



Cleanroom/Experimental Hall After – Hours Access Policy^{rev616sm}

CAMD strives to maintain and improve laboratory and User safety and user efficiency. After-hours work is an access privilege that requires deliberate selection of requested users to maintain a safe, productive environment.

Work Hours

- Regular work hours are: Weekdays, Monday – Friday (7am – 4:30 pm)
- After-Hours = All hours after 4:30pm weekdays and all hours on weekends + university holidays

After - Hours Request

- Trained cleanroom users can apply for after-hours access upon the following factors
 - Project requirements
 - Processing routine
 - Users’ work history
 - Users’ that have at least 6 months routine use
 - Active user = user that has presented minimum of 60 hours of use per year
- The online form to request After-hours access is located at (www.camd.lsu.edu) microfabrication link.

After – Hours Rules

1. The “Two-Person Rule” applies at all times after 5pm. The users must ensure there is a willing and available second person according to the following guidelines:
 - A. During Chemical use inside the cleanroom the 2nd person must be present in the cleanroom with said user and remain in contact until chemical process is complete. **2nd person must be trained cleanroom user.**
 - B. During Non-Chemical Use , if there is another user at the facility, inform them of your presence as to coordinate proper security of the building
2. Inform control room staff (if present) on weekends and holidays of your arrival to CAMD and each time, you leave the facility in order to ensure a properly secured building. The phone numbers (8-9328 or 8-9320) are located above each phone in the cleanroom, around the experimental hall and posted on the board in the receiving area.
3. Hours after 4:30 pm weekdays, (if present) notify control room that you are at the facility and when you plan to leave.
4. You are encouraged to take a break and rest every 2 hours when working.
5. Failure to abide by these rules will result in loss of after-hours access and will not be permitted to obtain again.

Statement of Acceptance:

I will adhere the guidelines discussed in this document as an authorized user of CAMD and understand that failure to comply with any regulations as stated will lead to revoked privileges.

User Name (Print)

Dept/Supervisor

Users Signature

Date