

DISCLAIMER

The following form is not a legally binding contract. It is meant to be an understanding reached by a CHTM NanoFab user with the CHTM NanoFab staff adhering to off-hours safety protocols.

CHTM NanoFab Buddy Form of Agreement

CHTM NanoFab User (Print Name):

UNM ID/Swipe Card #:

Name of Department:

Principal Investigator/Supervisor (Print Name):

While the CHTM NanoFab is open 24hours/365 days a year, the regular working hours are Monday to Friday 7AM to 7PM. The rest of the time is termed as 'off-hours'.

A buddy refers to the additional authorized person accompanying a NanoFab user (who has logged 50hours in the cleanroom) while working inside the CHTM NanoFab. The buddy must be capable of helping in the event of emergency. Any CHTM NanoFab user, who has completed the NanoFab orientation process, can be a buddy. It is the CHTM NanoFab user's responsibility to find a buddy to work in CHTM NanoFab during off-hours. The buddy for a CHTM NanoFab user does not need to have logged 50hours in CHTM NanoFab.

Please initial each line below:

___ I certify to have completed all CHTM NanoFab Safety Quizzes successfully and have taken the in-person orientation training.

___ I promise to comply with all NanoFab safety protocols while working as an off-hours buddy.

___ I will be responsible for the safety and well-being of my colleague/s and myself while working in the CHTM NanoFab during the off-hours.

___ I will call 911/UNM PD (505-277-2241) for all emergencies while working in the CHTM NanoFab during the off-hours.

___ I will discuss and understand my buddy's schedule to ensure no one is left alone for any length of time.

___ I will communicate with my buddy regularly (at least every 30minutes) while working in the CHTM NanoFab during the off-hours.

___ I will not use any equipment, Acid & Base bench, Glovebox that I am not trained and authorized to use in the CHTM NanoFab during the off-hours.

___ I will call and inform the cleanroom staff and my supervisor in case of breakage, malfunction of equipment in the CHTM NanoFab during the off-hours.

___ I am responsible to inform Risk Management services and my supervisor in case of personal injury while working in the CHTM NanoFab during the off-hours.

___ I am responsible to have all contact information of Cleanroom Staff, Emergency numbers for my buddy and myself while working in the CHTM NanoFab during the off-hours. Additionally, I am responsible for ensuring my emergency and supervisor contacts are recorded into the CHTM NanoFab database.

By signing below, I agree to all expectations as outlined within this Acknowledgement form.

CHTM NanoFab User (Signature)

Date

CHTM NanoFab Staff (Print Name):

CHTM NanoFab Staff (Signature)

Date