Cleanroom Cleaning Party Checklist

Members Present:

Name  Email  Advisor

Date: ____________________

Gowning Area:
☐ Remove Trash  ☐ Wipe Shelves  ☐ Vacuumed Entry

Inventory:  Frocks  __________________________  Indicate size and quantity needed
Gloves  __________________________  Indicate size and quantity needed
Booties  __________________________  Indicate size and quantity needed
Hair Nets  __________________________  Indicate size and quantity needed
Sticky Mat  __________________________  Indicate size and quantity needed

Optical Instruments:
☐ Area cleaned and organized  ☐ Logbook

Mask Aligner:
☐ Area cleaned and organized  ☐ Logbook

Ovens:
☐ Area cleaned and organized  ☐ Petri dishes available  ☐ Tongs available

Wet Station:
☐ Counter area cleaned and  ☐ Storage area cleaned and organized  ☐ Lights working  ☐ Ventilation working

Graduated cylinders present and labeled for:

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water {H₂O}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amonium Hydroxide {NH₄OH}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrofluoric Acid {HF}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hydrochloric Acid {HCl}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nitric Acid {HNO₃}</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Wash bottles are present and filled for:

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water {H\textsubscript{2}O}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acetone {CH\textsubscript{3}COCH\textsubscript{3}}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Methanol {CH\textsubscript{3}OH}</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Isopropyl Alcohol {(CH\textsubscript{3})\textsubscript{2}CHOH}</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Refrigerator:**

☐ Organized?

**Acid Cabinet:**

☐ Acids organized and in good

**Hazardous Waste:**

☐ Labels filled out

☐ Filled out ORCBS Hazardous Waste Pickup Request

Comments: __________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

**Solvents Cabinet:**

☐ Solvents organized

**Spinner:**

☐ Operational   ☐ Chucks Cleaned   ☐ Hoses clear of photoresist

**Diffusion/Oxidation Ovens:**

☐ Area Cleaned

**General Cleanroom:**

☐ Floors vacuumed   ☐ Floors wiped   ☐ Counters wiped   ☐ Instruments wiped

**Repairs/Upgrades you made:** ________________________________________

____________________________________________________________________

____________________________________________________________________

**Additional Comments:** ____________________________________________

____________________________________________________________________

____________________________________________________________________

Please return this form to Tim Hogan (C136 DER, or in his mailbox in the ECE Dept. Office)