

Individual User Acknowledgment for Simon Fraser University (“SFU”) Personnel

**To: Simon Fraser University / 4D LABS
 8888 University Drive
 Burnaby, B.C.
 V5A 1S6**

I, (insert full legal name) _____ am a(n) (check one) under-graduate, graduate, postdoctoral fellow, research associate at Simon Fraser University (SFU) under the supervision of: _____ (“Supervisor”). SFU has agreed to grant me access to its Research User Facility known as 4D LABS (“**4D LABS**” or the “**Facility**”), located at SFU’s TASC2 building (Rooms 6010, 6060, 6072, 6074, 6076, 6120, and 6140), to pursue the following research: _____ (the “**Activity**”) as a 4D LABS Facility User.

I understand and acknowledge that the following provisions govern my use of the Facility, and I understand and agree to the following:

1. I acknowledge that 4D LABS is a community of professional and student researchers. As such, courteous, professional, responsible behavior is expected at all times. Access to the Facility is a privilege and may be revoked by 4D LABS at any time.
2. I will acknowledge 4D LABS at SFU in publications or presentations resulting from work performed using equipment or other support offered by 4D LABS.
3. I understand and acknowledge that 4D LABS at SFU may at any time, at its discretion, change, repair, and/or modify equipment within the Facility. SFU will, to the best of its ability, strive to uphold a well-maintained Facility and will do its best to ensure that any changes, repairs, and/or modifications to equipment within the Facility have minimal impact on the Activity of 4D LABS Users.
4. I understand that SFU is granting me access to the Facility on an “as is” basis, and makes no representations or warranties as to the fitness of the Facility for the Activity or the fitness of purpose of data, materials and/or intellectual property obtained from the Activity.
5. I acknowledge that I am responsible for performing my research and that 4D LABS does not in any way warrant or assure a project’s success.
6. I understand and acknowledge that proprietary processes with the potential to affect the research of others of the 4D LABS User Community or the general operation of the 4D LABS Facility are not allowed without the written authorization by 4D LABS management (e.g. no proprietary

chemicals may be brought into the lab). Ownership of the rights in intellectual property resulting from my research shall be governed by the policies of Simon Fraser University.

7. I understand that while 4D LABS at SFU provides lockable storage for Users' convenience, 4D LABS at SFU makes no guarantee for the security of my intellectual property, physical property, or materials, while these materials and information are within 4D LABS.

8. I hereby confirm that:

(a) I have discussed and identified with my Supervisor all required safety courses to engage in the Activity including the required "Core" SFU Safety courses and WHMIS training equivalent and any additional safety courses based on the tools to be accessed as is noted below. Moreover, I have successfully completed all necessary preparation and training and have all certifications required by SFU to use the Facility and to engage in the Activity.

"Core" courses (All Users are required to attend):

- General Laboratory Safety
- Fire Safety

Additional required safety courses will be dependent on the tools accessed (check those that apply):

- Chemical Safety :
Clean Room (Rm 6060), Wet Lab (Rm 6074), Polymer Coating (Rm 6076)
- Spill Response :
Clean Room (Rm 6060), Wet Lab (Rm 6074), Polymer Coating (Rm 6076)
- Laser Safety: LASIR (Rm 6010), Laser Machining (Rm 6072)
- X-Ray Safety : XRD (Rm 6040.3), XPS Users (Rm 6140)
- Other (to be specified by Supervisor)

(b) I will abide by all laboratory policies, as may be implemented by 4D LABS at SFU from time to time, including all safety protocols;

(c) although a general safety course and training on the safety of specific equipment is provided, my supervisor and I are responsible for the Activity planning. As the Facility User, I am responsible for executing the Activity in such a way as to ensure my own safety as well as the safety of others in the 4D LABS user community;

(d) I will at all times ensure my proper use of the equipment and will immediately report any malfunction of equipment to the appropriate 4D LABS support staff person.

(e) I have reviewed and will abide by SFU's Environmental Health and Safety Manual and any pertinent 4D LABS' User Safety Manuals, and am familiar with and will abide by all safety and emergency procedures for working within the Facility; and



(f) to the best of my knowledge there is no medical reason why I should not engage in the Activity.

9. For the safety of all users of the Facility, 4D LABS may determine at any time that I require additional training and I will not be permitted to use the Facility until such time as I have completed any additional training required, to the satisfaction of 4D LABS.
10. I am aware that working in a laboratory setting involves risks, potential dangers and hazards, including, but not limited to, any risks that may arise from loss of data, theft, as well as risks from potentially dangerous or defective equipment or property, or accidental personal injury which may include exposure to chemical, thermal, mechanical, radiological, electromagnetic and electrical hazards. I understand that it is my responsibility to learn about and understand the risks, dangers and hazards, as well as the controls and regulations of working in a laboratory setting such as 4D LABS, and can do so by referring to the SFU EH&S Safety Handbook, the 4D LABS Nanofabrication Facility User and Safety Manual (www.4dlabs.ca), and BC Worksafe Regulations. I also understand that it is my responsibility to follow the safe operating procedures and specified risk mitigation strategies, and that I may contact a staff member of 4D LABS if I require more information on these risks, dangers and hazards.

Student (User) Signature

Date

Print Name

By signing this form, I acknowledge that I have reviewed, understand and agree to the provisions of this form. In addition, I have reviewed with the User, the tools that are to be used, and identified the appropriate safety courses that are required. Moreover, I have confirmed that the User has completed the required SFU Safety Courses to conduct the Activity.

Supervisor Signature

Date

Print Name