

### Off Hours Access Form

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

Person to be Granted OH: \_\_\_\_\_

Level of Off Hours being requested:    OHS            OHA            \* modifier

OHS & OHA – Mon to Fri - 5pm to 12pm / Sat, Sun – 7am to 12pm

OHS\* & OHA\* – Mon to Fri - 5pm to 12pm / Sat, Sun – 7am to 12pm – no buddy required – no chemical work

#### Checklist:

- Current safety badge
  
- OHA Requirements
  - SMFL user with active project in lab – student has been active for at least one quarter prior
  - Certified Operator on two Base Level Tools. (student requirement only)
  - Certified operator on one Upper Level tool. (student requirement only)
  - PI has signed Off Hours form attesting to need and responsibility. (student requirement only)
  - Candidate has SMFL Staff sponsor (student requirement only)
  - Consensus on candidate reached between SMFL management.
  - Trained in after hours procedures. Date: \_\_\_\_\_
  
- OHS Requirements
  - SMFL user with active project in lab – student has been active for at least two quarters prior
  - Certified Operator on two Base Level Tools. (student requirement only)
  - Certified operator on one Upper Level tool. (student requirement only)
  - PI has signed Off Hours form attesting to need and responsibility. (student requirement only)
  - Leadership capabilities documented.
  - Candidate has SMFL Staff sponsor (student requirement only)
  - Consensus on candidate reached between SMFL management.
  - Trained in after hours procedures. Date: \_\_\_\_\_
  
- OH\* Requirements

Please list the reason you need OH\*

## OHS Leadership Qualification

Please list below your examples of your leadership experience and capabilities.

### **Signatures**

I agree to the SMFL policies and procedures concerning the use of the facility for Off Hours use. I understand my responsibilities and have received the appropriate training. I understand that failure to comply with any SMFL policies may result in loss of lab privileges.

Off Hours User: \_\_\_\_\_

As the PI responsible for this students work, I can attest to this student's responsibility and need for off hours Access. I also agree to be responsible for this student's behavior while working in the SMFL.

PI Sponsor: \_\_\_\_\_

SMFL Representative: \_\_\_\_\_

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

Reason Removed: \_\_\_\_\_