

RSC After-Hours Access (AHA) Request Form

- Note:**
1. “After hours” is defined as **7 AM to 8 AM** and **5 PM to 10 PM Monday-Friday** and **7 AM to 10 PM weekends** and **UF holidays**.
 2. Please print and fill out this form and return it to the NRF Reception Desk.
 3. You will be notified by email if approved.

Contact Information

Name: _____	Phone number: _____
Univ/Dept or Company: _____	E-mail address: _____
PI/Advisor (if app.): _____	

Explanation for AHA Request

1. Please describe why you are requesting After Hours Access. Why can't your work be completed during regular work hours?

2. List all process steps performed after hours that include the use of solvents, photoresists, or gases. If you need to use additional chemicals or gases in the future, you are responsible for submitting an updated version of this form for approval.

Agreement to Follow AHA Protocols

Please initial after reading each statement.

I understand that after-hours access is not guaranteed, and it can be revoked if I do not comply with AHA protocols, including proper e-buddying.

Initials: _____

I have read and understood the e-buddy requirements for after-hours access, and I will attend a zoom or in-person policy review meeting before access will be granted.

Initials: _____

I understand that the use of **acids and bases** after hours requires pre-approval in writing.

Initials: _____

Every day, regardless of weekday, weekend, or holiday status, I am required to vacate the building by **10 PM**.

Initials: _____

I agree to contact my e-buddy at least every 60 minutes, if not more frequently.

Initials: _____

A user without AHA may be with me after hours **ONLY** if I have pre-approval in writing.

Initials: _____

E-buddy policy review meeting date: _____

Staff Approval: _____ Date: _____

FOB enable date: _____

This form will be kept on file at the NRF Reception desk.