

IMS BUILDING ACCESS REQUEST

Name: _____

Position / Title _____

Date _____ PID# _____ (We obtain this number when you give us your Net ID#)

IMS Floor Access Card needed? (y / n) _____ Lab Access (state room #'s) _____

Advisor's Signature _____

Approval Signatures: (To be signed by the individual lab supervisor upon meeting their access criteria)

Xray Lab **17/18** Access _____
(Lab Supervisor Signature) (Date)

SEM Lab **009** Access _____
(Lab Supervisor Signature) (Date)

TEM Lab Access _____
(016, 016A, 016B, 016C) (Lab Supervisor Signature, circle left) (Date)

GCMS Lab **314** Access _____
(Lab Supervisor Signature) (Date)

Thermal Analysis
Lab **217** Access _____
(Lab Supervisor Signature) (Date)

GPC Lab **214** Access _____
(Lab Supervisor Signature) (Date)

NMR Lab **011** Access _____
(Lab Supervisor Signature) (Date)

AFM Lab **022** Access _____
(Lab Supervisor Signature) (Date)

Mechanical Test Lab **012** _____
(Lab Supervisor Signature) (Date)

Surface Science Lab **023** _____
(Lab Supervisor Signature) (Date)

Clean Room Lab **311B**
(Including 311) _____
(Lab Supervisor Signature) (Date)

Misc. Labs _____
(Lab Supervisor Signature) (Date)