

WCAM User Information Form – UW Madison User

SECTION A: To be completed by User

Name (print): _____ UW ID#: _____

Telephone: _____ Email address: _____

Project Title/Brief Description:

Category of Project (check only one):

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

SECTION B: To be completed by User.

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

User Signature: _____

FOM Username	Access # (located on back of UW ID card)
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SECTION C: To be completed by University Faculty Advisor.

Name (print): _____ Signature: _____

I understand that my funding string, supplied below, will be charged for access to WCAM by this user. Charges will continue until the user has completed the checkout procedure with WCAM staff and returned all WCAM materials.

SFS Funding String

Account	Fund (e.g. 144)	Dept. ID / UDDS (e.g.192500)	Program	Project/Grant 4-digits after PRJ
2650			4	

SECTION D (For office use only)

Form version 5 January 2018

ECOW Completed	<input type="checkbox"/>	<input type="checkbox"/>	New User	Delete User
Advisor Notified	<input type="checkbox"/>	<input type="checkbox"/>	FOM user account	
Lab Orientation	<input type="checkbox"/>	<input type="checkbox"/>	WCAM initial tools	
Chem safety form	<input type="checkbox"/>	<input type="checkbox"/>	Pegasys Entry	
Hanger#	<input type="checkbox"/>	<input type="checkbox"/>	Excel hanger doc	
DryBox#	<input type="checkbox"/>	<input type="checkbox"/>	WCAM mailing list	
White Bucket#	<input type="checkbox"/>	<input type="checkbox"/>	Name tag	
Safety Renewal list	<input type="checkbox"/>	<input type="checkbox"/>		