

**ROCHESTER INSTITUTE OF TECHNOLOGY  
MICROELECTRONIC ENGINEERING**

**INTRODUCTION TO ION  
IMPLANTATION**

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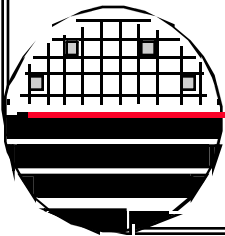
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1-20-12 implant.ppt

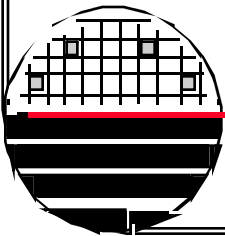


***VARIAN 400 & 120-10 ION IMPLANTERS***

Varian 120-10



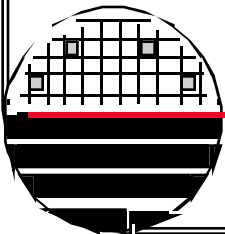
Varian 400



***VARIAN 350 D ION IMPLANTER (4" AND 6" WAFERS)***



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**OUTLINE**

§ **Principles of Ion Implantation**

§ **Generate a focused beam of ions to be implanted  
(B<sup>+</sup>, P<sup>+</sup> or As<sup>+</sup>)**

§ **Accelerate the ions**

§ **Scan the ion beam over the wafer**

§ **Implant dose**

§ **Ion Implantation Equipment**

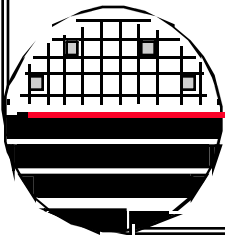
§ **Plasma source and ion extraction**

§ **Ion selection**

§ **Accelerating column**

§ **End station**

§ **Low and high (beam) current implanters**



**OUTLINE**

§ **Implanted Dopant Profiles**

§ Dopant ion-substrate interactions

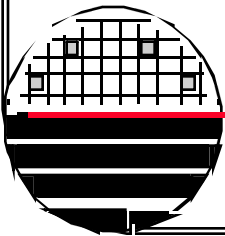
§ Post implant anneal

§ Dopant concentration profiles  
Implanted Dopant Profiles (continued)

§ Channeling

§ Implanting through thin film layers (e.g. oxide)

§ Masking against ion implants



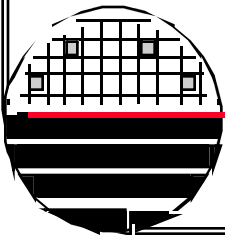
### *INTRODUCTION*

Ion implant is used to put specific amounts of n-type and p-type dopants (Dose) into a semiconductor. The dose is accurately measured during implantation giving outstanding control and repeatability.

Specific regions can be implanted using a variety of masking materials including photoresist. Ion implantation is basically a low temperature process.

Ion implant can deliver lower doses than chemical doping (predeposit). Dose can be as low as  $10^{11}$  /cm<sup>2</sup>

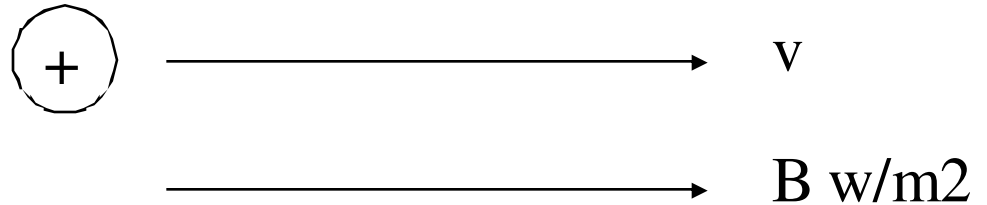
In today's advanced integrated circuits ion implantation is used for all doping applications. (with a few exceptions)



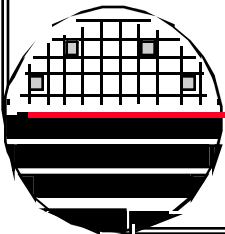
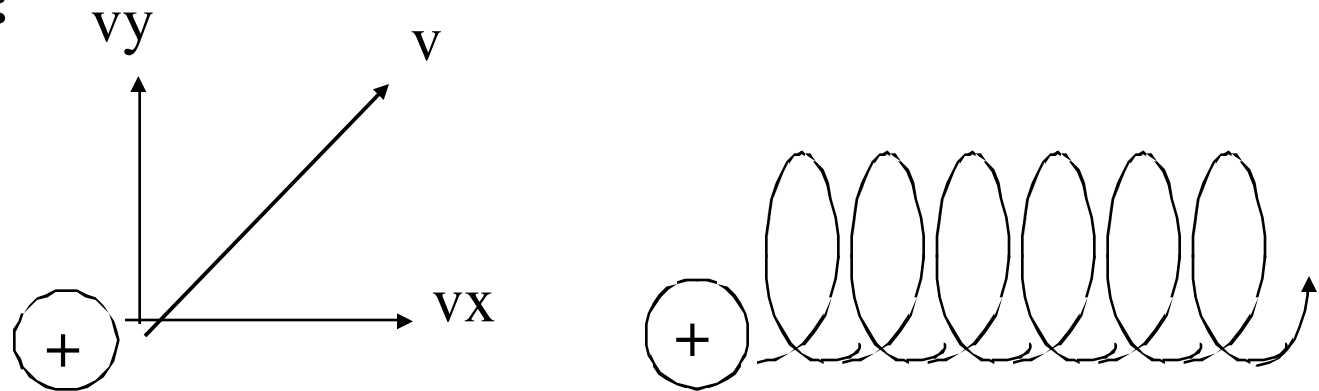
**BASICS**

$$\mathbf{F} = q\mathbf{E} + q(\mathbf{v} \times \mathbf{B})$$

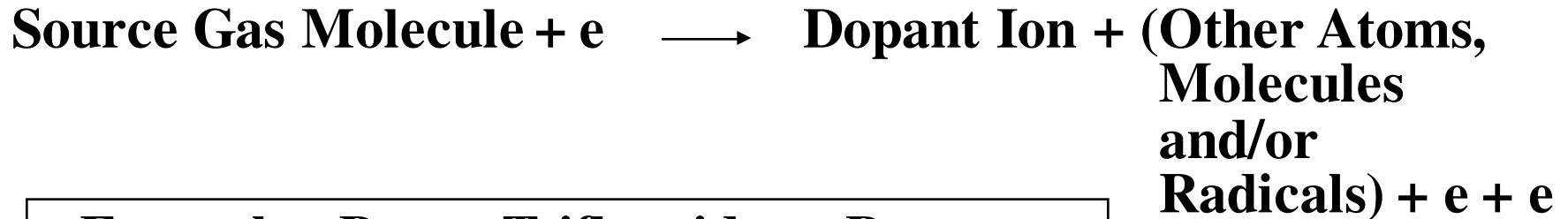
**Example 1:**



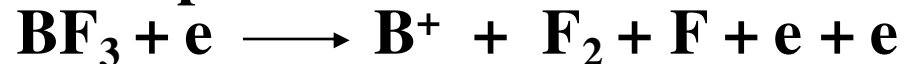
**Example 2:**



***GENERATION OF A DOPANT GAS PLASMA***

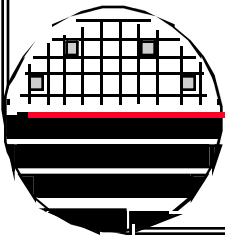


**Example : Boron Trifluoride as B source**



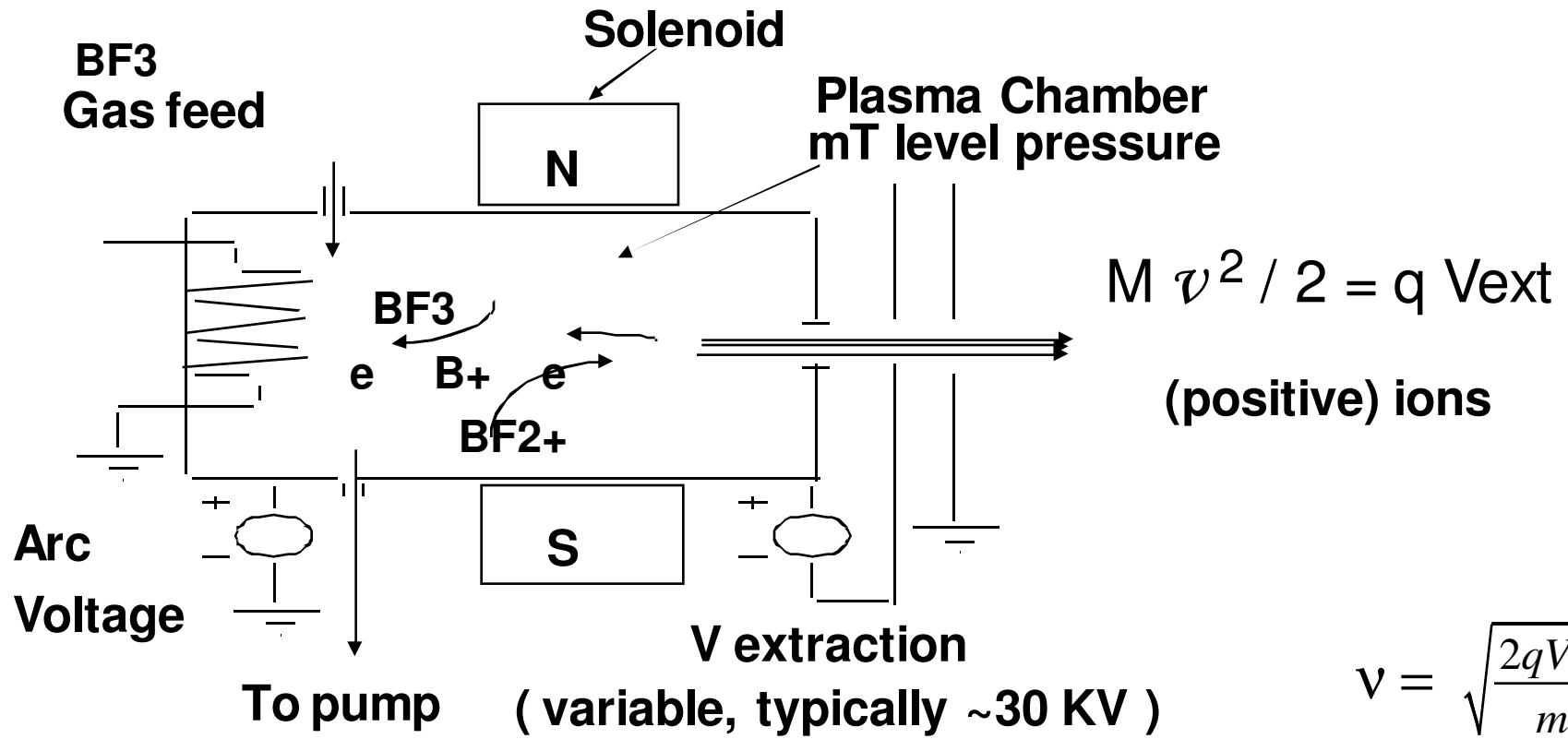
**Other dissociative ionizations result in the generation of  $\text{B}^{10+}$ ,  $\text{F}^+$ ,  $\text{BF}_2^+$**

The dopant ion sources commonly used in silicon processing are boron trifluoride  $\text{BF}_3$ , phosphine  $\text{PH}_3$ , arsenic pentafluoride  $\text{AsF}_5$ , arsine  $\text{AsH}_3$  .

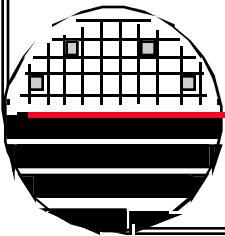




**PLASMA SOURCE AND ION EXTRACTION**



$$v = \sqrt{\frac{(2)(1.6 \times 10^{-19})(30,000)}{(11)(1.67 \times 10^{-27})}} = 7.23 \times 10^5 \text{ m/s}$$

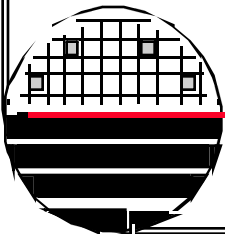


***TYPICAL SOURCE SET UP***

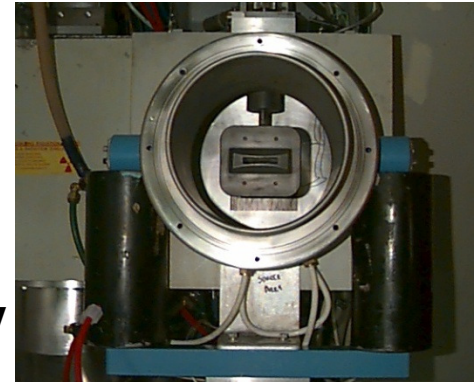
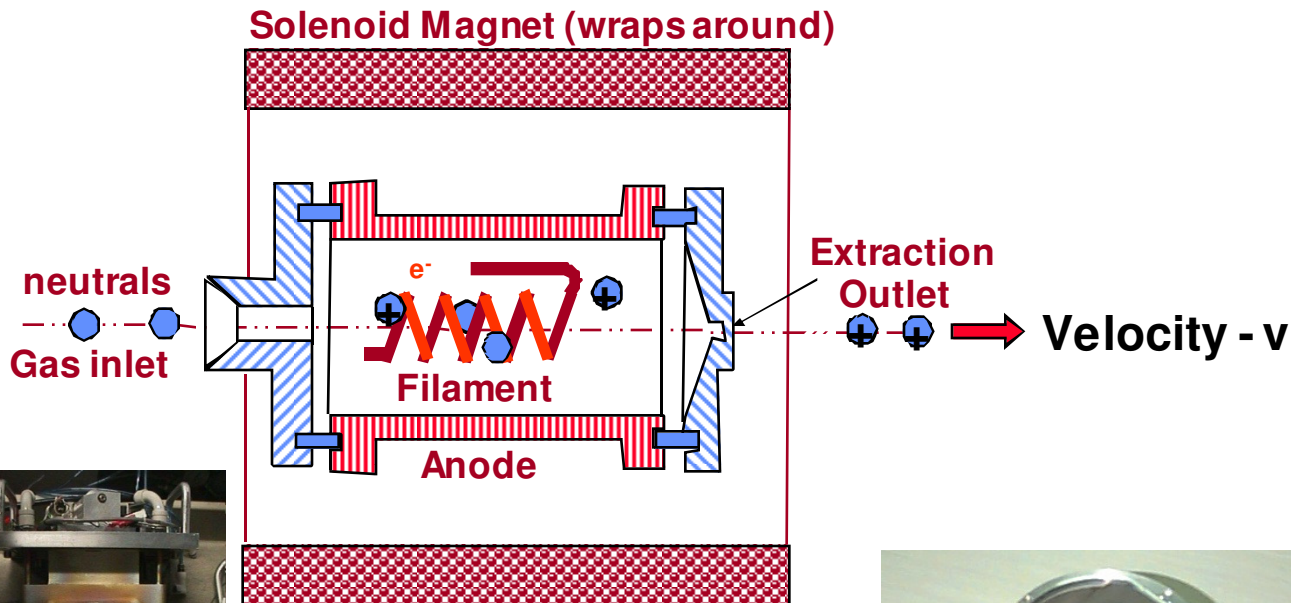
§ Pressure	30mT
§ Extraction Voltage	33 KV
§ Extraction Current	0.8 mA
§ Arc Voltage	2000 V
§ Arc Current	50 mA
§ Filament Current	150 A
§ Filament Voltage	20 V
§ Solenoid Current	3.0 A



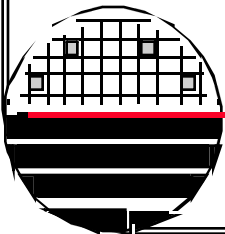
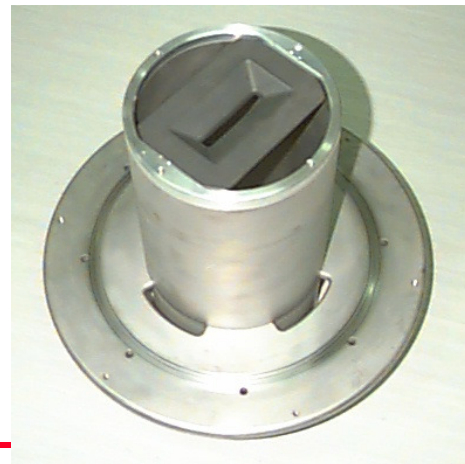
Source Cabinet for  
Varian 120-10



# NIELSEN-TYPE GASEOUS SOURCE

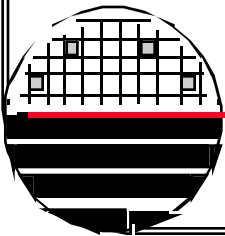
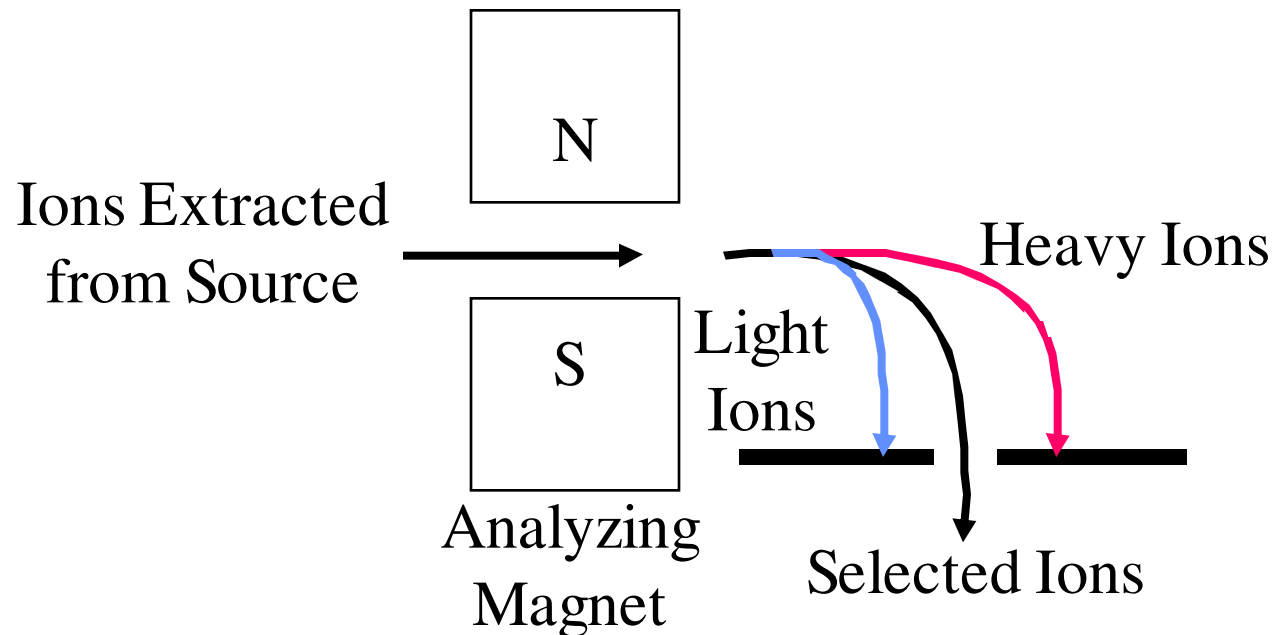


Electrons boil off the filament and ionize the gas. Solenoid make electrons follow a spiral path increasing ionization



## *SELECTION OF THE IONS TO BE IMPLANTED*

The ions are extracted from the source and analyzed in a magnetic field. The Lorentz force makes the ions take a curved path with a radius of curvature that depends on the mass of each ionic species. By adjusting the magnetic field strength, only the selected ions will enter the accelerating column.



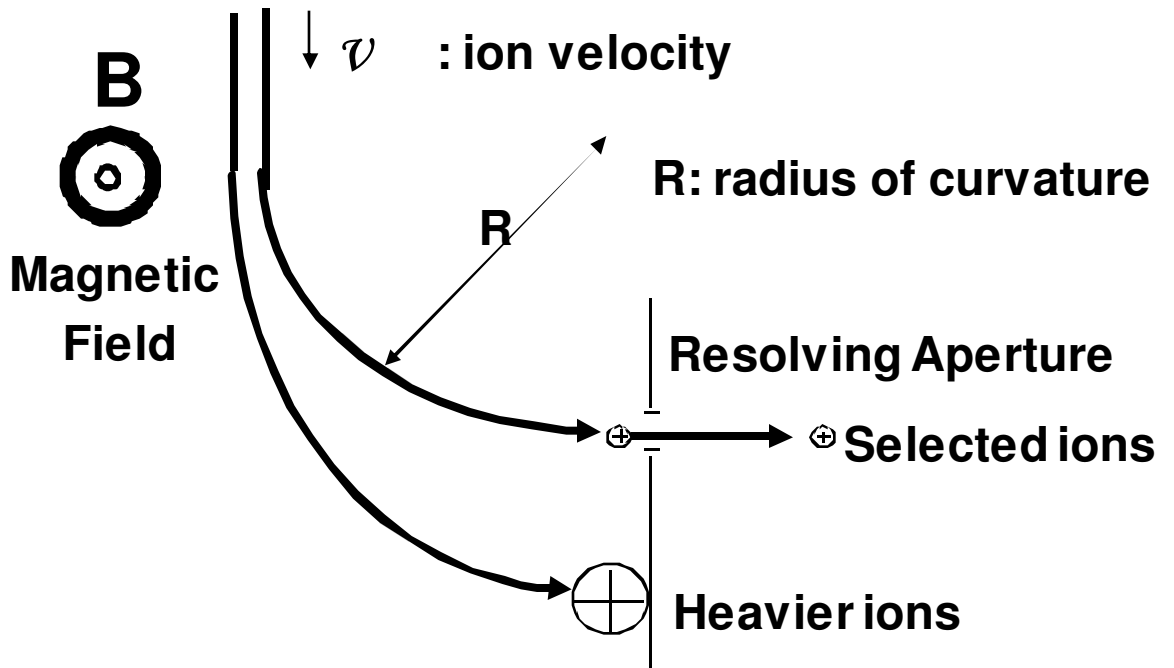
**ION SELECTION - ANALYZING MAGNET**

Lorentz = Centripetal  
Force force

$$q (\mathbf{v} \times \mathbf{B}) = M \mathbf{v}^2 / R$$

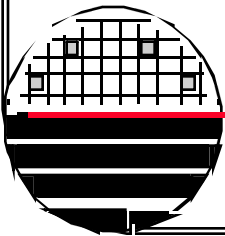
$$R = M \mathbf{v} / q \mathbf{B}$$

$$\mathbf{v} = \sqrt{\frac{2qV_{ext}}{m}}$$



Mass to charge ratio,  $M/q$  of the selected ions:

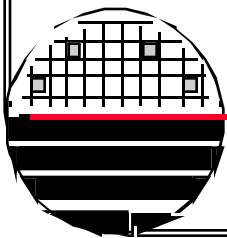
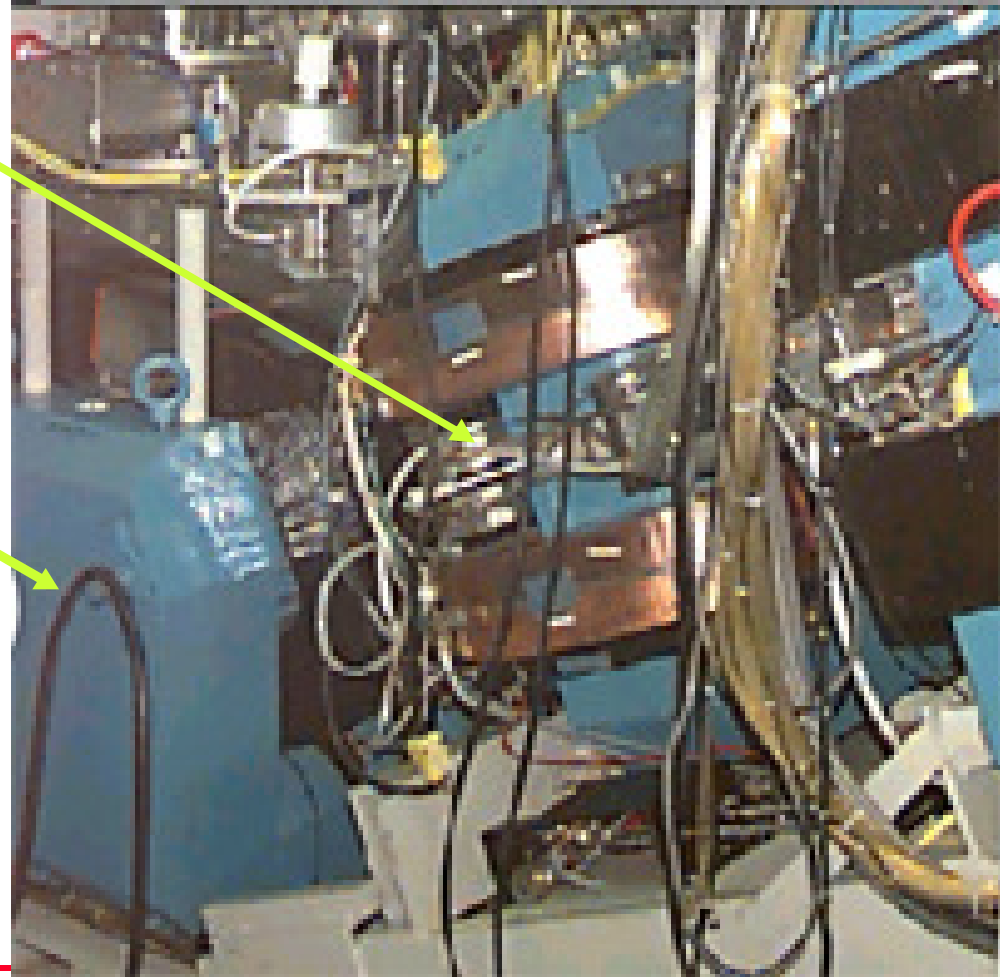
$$M/q = R^2 B^2 / (2 V_{ext})$$



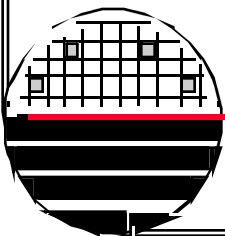
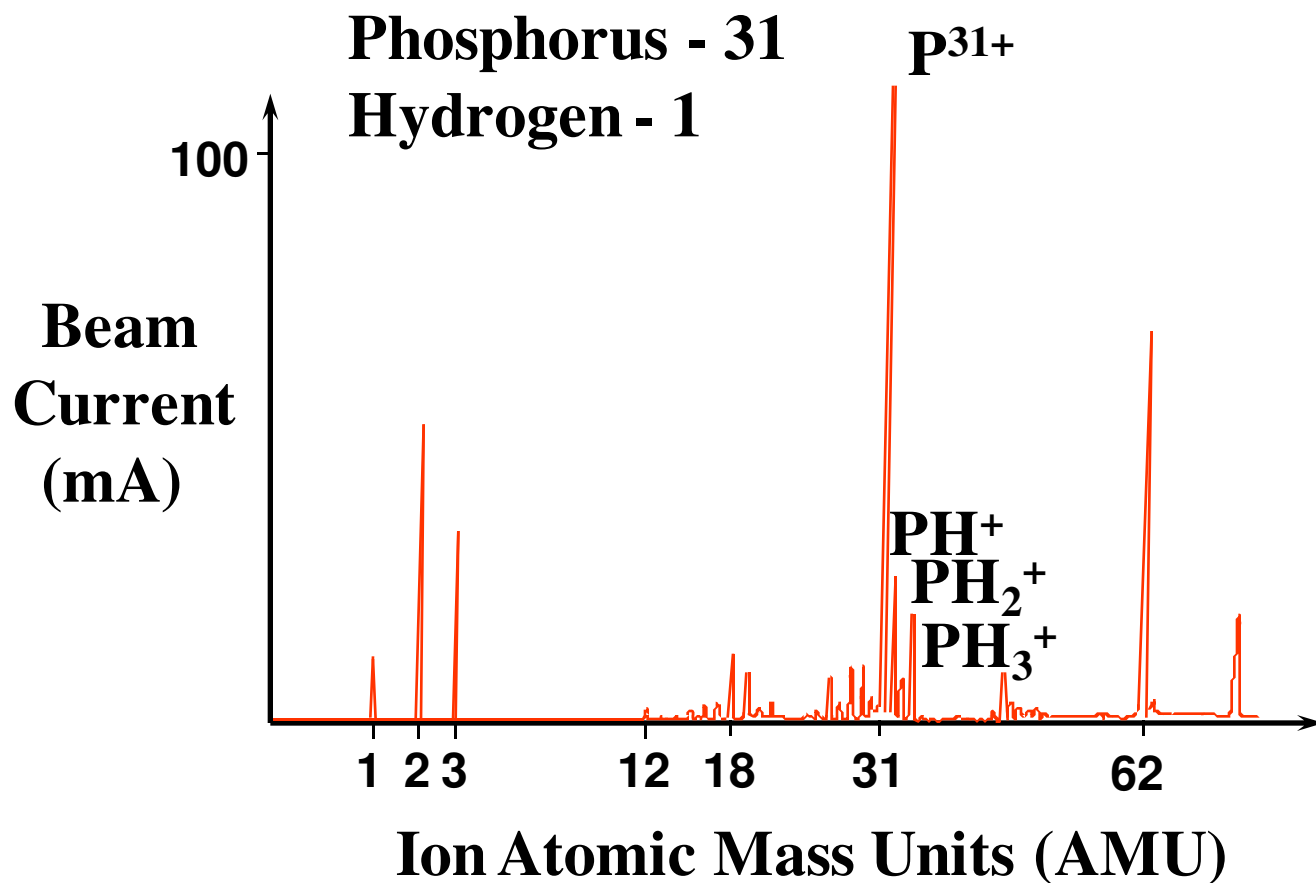
**MAGNETIC SCAN COIL IN VARIAN 120-10**

Scan Magnet to give  
X-scan

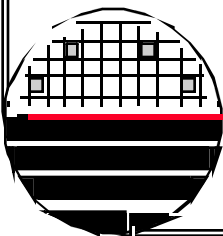
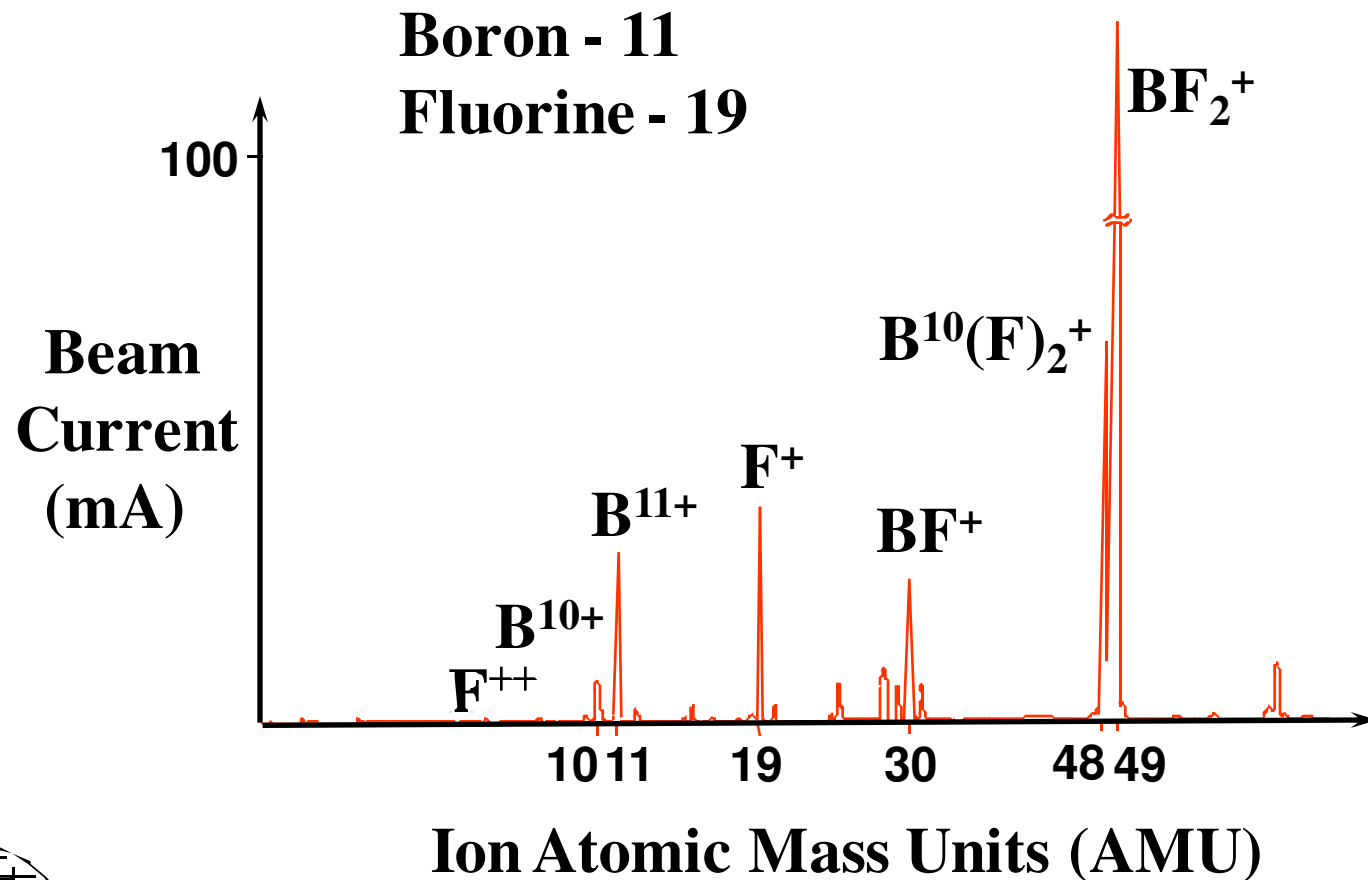
Analyzing Magnet  
for mass  
spectrometer  
(Ion Selection)



*PH<sub>3</sub> GAS SPECTRUM*

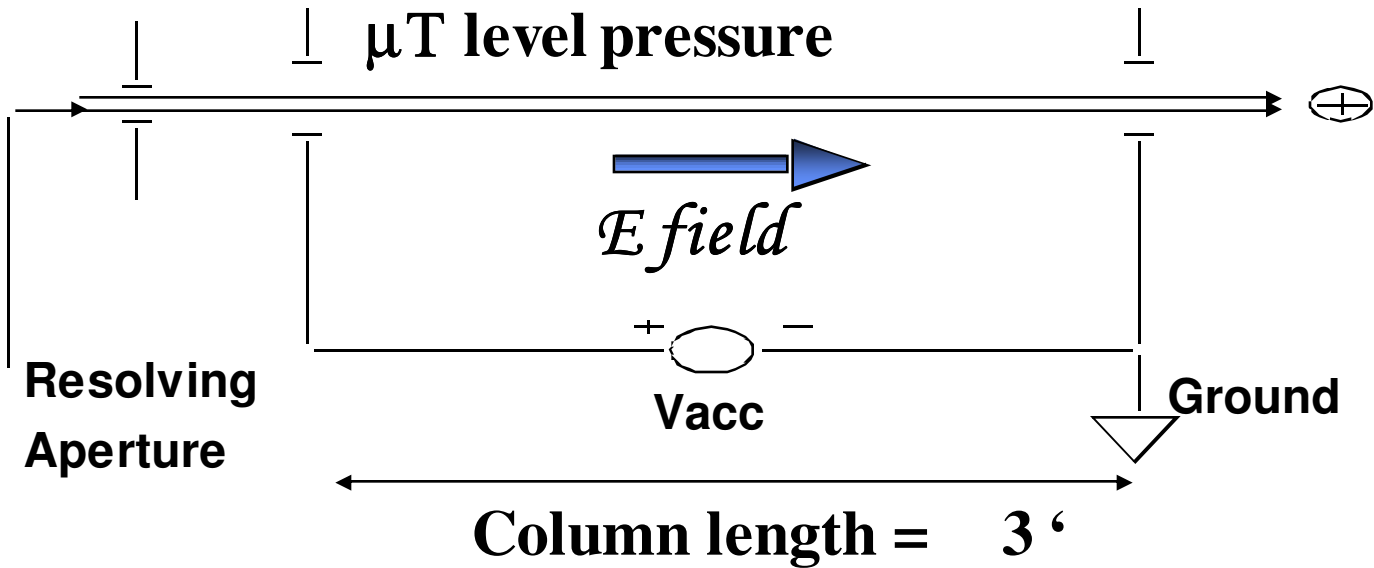


***BF<sub>3</sub> GAS SPECTRUM***





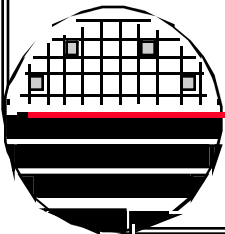
**ACCELERATING COLUMN**



**Final Kinetic Energy of the Ion =  $q ( V_{\text{ext}} + V_{\text{acc}} )$**

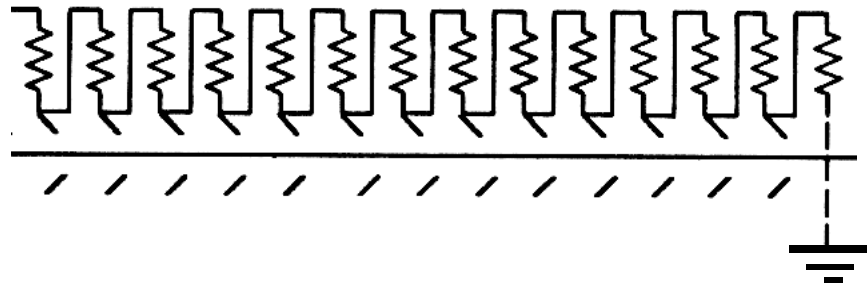
**Example:  $V_{\text{ext}} = 30 \text{ KV}$      $V_{\text{acc}} = 70 \text{ KV}$**

**Energy of the Ion =  $E = 100 \text{ KeV}$**

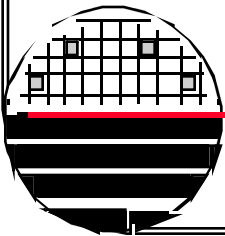


### *ACCELERATION OF THE IONS*

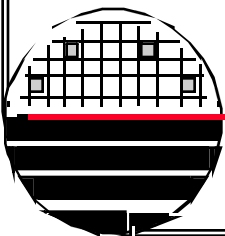
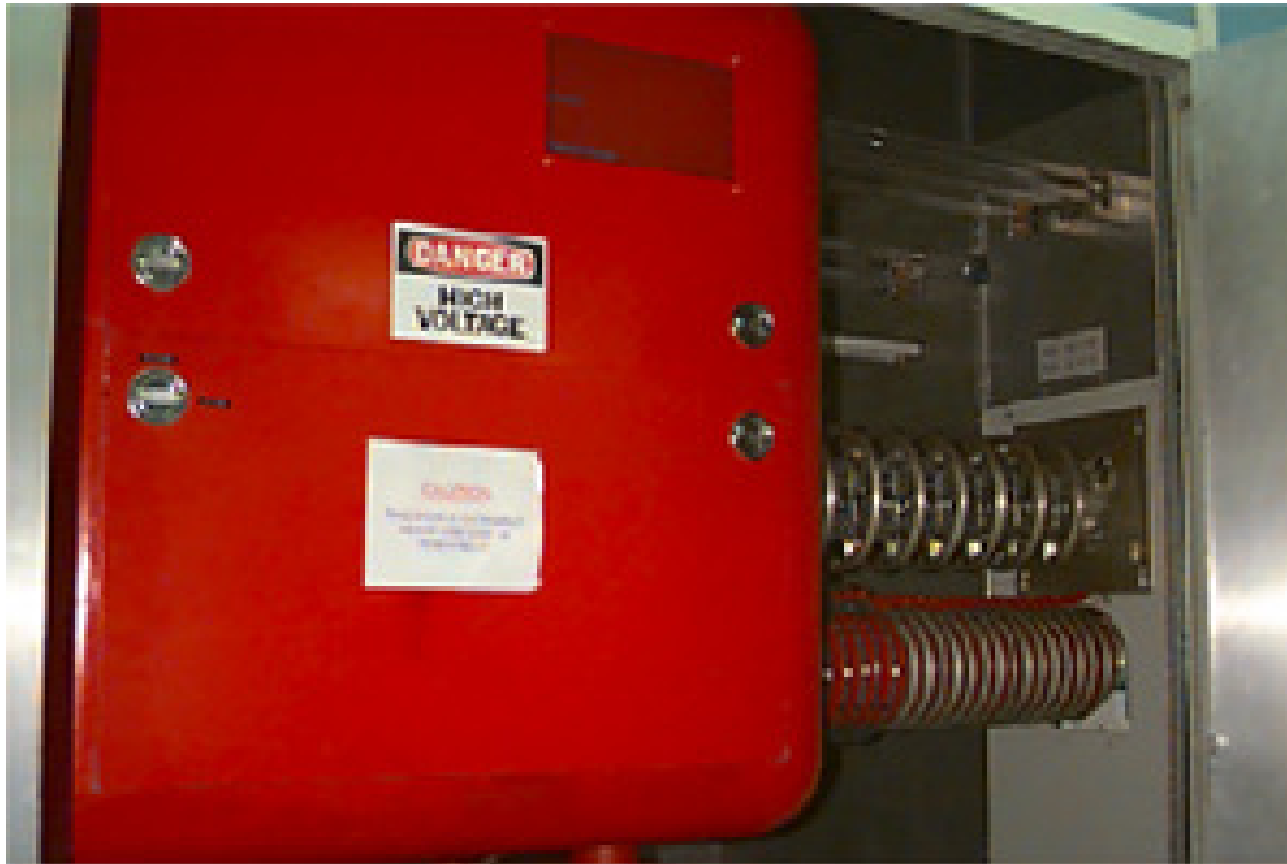
An acceleration voltage is applied across the column giving the ions their final kinetic energy. This voltage should be adjustable.



This shows 14 equal acceleration plates. If the desired acceleration was 70KeV each section would contribute 5000 volts for example.



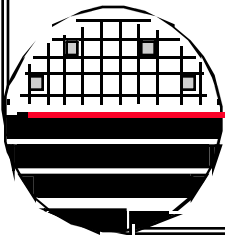
**VARIAN 400 ACCELERATION HARDWARE**



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***BF2 IMPLANTS***

- § **Boron mass = 11**
- § **Fluorine mass = 19**
- § **BF2 mass = 49**
- § **The energy divides by mass so 100 KeV BF2 is equivalent to 22.4 KeV B11 implant**
- § **BF2 peak is larger than B11 peak giving more current and shorter time for large dose implants**
- § **BF2 can give shallow implants**
- § **BF2 reduces channeling (explained in following pages)**

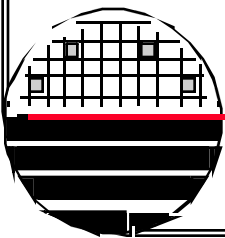
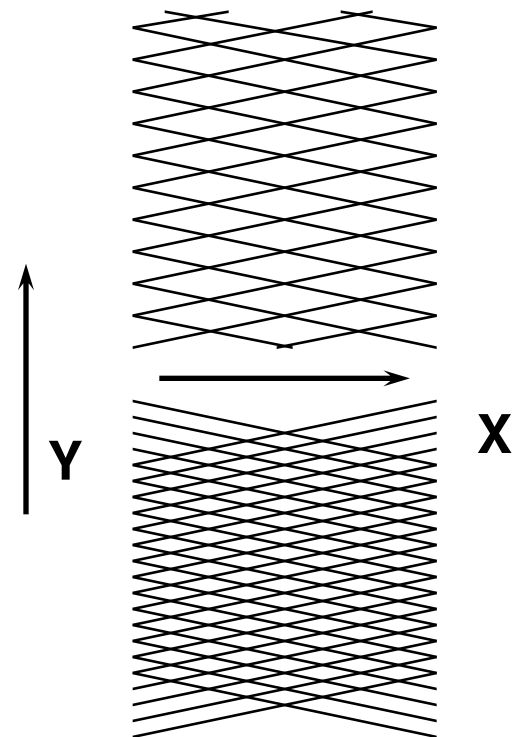


## SCANNING THE BEAM

### § Scanning of the beam

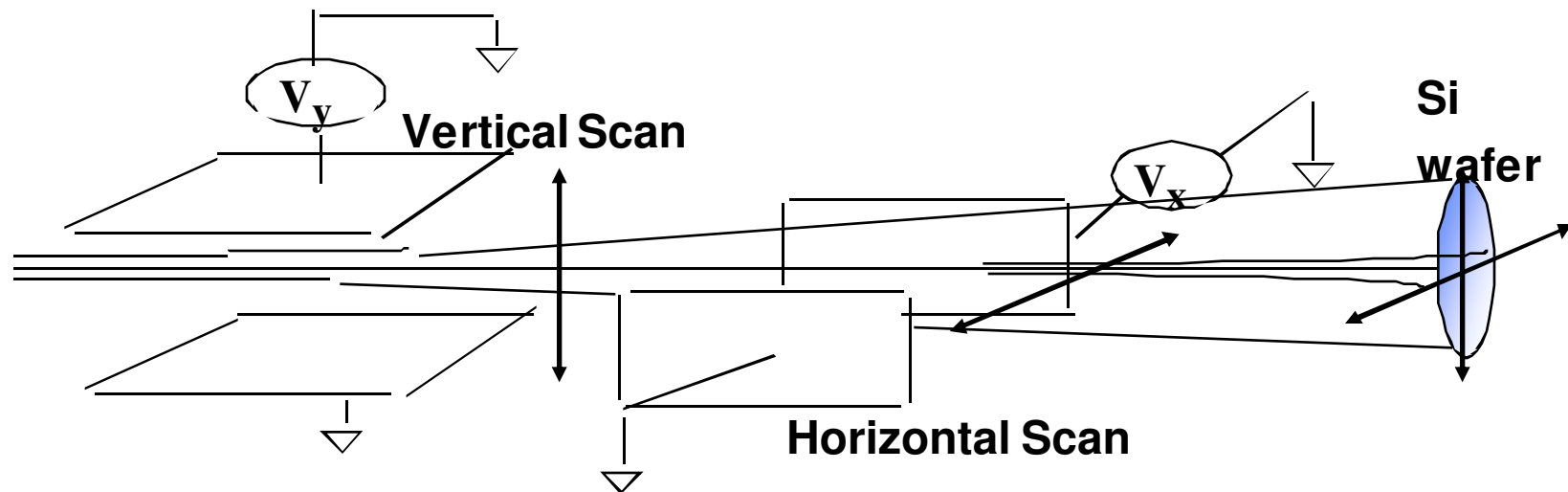
The focused ion beam is scanned over the wafer in a highly controlled manner in order to achieve uniform doping. Either the wafer or the beam could be stationary.

Scan Patterns

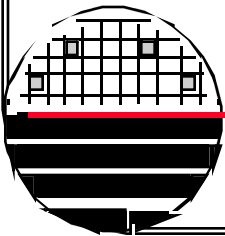


***ELECTROSTATIC BEAM SCANNING***

**I) Electrostatic scanning (low/medium beam current implanters.  $I < 1\text{mA}$ )**

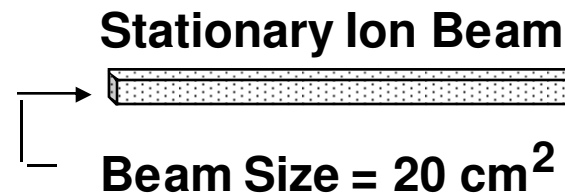


**This type of implanter is suitable for low dose implants. The beam current is adjusted to result in  $t=10$  sec./wafer. With scan frequencies in the 100 Hz range, good implant uniformity is achieved with reasonable throughput.**

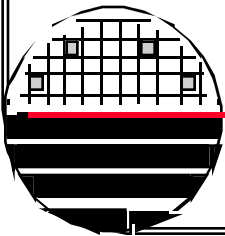
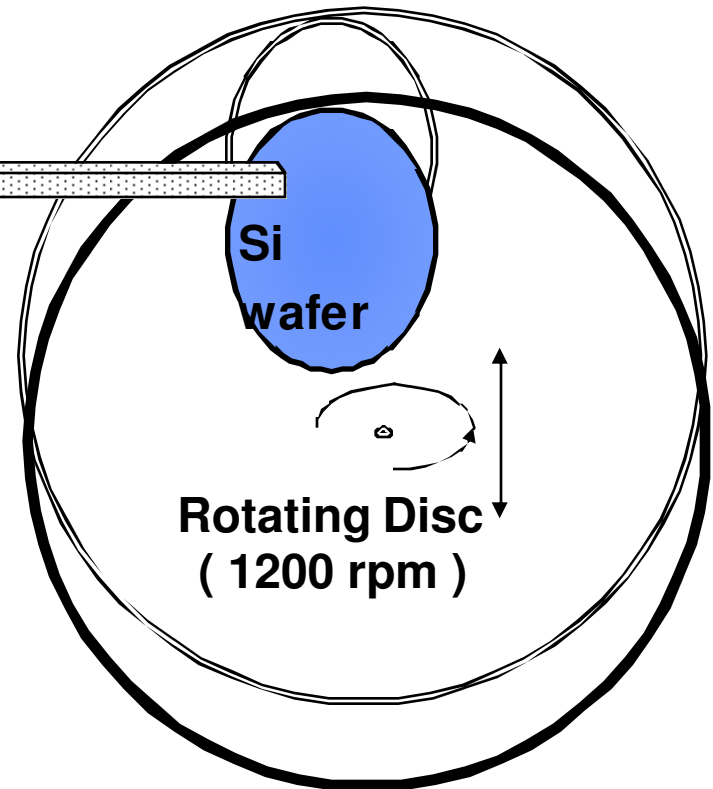


**MECHANICAL BEAM SCANNING**

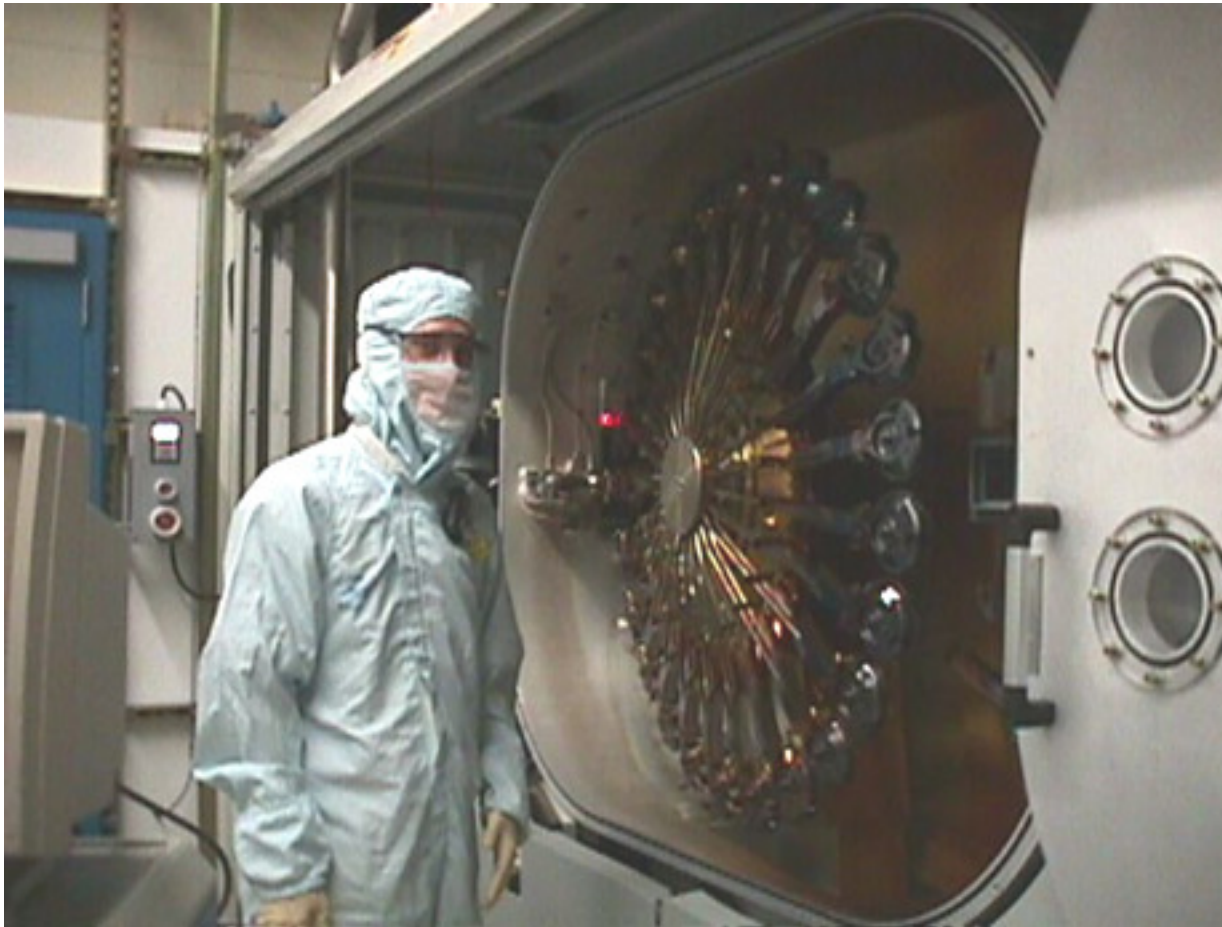
**Mechanical Scanning (high beam current implanters.  $I > 1 \text{ mA}$  )**



- § Excellent wafer cooling needed.
- § Substantial load/unload time.
- § 15 - 25 wafers /disc.
- § Excellent throughput for high dose implants.



***MECHANICAL SCAN END STATION***



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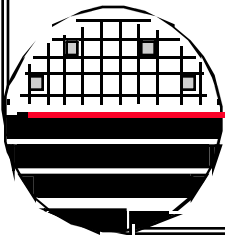
**IMPLANT DOSE**

The implant dose  $\phi$  is the number of ions implanted per unit area (cm<sup>2</sup>) of the wafer.

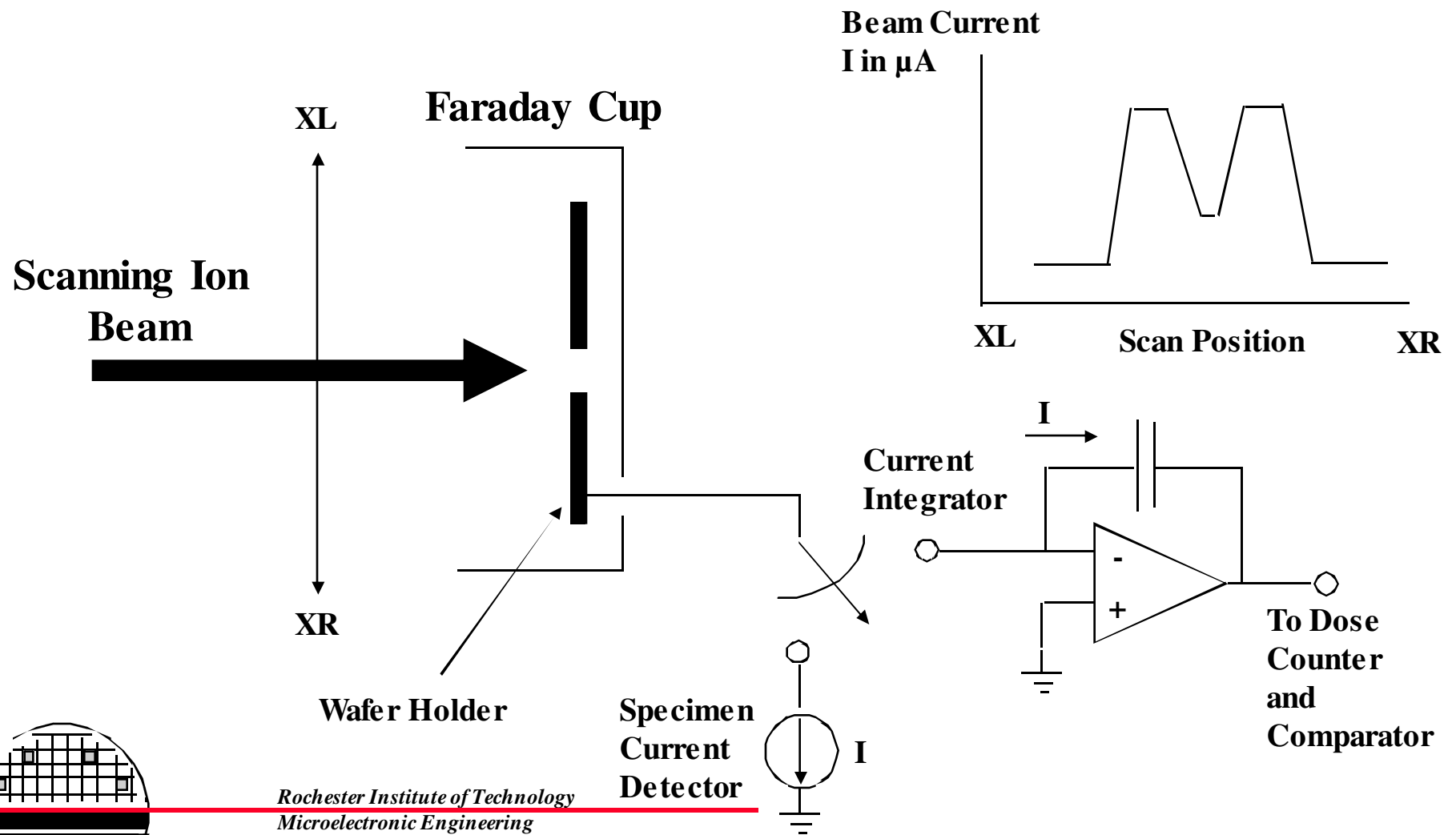
If a beam current  $I$  is scanned for a time  $t$ , the total implanted charge  $Q = ( I \times t )$ .

For a dose  $\phi$ , the total number of implanted ions is (Scan area  $A_s \times \phi$ ). Since each ion is singly positively charged, this corresponds to a total charge of  $(q \times A_s \times \phi)$ .

$$Q = It = q A_s \phi \Rightarrow \phi = \text{Dose} = I t / ( q A_s ) \text{ ions/cm}^2$$



**ION IMPLANT BEAM CURRENT SET UP**

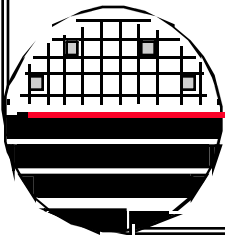
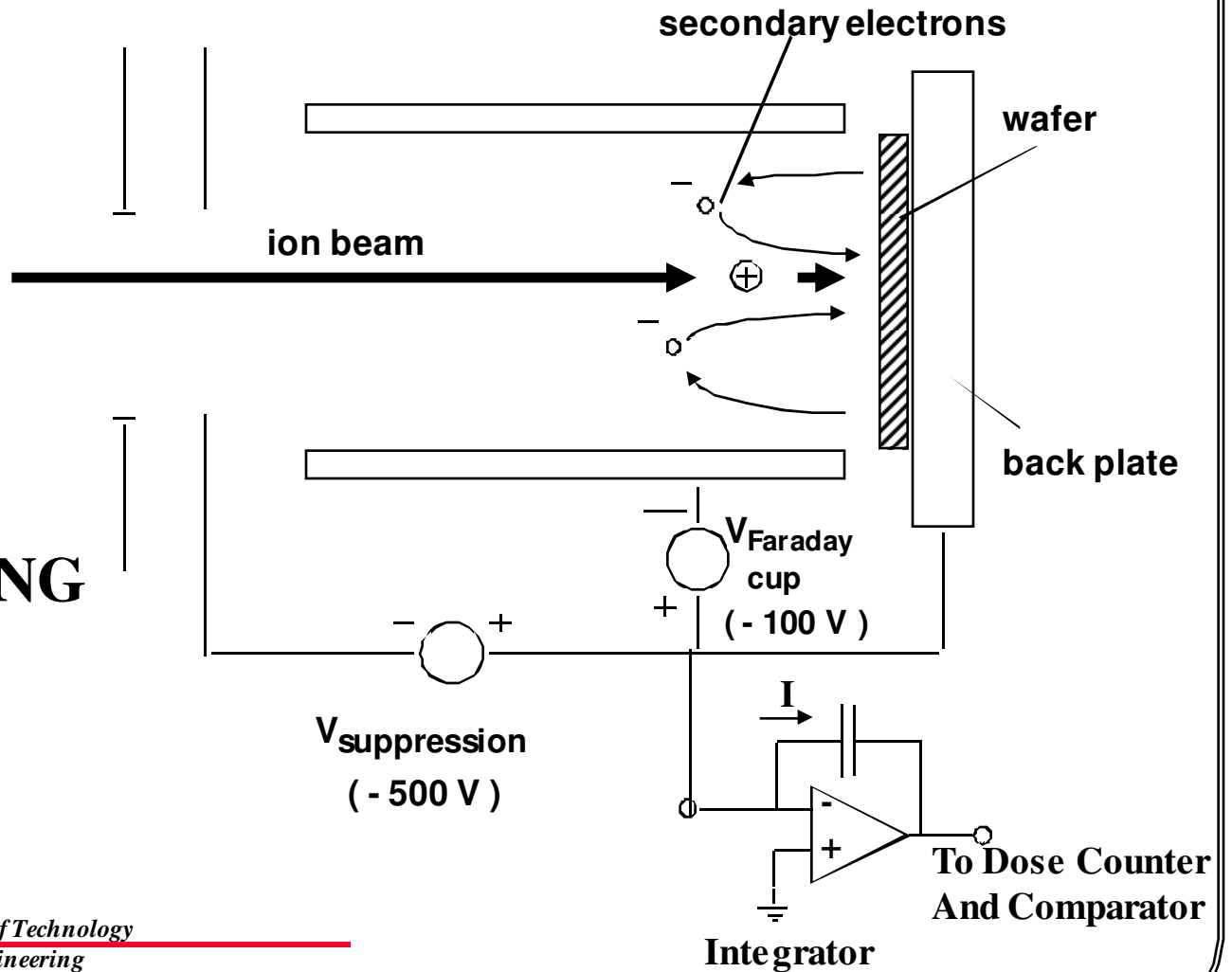


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**END STATION DOSE MEASUREMENT**

$$\int I dt = q = A_s q \Phi$$

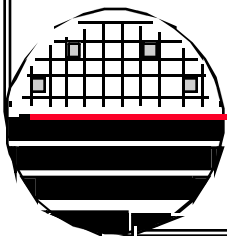
**DOSE MONITORING**



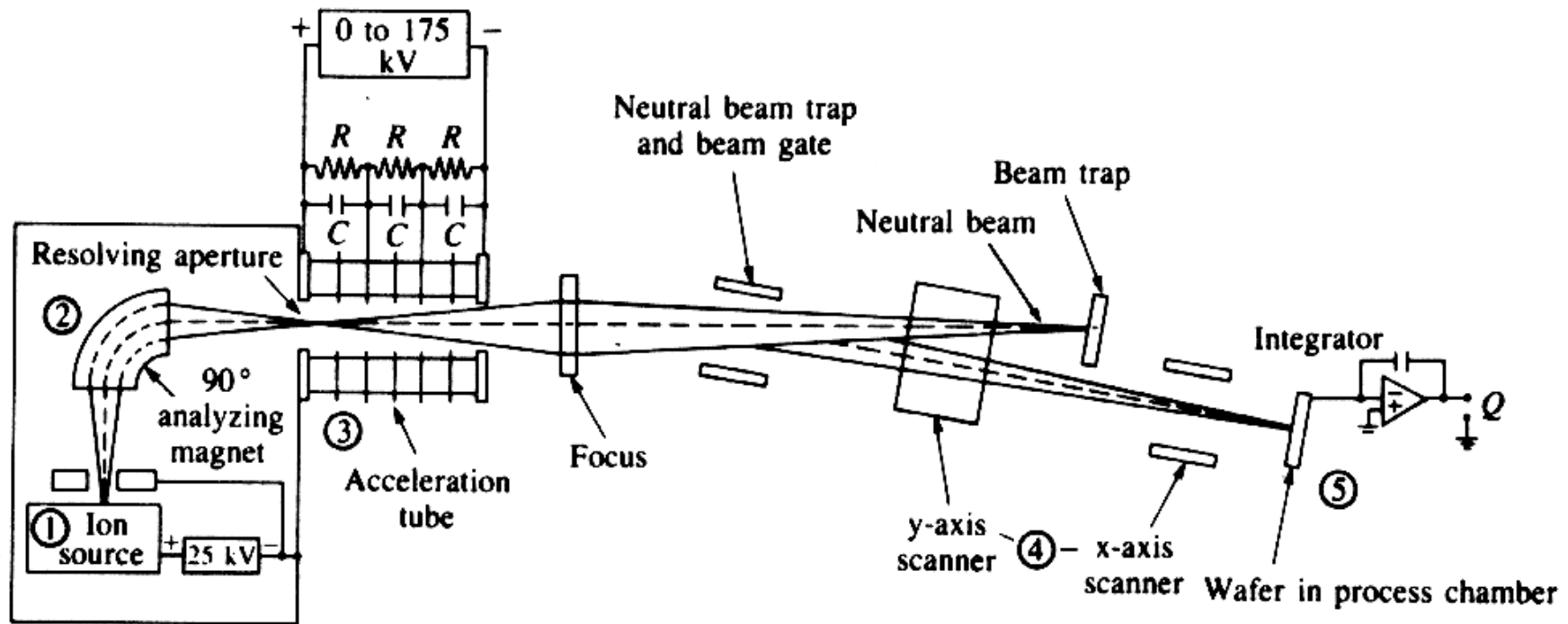
***VARIAN 120-10 END STATION***



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**COMPLETE SYSTEM**



**Fig. 5.1** Schematic drawing of a typical ion implanter showing (1) ion source, (2) mass spectrometer, (3) high-voltage accelerator column, (4) x- and y-axis deflection system, and (5) target chamber.

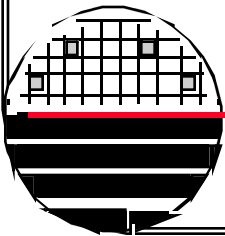


### ***DOPANT ION-SUBSTRATE INTERACTIONS***

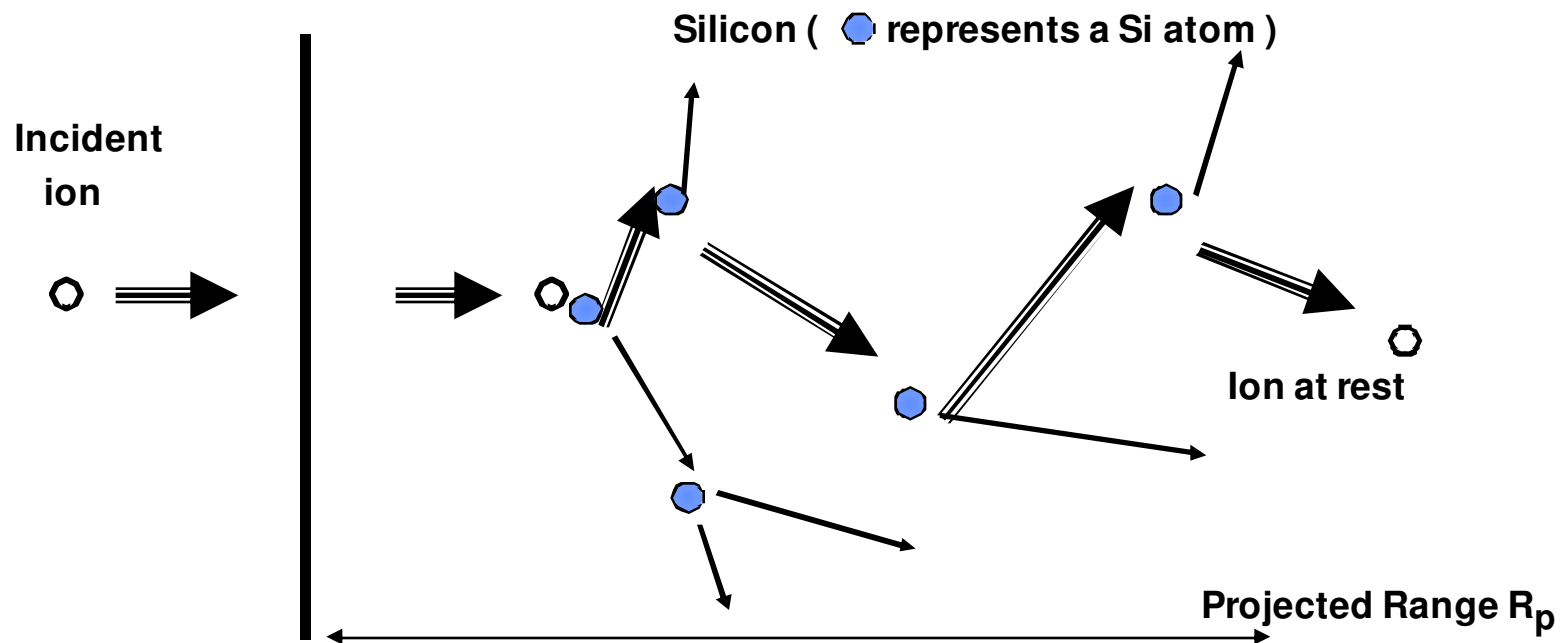
Upon entering the substrate, the ion slows down due to **nuclear** and **electronic** stopping.

#### **Nuclear stopping :**

Nuclear stopping is due to the energy transfer from the ion to Si nuclei. The interaction may be strong enough to displace the Si atom from its site ( only 15 eV needed to displace one Si atom ). The displaced Si atom may even have enough kinetic energy to displace several other Si atoms. Arsenic and Phosphorous ions lose their energy mostly by nuclear stopping. They cause substantial Si crystal damage when the implant dose exceeds  $5E13/cm^2$ .



**DOPANT ION-SUBSTRATE INTERACTIONS**



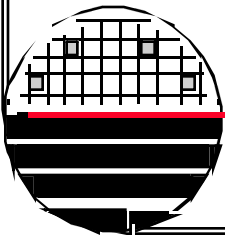
**Electronic stopping** is due to the energy transfer from the ion to the electrons of the host Si crystal. Boron ions lose their energy mostly by electronic stopping. Electronic stopping does not cause crystal damage.

## *POST IMPLANT ANNEAL*

The **damaged crystal needs to be restored**. This is typically achieved by 900 C, 30 min. furnace anneals or 1150 C, 30 sec. rapid thermal anneals.

The interstitial dopant ions become substitutional, thus donating carriers. The interstitial (displaced) silicon atoms become substitutional, thus removing the defects that trap carriers and/or affect their mobility.

During the post implant anneal, dopant ions diffuse deeper into silicon. This must be minimized to maintain shallow junctions.

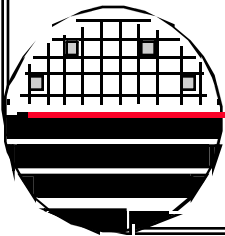
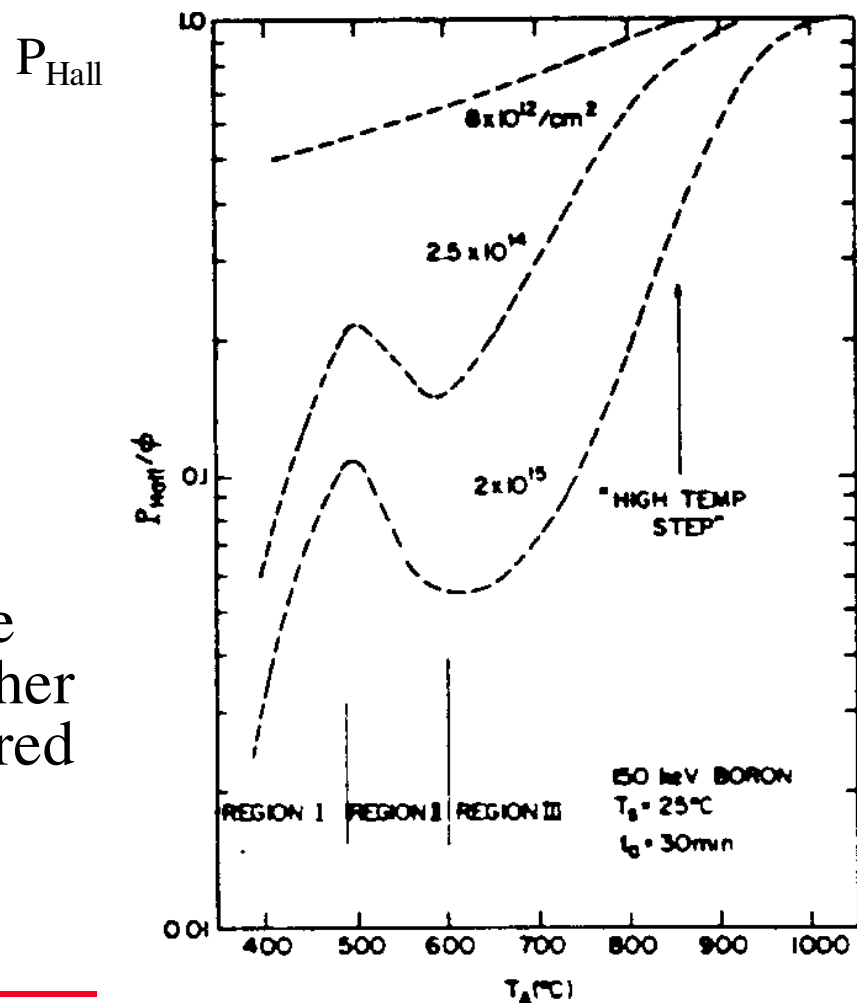




**ISOCHRONAL ANNEALING OF BORON**

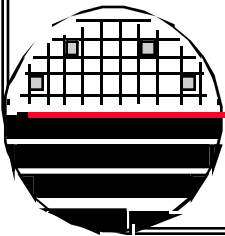
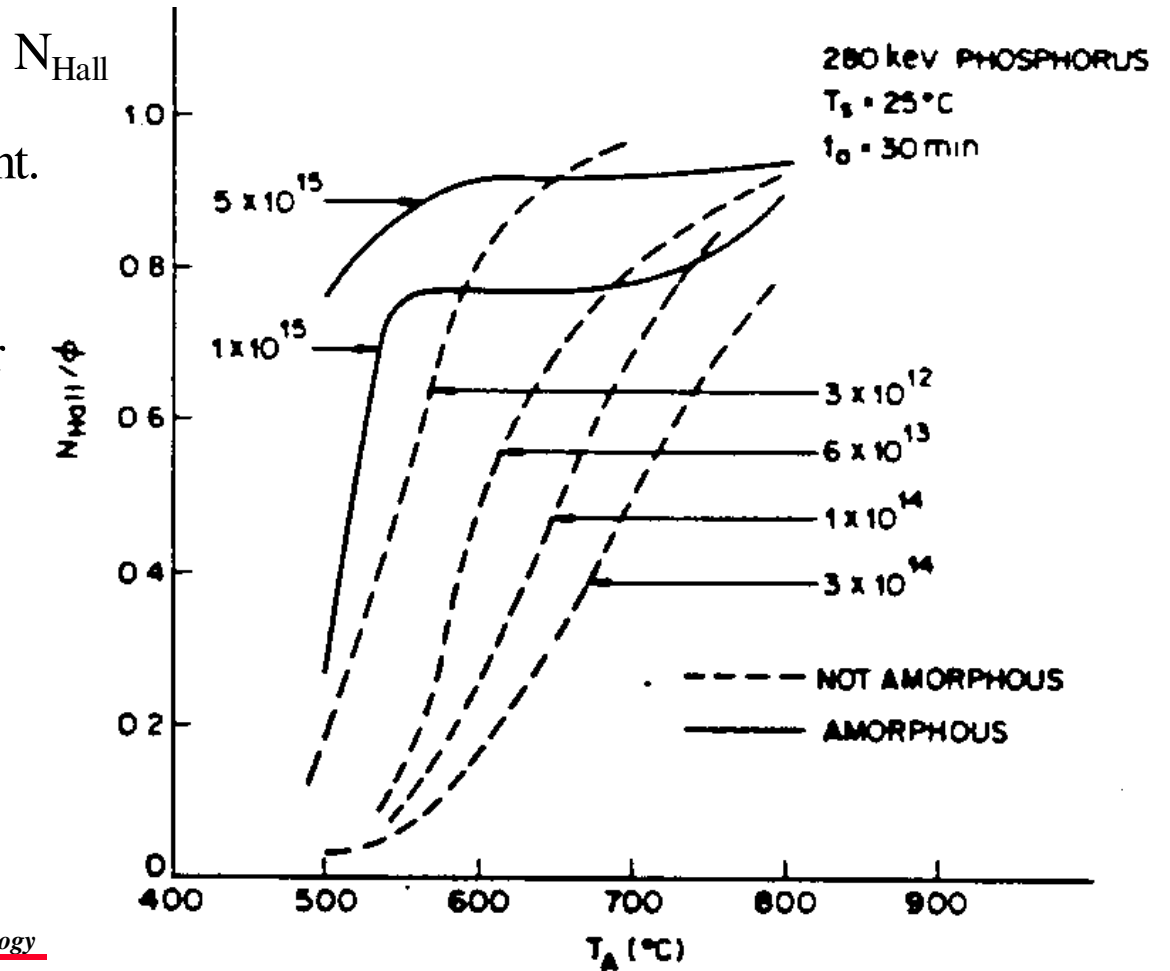
$P_{Hall}$  is the free hole content (holes/cm<sup>2</sup>) determined by Hall measurements

**Trend:** higher the dose, the more disorder, thus the higher the final temperature required for **full activation**



**ISOCHRONAL ANNEALING OF PHOSPHOROUS**

$N_{Hall}$  is the free electron content.  
 Note that heavy dose Phosphorous implants can be annealed easier than the lesser dose implants



**ION IMPLANT EQUATIONS**

Gaussian Implant Profile

$$N(x) = \frac{N'}{\sqrt{2\pi} \Delta R_p} \exp \left[ \frac{-(X-R_p)^2}{2\Delta R_p^2} \right]$$

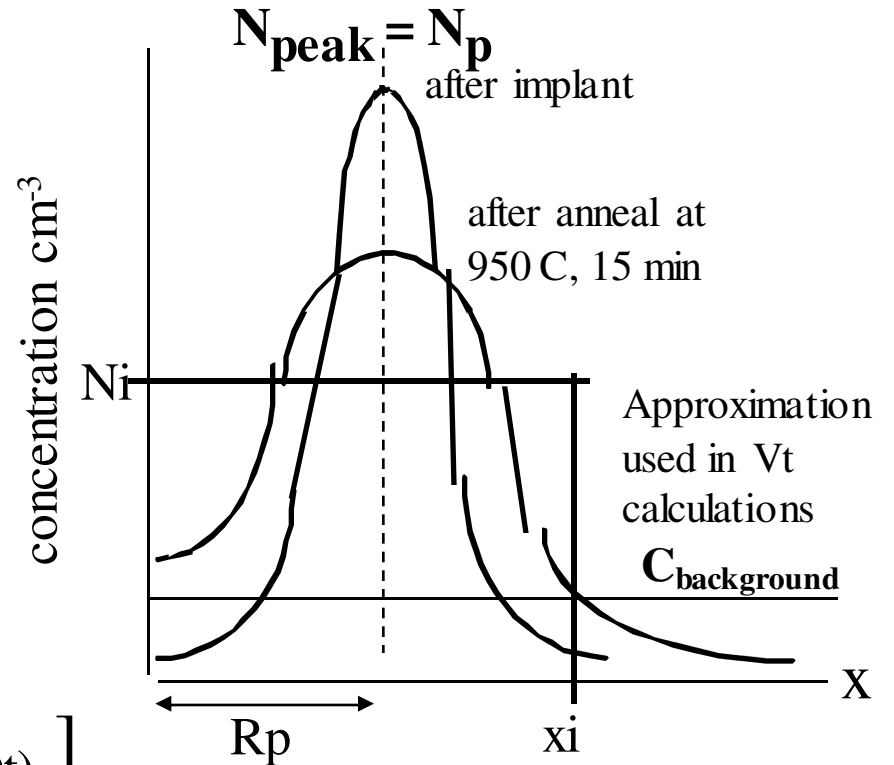
$R_p = \text{Range}$   
 $\Delta R_p = \text{Straggle}$ 
} From Curves

$$N' = \text{Dose} = \int \frac{I}{mqA} dt$$

After Anneal

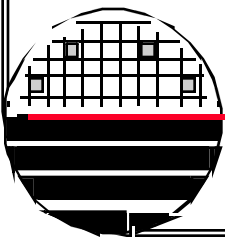
$$N(x) = \frac{N'}{\sqrt{2\pi} \sqrt{\Delta R_p^2 + 2Dt}} \exp \left[ \frac{-(X-R_p)^2}{2(\Delta R_p^2 + Dt)} \right]$$

where D is diffusion constant at the anneal temperature  
 t is time of anneal

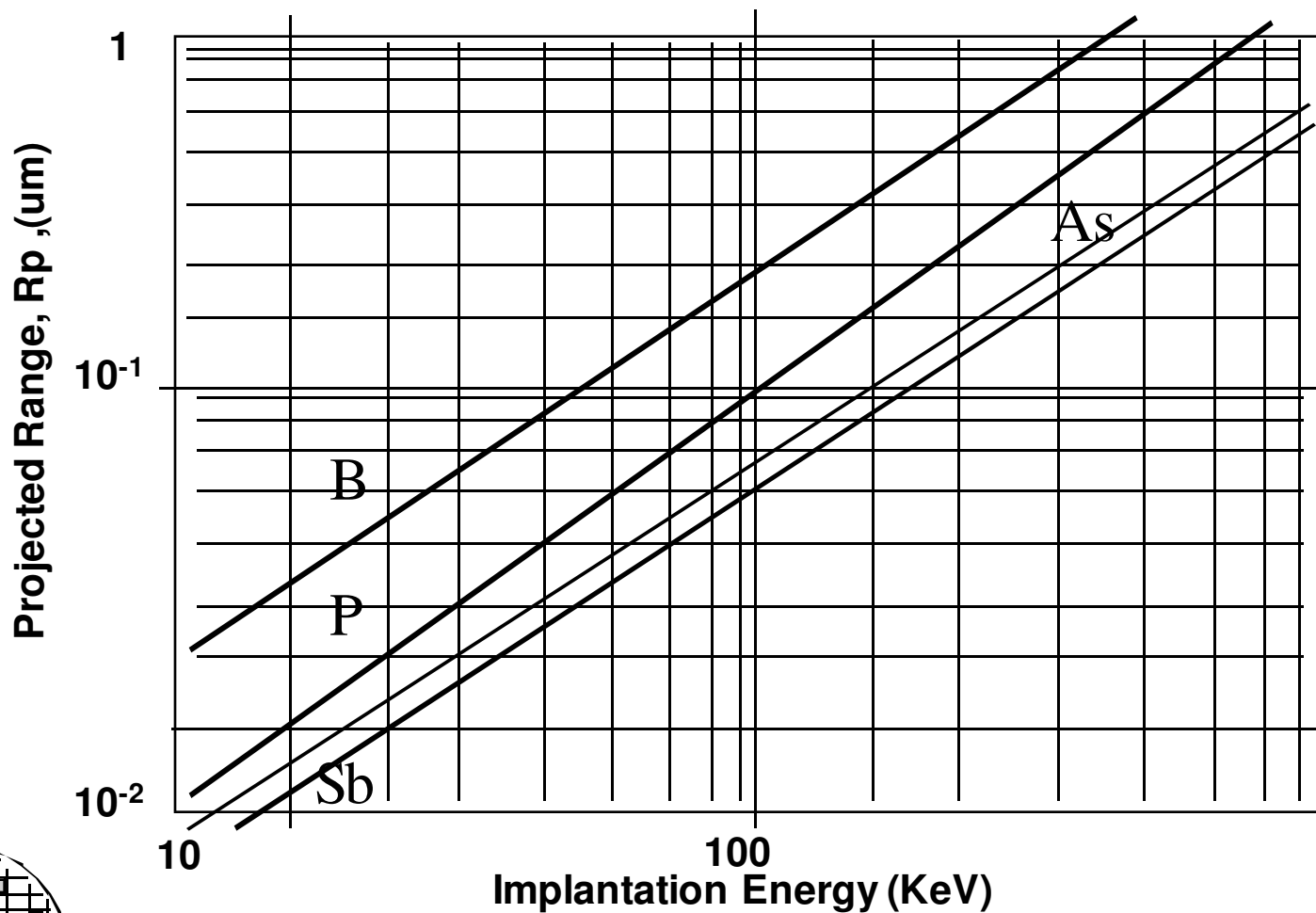


Approximation used in Vt calculations

Approximation  $N' = N_i x_i$

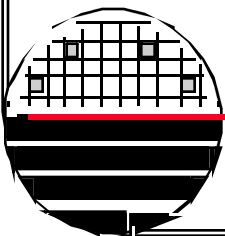
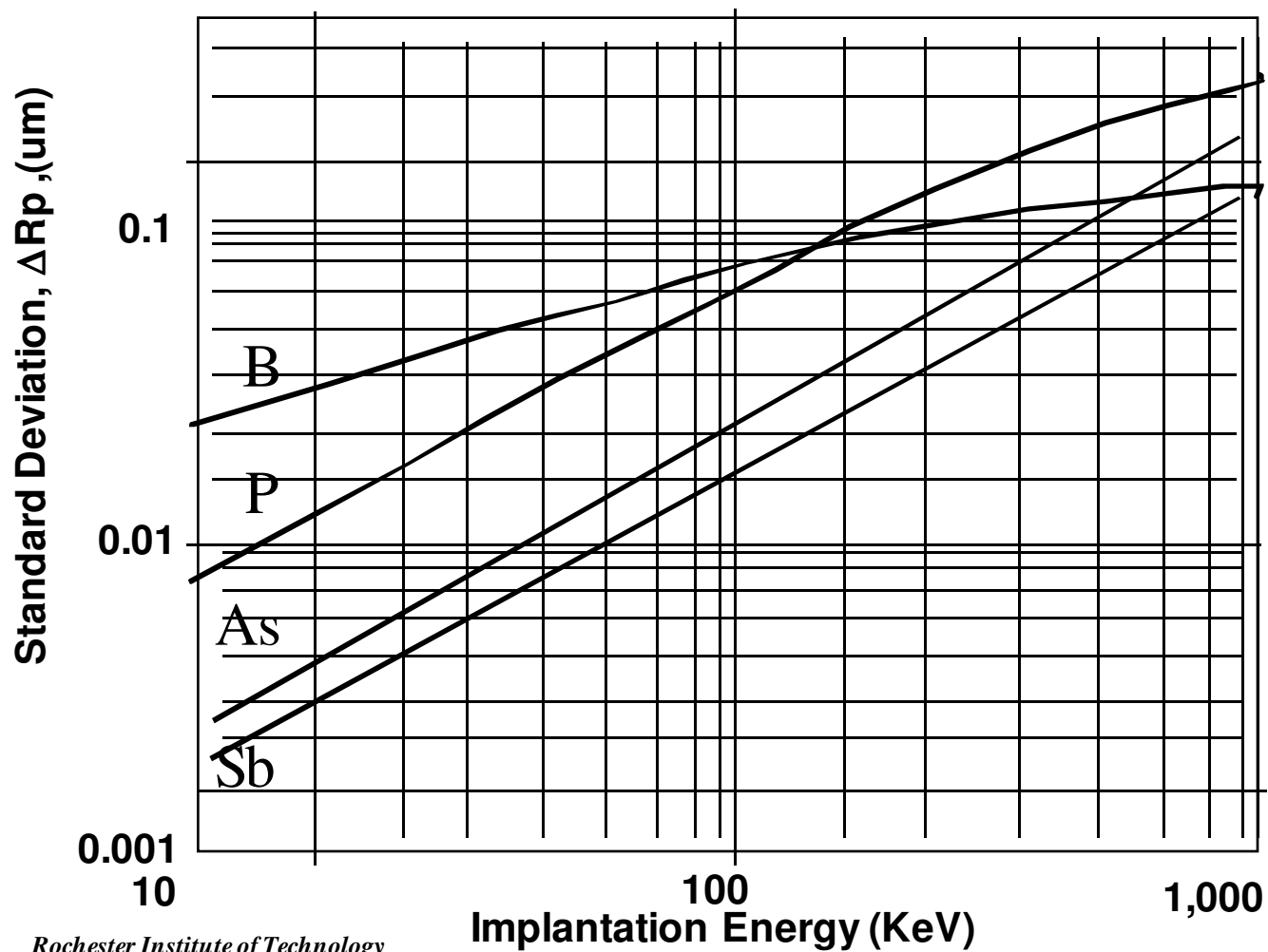


# ION IMPLANT RANGE



Rochester Institute of Technology  
Microelectronic Engineering

# ION IMPLANT STANDARD DEVIATION



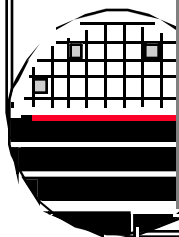
## CALCULATIONS

5 CALCULATION OF ION IMPLANT JUNCTION DEPTH AND SHEET RESISTANCE AFTER DR					
6					
7 CONSTANTS			VALUE	UNITS	
8		Baron	Phosphorus	q-	1.60E-19 Coul
9	Max Mobility of n-type carrier	470.5	1414		
10	Min Mobility of p-type carrier	44.9	68.5		
11	Nref	2.23E+17	9.20E+16		
12	alpha	0.719	0.711		
13					
14 GIVEN			VALUE	UNITS	
15	Starting Wafer Resistivity	Rho-	10	ohm-cm	
16	Starting Wafer Type	n-type-	1	1 or 0	
17		p-type-	0	1 or 0	
18					
19	Pre Deposition Ion Implant Dose		2.00E+16	ionuf/cm2	
20					
21	Implant Beam Current		500	µA	
22				Implant Time for 6" wafers	
23	Drive-in Temperature		1000	°C	
24	Drive-in Time		360	min	
25					
26 CALCULATE			VALUE	UNITS	
27	Diffusion Constant at Temperature of Drive-in		1.43E-14	cm2/sec	
28					
29 CALCULATION OF DIFFUSION CONSTANTS					
30		D0 (cm2/EA (eV))			
31	Baron	0.76	3.46		
32	Phosphorus	3.85	3.66		
33					
34 CALCULATIONS			VALUE	UNITS	
35	Substrate Doping - 1/(qµmax Rho)		4.42E+14	cm-3	
36					
37 RESULTS			VALUE	UNITS	
38	Pre deposition Dose		2.00E+16	atomuf/cm2	
39	xj after drive-in - ((4Ddtd/QA) ln (Nref (xDdtd)^0.5))^0.5		1.32	µm	
40	average doping Nave - Dard/xj		1.51E+20	atomuf/cm3	
41	mobility (µ) at Doping equal to Nave		49	cm2/V-sec	
42	Sheet Resistance - 1/(q (µ(Nave))Dard)		6.4	ohm/sq	
43	Surface Concentration - Dard/(µDx)^0.5		6.42E+20	cm-3	
44					

Using the equations on the previous pages:

Find:

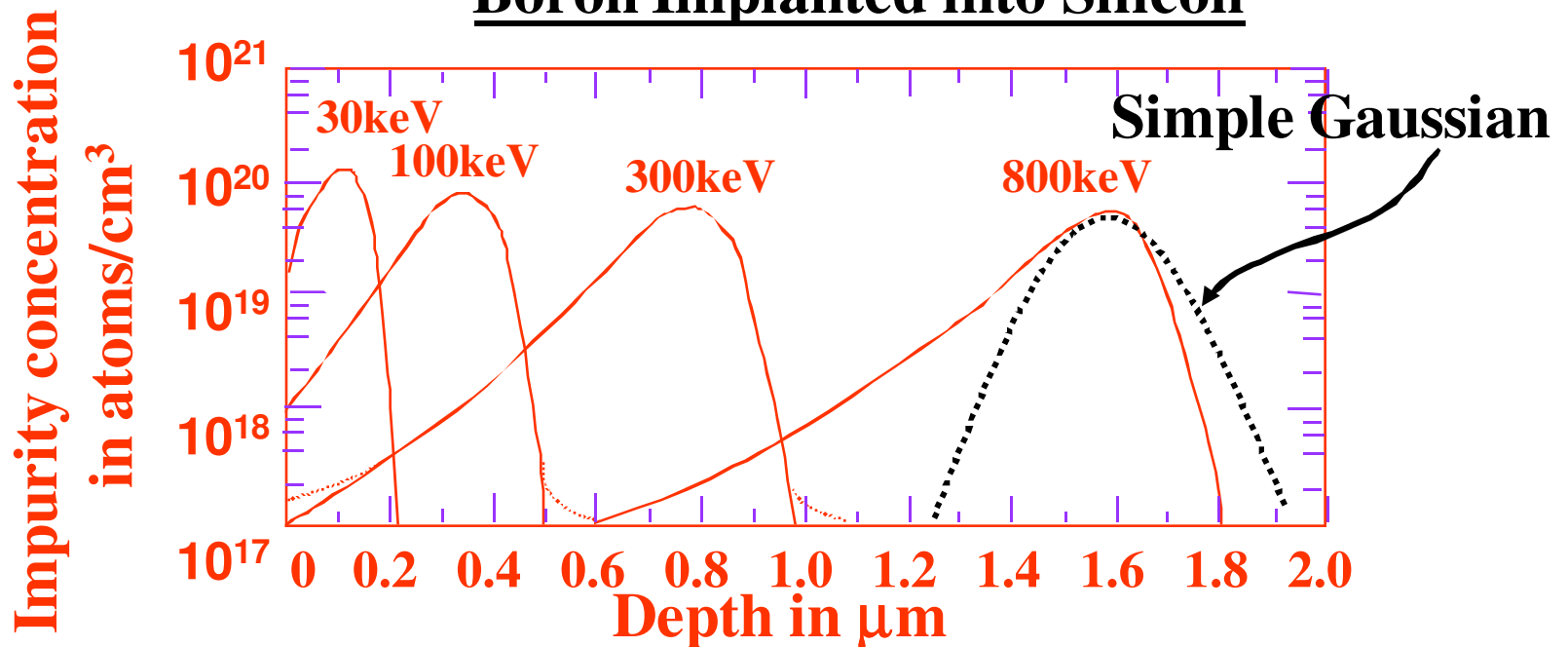
- Xj
- sheet Rho
- implant time
- surface conc.
- average doping



## ACTUAL PROFILES ARE NOT GAUSSIAN

- Light ions such as boron, are more effectively scattered backwards
  - ❖ more ions to come to rest on the surface-side of  $R_p$
- Heavy Ions, such as Arsenic, scatter more in forward direction
  - ❖ the amount of dopant on the deeper side will be higher.

### Boron Implanted into Silicon



***VT ADJUST IMPLANT***

Assume that the total implant is shallow (within  $W_{dmax}$ )

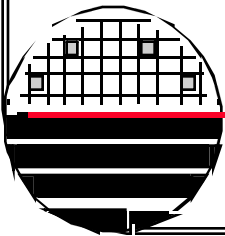
$$\pm \Delta V_t = q \text{Dose}^* / C_{ox}'$$

where  $\text{Dose}^*$  is the dose that is added to the Si  
 $C_{ox}'$  is gate oxide capacitance/cm<sup>2</sup>  
 $C_{ox}' = \epsilon_0 \epsilon_r / X_{ox}$

Boron gives + shift

Phosphorous gives - shift

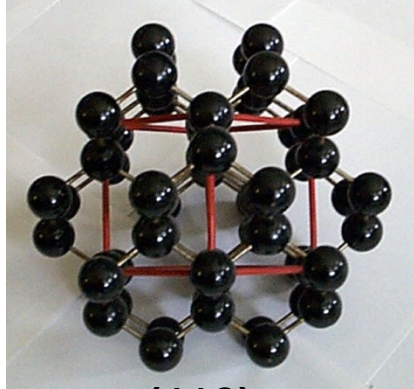
**Example:** To shift +1.0 volts implant Boron through 1000 Å kooi oxide at an energy to place the peak of the implant at the oxide/silicon interface. Let  $X_{ox} = 200 \text{ \AA}$ .  $\text{Dose} = \Delta V_t C_{ox}' / q$   
 $= (1.0)(3.9)(8.85E-14) / (1.6E-19)(200E-8) = 1.08E12 \text{ ions/cm}^2$   
 but multiply by 2 since 1/2 goes into silicon and 1/2 in Kooi oxide  
 so dose setting on the implanter is  $2.16E12 \text{ ions/cm}^2$



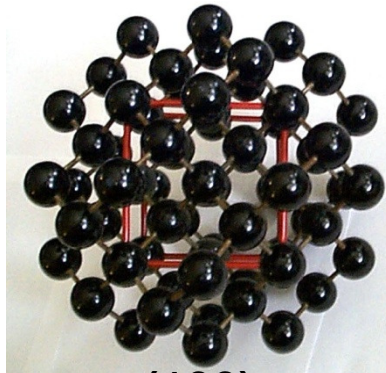


**CHANNELING**

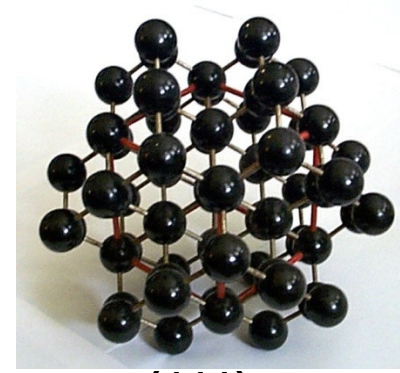
§ Origin : the crystalline nature of the host substrate



(110)

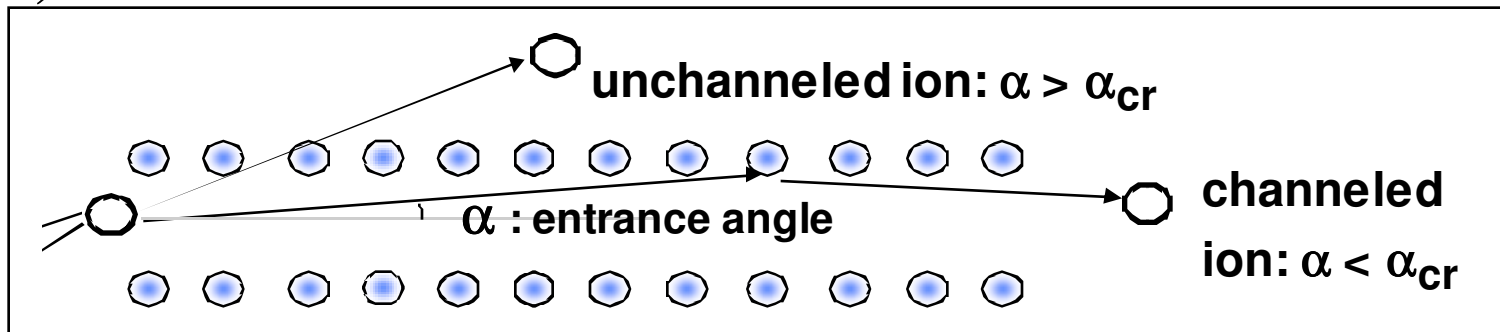


(100)



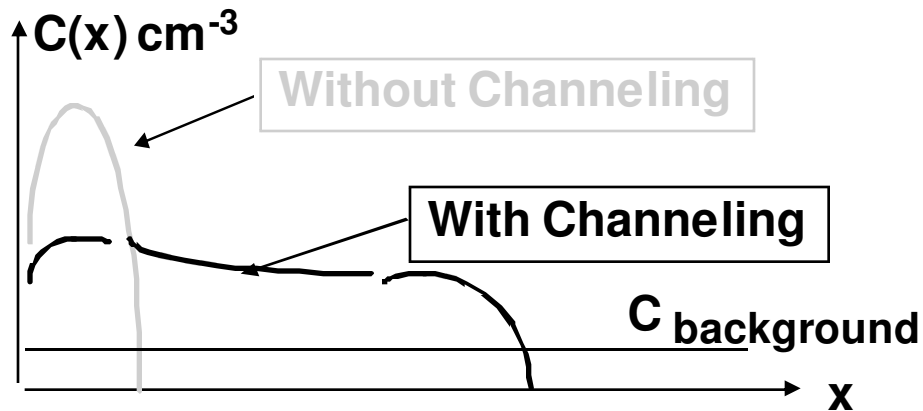
(111)

Relative degree of openness of the silicon crystal for ions moving in  $\langle 111 \rangle$ ,  $\langle 100 \rangle$  and  $\langle 110 \rangle$  directions



Channeling process

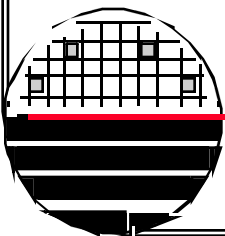
**CHANNELING ION PROFILES**



The implanted dose  $\int C(x) dx$  is about the same with or without channeling. But  $\mu$  along the channeled profile is higher than  $\mu$  along the unchanneled profile. Since the sheet resistance  $R_s$  is defined as:

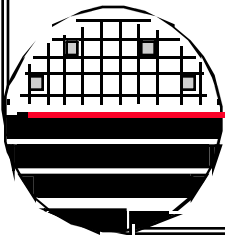
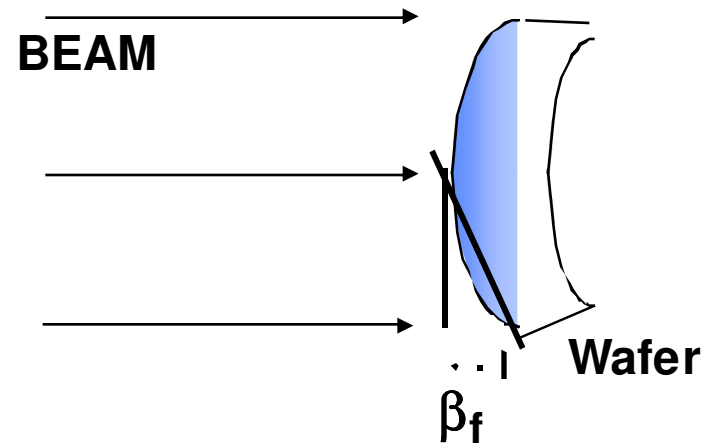
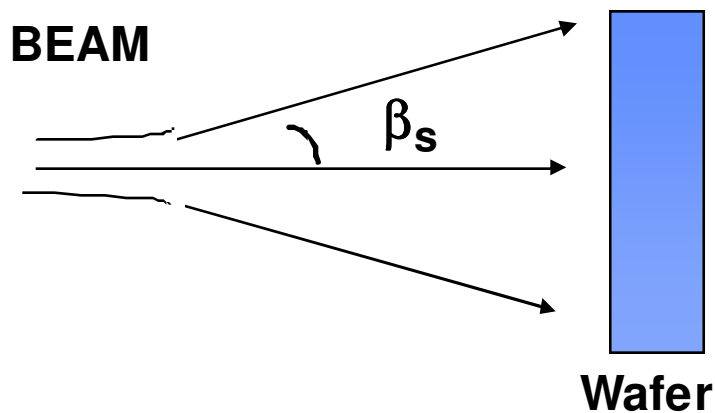
$$R_s = \left[ \int q \mu(x) C(x) dx \right]^{-1} = \left[ q \mu \int C(x) dx \right]^{-1}$$

(where  $\mu$  is the average effective mobility)  $R_s$  is smaller in regions where channeling occurs.



## CHANNELING IS NON UNIFORM ACROSS THE WAFER

Due to beam scan angle  $\beta_s$  and/or the wafer flex angle  $\beta_f$ , the entrance angle of ions varies across the wafer. The resulting channeling variations cause the sheet resistance to vary across the wafer. These  $R_s$  variations can be as much as 25 % across a wafer. As the extent of **local channeling is difficult to control, channeling must be prevented.**

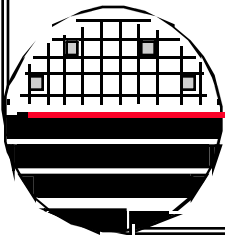


### ***PREVENTING CHANNELING***

Channeling does not occur if there is significant implant damage that turns the implanted layer into an amorphous one. **Heavy ions like  $P^{31}$  and  $As^{75}$  at large doses do not show channeling.**

**Light ions and/or low dose implants are prone to channeling.** In such instances, channeling can be prevented by:

- 1) **Implanting through a thin amorphous layer (e.g. oxide).**
- 2) Tilting and twisting the wafer to close crystal openness as seen by the ion beam.
- 3) Implanting heavy, but electrically inactive species like Si or Ar prior to the actual dopant implant. The pre-implant implant turns the wafer surface into an amorphous layer.

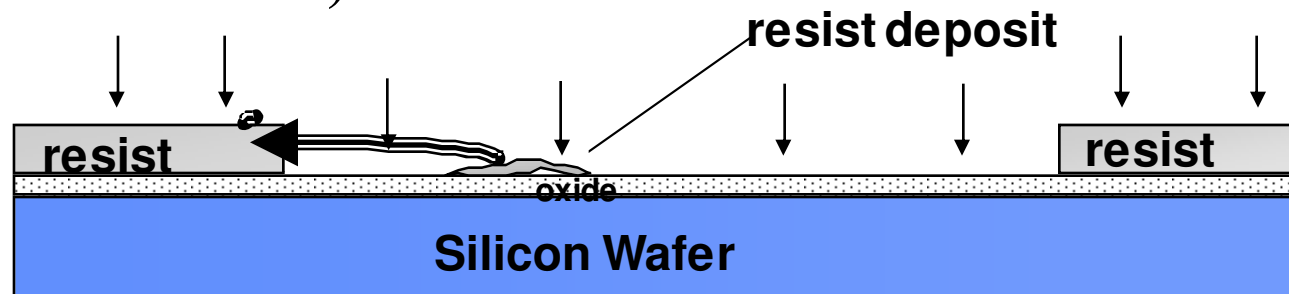


## CHANNELING

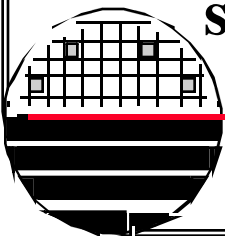
### Implanting Through Thin Films

In addition to channeling prevention, implanting through a thin film layer (e.g. few 100 Å of SiO<sub>2</sub>) offers the following advantages:

- 1) It prevents photoresist residues/deposits from reaching the silicon surface. The resist residues deposited on the thin film can subsequently be etched away with that film (e.g. SiO<sub>2</sub> dipped in B.O.E.)

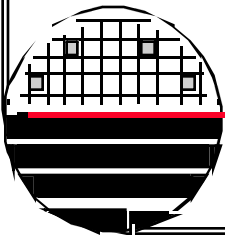
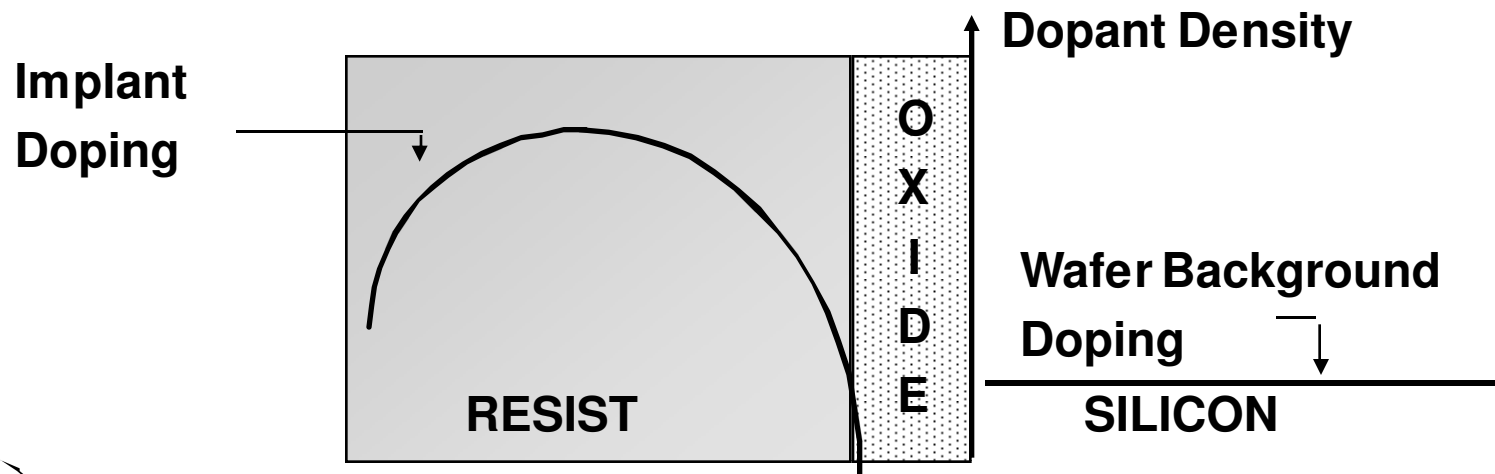


- 2) It prevents excessive evaporation (out-gassing) of volatile species (e.g. As) during implant damage anneals.



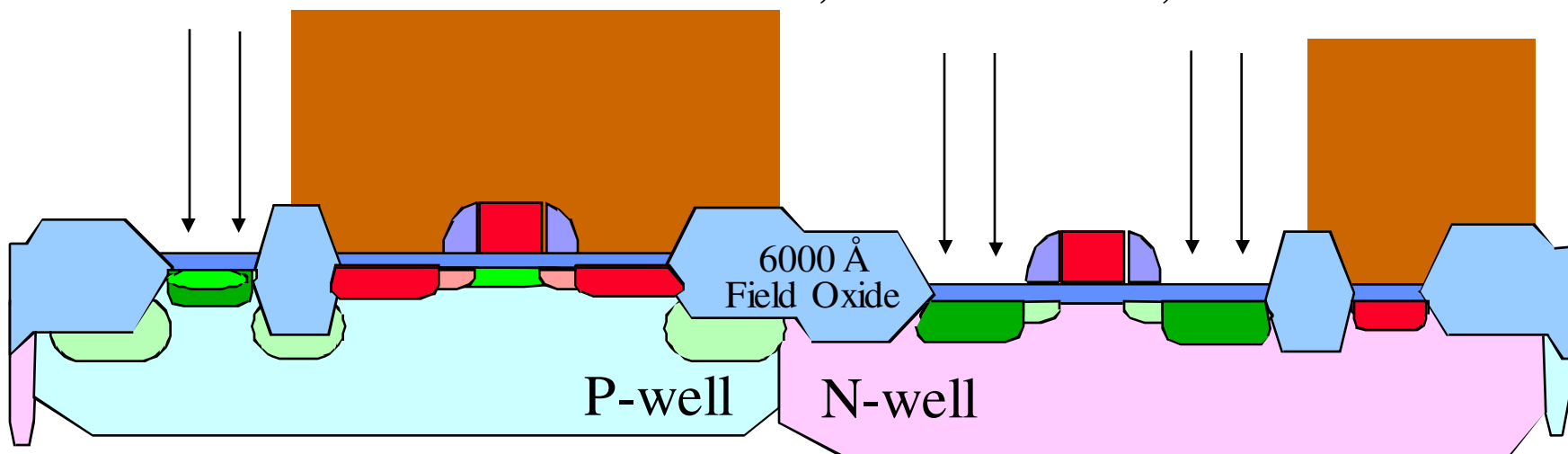
## ***MASKING AGAINST ION IMPLANTS***

**Various thin films can be used to mask against ion implants :** resist, oxide, nitride, polysilicon, etc. The most widely used combination is resist over the oxide. 1 to 1.5  $\mu\text{m}$  thick resist blocks most of the ion implants encountered in silicon processing. Silicon dioxide slows down the ions at about the same rate as silicon does. Silicon nitride is a much stronger barrier to ions than silicon.

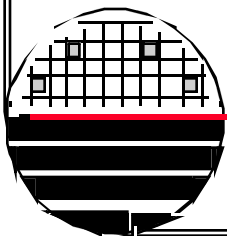


**MASKING WITH PHOTORESIST, POLY, AND OXIDE**

B11, Dose =  $2 \text{ E}15$ ,  $E = 50 \text{ KeV}$



N-type Substrate 10 ohm-cm



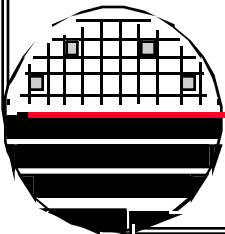
**IMPLANT MASKING THICKNESS CALCULATOR**

Rochester Institute of Technology				Lance Barron	
Microelectronic Engineering				Dr. Lynn Fuller	
11/20/04					

**IMPLANT MASK CALCULATOR**      Enter 1 - Yes    0 - No in white boxes

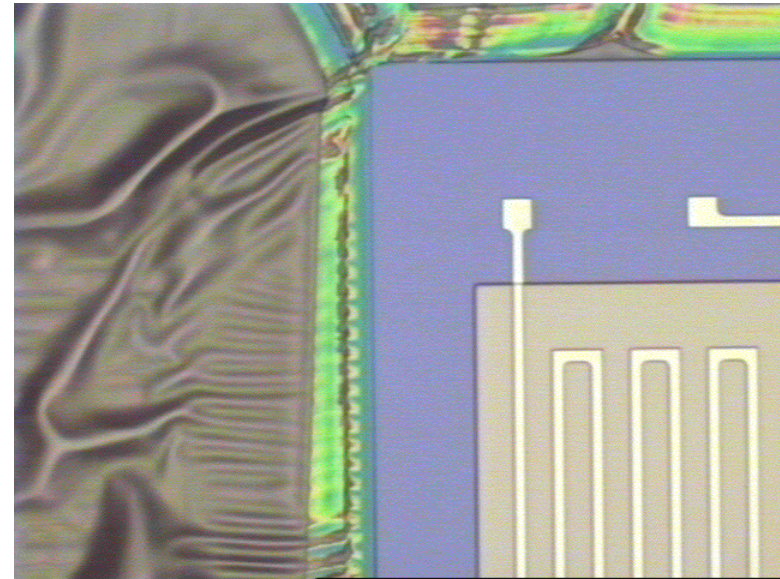
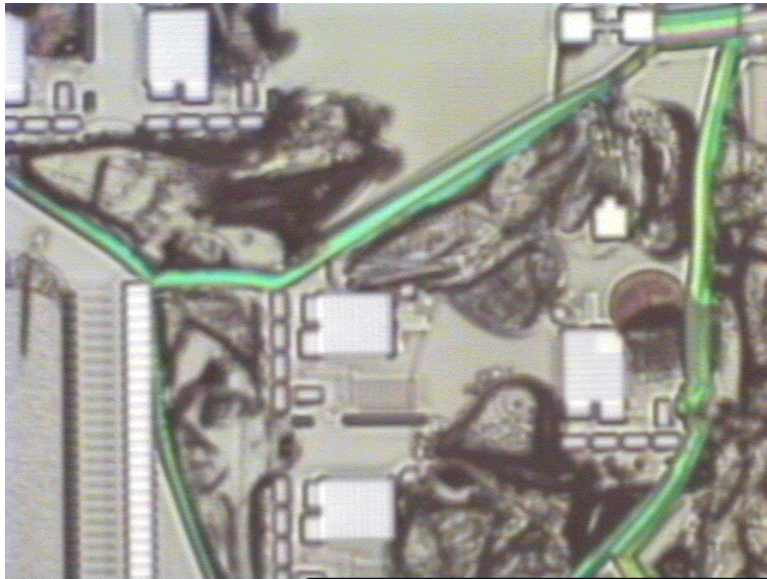
<b>DOPANT SPECIES</b>		<b>MASK TYPE</b>		<b>ENERGY</b>	
B11	<input type="text" value="1"/>	Resist	<input type="text" value="0"/>	<input type="text" value="40"/>	KeV
BF2	<input type="text" value="0"/>	Poly	<input type="text" value="1"/>		
P31	<input type="text" value="0"/>	Oxide	<input type="text" value="0"/>		
		Nitride	<input type="text" value="0"/>		

**Thickness to Mask >1E15/cm3 Surface Concentration**       Angstroms



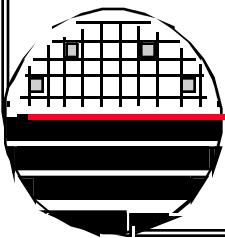


***RESIST DAMAGE AT HIGH IMPLANT CURRENTS***



BF2 Implant at  $80 \mu\text{A}$  in Varian 400 *without a water cooled chuck*

Note: Varian 350D can do implants up to  $300 \mu\text{A}$  with no photoresist damage because of wafer cooling



## ***ION IMPLANT VS. CHEMICAL SOURCE PREDEPOSIT***

### **Advantages of Ion Implant**

Low dose introduction of dopants is possible. In chemical source predeposits dose values less than  $5E13/cm^2$  are not achievable.

Ion implant dose control is possible down to  $1E11/cm^2$ .

High dose introduction is not limited to solid solubility limit values.

Dose control is very precise at all levels.

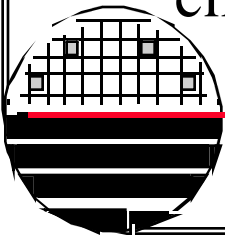
Excellent doping uniformity is achieved across the wafer and from wafer to wafer.

Done in high vacuum, it is a very clean process step (except for out gassing resist particulates due to excessive local power input ).

### **Drawbacks of Ion Implant**

It requires very expensive equipment ( \$1M or more).

At high dose values, implant throughput is less than in the case of chemical source predep.



**LECTURE REVIEW**

§ **Principles of Ion Implantation**

- § The implant depth controlled by the energy  $E$  of the ions
- § Dopant density primarily controlled by the implant dose

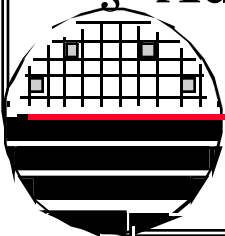
§ **Ion Implantation equipment**

- § Low current implanters
- § High current implanters

§ **Implanted Dopant Profiles**

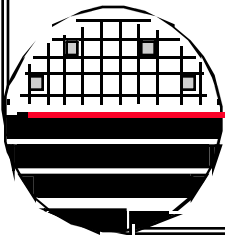
- § Nuclear stopping and implant damage
- § Post implant anneal
- § Gaussian doping profiles
- § Channeling and its prevention
- § Thin film coverage of the wafer surface

§ **Advantages and Drawbacks of Ion Implantation**



**REFERENCES**

1. Silicon Processing for the VLSI Era Volume I, S. Wolf and R.N. Tauber, Lattice Press, Sunset Beach, CA, 1986.
2. The Science and Engineering of Microelectronic Fabrication, S.A. Campbell, Oxford University Press, New York, NY, 1996.
3. VLSI Technology, Edited by S.M. Sze, McGraw-Hill Book Company, 1983.



***HOMEWORK – ION IMPLANT***

- 1: The implant depth is controlled by the  
a) beam size b) acceleration voltage c) beam current d) implant time
- 2: The volume density of implanted dopants is controlled by the  
a) plasma density b) beam size and implant time c) implant time only d) beam current and implant time
- 3: In using low current implanters that process one wafer at a time, the optimal implant time per wafer (i.e. best uniformity / throughput compromise) a) 1 s b) 10 s c) 50 s d) 100 s
- 4: True or false? “Channeling is a serious problem when implanting  $AS^{75}$  ions at a dose  $\Phi = 5 \times 10^{15}/\text{cm}^2$ ”.
- 5: In CMOS processing, threshold adjust doping can be made by  
a) chemical source predep only b) ion implant only c) either chemical source predep or ion implant.
- 6: Calculate the implant dose and energy needed to make the pmos  $V_t$  of -1 volt for the following device parameters. N+ Poly gate, 250 Å gate oxide,  $2E16 \text{ cm}^{-3}$  substrate doping,  $N_{ss}=3.4E11$ .

