Evaporation Source Permission Request Form

Note: To be used when use of metals other than gold, silver, copper, chromium, and aluminum, is desired. Please also provide a copy of the metal's MSDS with your request.

1. User Info	rmation.						
User Name							
Department							
Advisor							
Your Email							
Phone number							
Advisor's ema							
2. Evapora	tion Sourc	e Informa	ntion.				
Evaporation Source Name			Desired thickness (nm)				
Special Safety	Concerns	•					
☐ Toxic							
☐ Carcinoge	nic						
☐ Radioactiv	re						
Air stability							
Moisture Stability							
Other Reactivity							
3. Sign and	Date This	Form					
Signature			Date				
MCF Use Only							
Evaporation	Density	Z	Temp. (°	C) @ vap.	pressure	Suggested	Other Remarks
Source	(g/cm ³)		10-8	10 ⁻⁶	10-4	Sample	
			torr	torr	torr	Holder	
Remarks							
Approval							
☐ Yes				□No			
Signature				Date			