

# Lab Access Request Form

<b>Name:</b>	
<b>Email:</b>	
<b>Student / Employee ID:</b>	
<b>Select One:</b>	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/> Other
<b>PI / Lab Supervisor</b>	

**List all spaces/labs you are requesting access to:**

Building Name	Room #	Key/Card Access/NA
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A
		<input type="checkbox"/> Key <input type="checkbox"/> Card Access <input type="checkbox"/> N/A

**Complete Required Safety Trainings:**

Training Course	Delivery	Frequency	Required?	Date Completed
Laboratory Safety Training	Online	Annual	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Handling Training (Initial)	In-Person	Once	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Waste Handling Training (Refresher)	Online	Semester	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Biosafety Training	Online	Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nanomaterial Safety Training	Online	Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Radiation Safety Training	Online	Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
PI & Lab Supervisor Training	Online	Annual	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Additional Required Training(s)</b>				
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PI / Lab Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Complete all sections and obtain PI/Lab Supervisor approval. Return completed form to Department Administrator.