

WCAM User Information Form

SECTION A: Please complete this section prior to orientation training and tour. Submit form at scheduled orientation session.

Name (print): _____ UW ID#: _____

Telephone: _____ Email address: _____

Project Title/Brief Description:

Category of Project (check only one):

<input type="checkbox"/> Biology	<input type="checkbox"/> MEMS
<input type="checkbox"/> Biomedical	<input type="checkbox"/> Optics
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Optoelectronics
<input type="checkbox"/> Electronics	<input type="checkbox"/> Physics
<input type="checkbox"/> Materials	<input type="checkbox"/> Process-Characterization

SECTION B: (Internal user only): To be completed by UW Faculty Advisor prior to orientation training and tour.

Name (print): _____ Signature: _____

SFS Funding String

Account 4-digits	Fund 3-digits (e.g. 144)	Dept. ID 6-digits (UDDS)	Program 1-digit	Class 4-digits (Optional)	Budget Yr 2-digits (e.g. 08)	Project/Grant 7-digits (e.g. 000AA00)
2650			4	-----		

SECTION C: To be completed at Safety & Health Program & Orientation Tour.

I have attended the training program and agree to abide by all the safety rules while working with the facility:

User Signature: _____

CRESS Project Name (up to 20 characters)

SECTION D (For office use only)

	Date	Test Score		Email addr	
Chemical Hygiene Training				Send Email	
Fire Extinguisher Training				Conf email	
Lab Orientation Tour				Access entry	
Advisor notified				Excel entry	
				CRESS entry	
				Pegasys entry	

Storage #

Access #
