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
  o SMFL user with active project in lab – student has been active for at least one quarter prior
  o Certified Operator on two Base Level Tools. (student requirement only)
  o Certified operator on one Upper Level tool. (student requirement only)
  o PI has signed Off Hours form attesting to need and responsibility. (student requirement only)
  o Candidate has SMFL Staff sponsor (student requirement only)
  o Consensus on candidate reached between SMFL management.
  o Trained in after hours procedures. Date: ________________________

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

☐ OH* Requirements

Please list the reason you need OH*

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SMFL – TG – 081810
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 student’s 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:________________________________________________________

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SMFL – TG – 081810