



Nanofabrication Facility Lab Usage Policy Agreement

Name and surname:

E-mail:

Group:

Institution:

I recognize that:

I've been informed about the functioning of the Nanofabrication Facility Lab policies and procedures, apart from the measures to follow in case of emergency at the Lab and ICN2 Building.

I declare that I will make myself familiar with and comply with the instructions that apply for the facility and the building where I will perform my work.

I am fully aware that any violation of these regulations can lead to temporary or definite suspension of access to the lab, as well as disciplinary actions taken either by Facility staff or ICN2 Management.

Date:

Signature