:</b>			
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. <b>REQUEST SUBMISSION DEADLINE: Form must be submitted <i>at least 3 DAYS prior</i> to requested start date</b>			
<b>PERSONAL INFORMATION:</b>			
<b>Last Name:</b>		<b>First Name:</b>	
<b>Life/Guest No.:</b>		<b>Institution:</b>	
<b>Email:</b>		<b>Proposal No.:</b>	
<b>Facility:</b>		<b>Facility POC:</b>	
<b>WORK SCHEDULE:</b>			
<b>DATES REQUESTED TO WORK AFTER HOURS:</b>	<b>START DATE:</b>	<b>END DATE:</b>	
<b>EQUIPMENT TO BE USED:</b>			
<b>DESCRIPTION OF PROPOSED WORK:</b>			
<b>IDENTIFY MATERIALS USED IN PROPOSED WORK:</b>			
<b>CHEMICALS TO BE USED:</b>			
<b>NAME</b>	<b>QUANTITY</b>	<b>CONCENTRATION</b>	<b>LOCATION / ROOM # USED</b>
<b>NOTE: No hazardous materials/substances work is permitted after hours at CFN. ES&amp;H will provide a determination based on your description provided above, whether procedures or materials are classified as hazardous. ** (Examples of Hazardous work not permitted during after-hours/weekends: working with hydrofluoric acid (HF) and exchanging pyrophoric, flammable, or toxic gas systems)</b>			
<b>Working with a CFN Staff/Escort or Colleague?</b> <span style="margin-left: 100px;">Yes</span> <span style="margin-left: 100px;">No</span>			
<b>NAME:</b>			
<b>NAME:</b>			
<b>NAME:</b>			
<b>ES&amp;H NOTES:</b>			

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<b>USER ACKNOWLEDGEMENT:</b>			
<p>I acknowledge and understand that there may not be any onsite operations or ES&amp;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 failures, spills, or off-normal event to the facility POC or as instructed by facility POC for any emergency event after normal business hours.</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>			
<b>User/Guest Signature:</b> _____		<b>Date:</b> _____	
<b>APPROVALS:</b>			
Facility POC:		Date:	
ES&H Representative:		Date:	
Operations Representative:		Date:	
CFN User Admin.:		Date:	