

Please be advised that you will need to complete the Hazard & Containment course before your access is granted!

SBS ACCESS REQUEST FORM



PLEASE PRINT
CLEARLY IN CAPITAL
LETTERS

Family name	Given name/s
Email	ID number

Are you? Staff Student Visitor Co-Locator Contractor (please circle)

For Student: PGDip Masters PhD Postdoc Summer Student Intern (please circle)

Do you have an existing access card? Yes No Issued By (Dept): _____

Current Access Card #: _____ Access Start Date: _____ Access Expiry Date: _____

Do you have a Campus card? Yes No If "Yes" please supply card number: _____



Card number

Please indicate which access to swipe area/s below is required:

Tick	Non Restricted Area		
	B114 Commerce A Building		N/A
	B104 Old Choral Hall		N/A

Tick	Restricted Area	Area Supervisor	Area Supervisor's Signature
	B110-158 Microscopy Facility	Adrian Turner	
	B110-202 C.elegan Facility	Amy Zhu	
	B110-206 Drosophila Facility	Susanne Reid	
	B110-445 Temp Controlled Room	Diana Pese	
	B110 5 th Floor Animal Facility	Amorita Volschenk	
	B110 5 th Floor Plants Facility	Nathan Deed	
	B110N-2032 Cell Culture Suite	John Steemson	
	B110N-4005 Peptide Suite	Geoff Williams	
	B302 – Level 7 SBS Lab	Craig Miller	

By signing, the Supervisor(s) acknowledge that;

- They hold responsibility for compliance in terms of Health & Safety, Containment, and Security in the respective space(s),
- They are granting the applicant unrestricted access to the requested space(s)
- The applicant has received all the required training and safety inductions to work in the space(s) in a safe and compliant manner.

Supervisor's Approval

Supervisor's Name

Supervisor's Extension

Declaration

I hereby acknowledge that the information I have supplied is correct and that I have read and understand the conditions of use and will abide by these conditions:

- That the card is for my personal use and cannot be given to or assist others to gain access
- That should I misuse the card, I will forfeit it and any access it grants
- That if I lose the card I will immediately report the loss to Security (ext. 85000) or Access Control
- That I will produce the card and/or surrender it, if requested at any time by any Unisafe/Security Officer
- That I will return the card to the issuing department, Access Control or Security when it is no longer required

Signature

Date

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Appendix 1: Safety Guidelines Acknowledgement Form

I have received a copy of the *School of Biological Sciences Safety Manual & After Hours Access Guidelines*, University of Auckland.

I have read and understood the *School of Biological Sciences Safety Manual & After Hours Access Guidelines* and accept responsibility for obeying the safety rules therein and exercising good judgement in following the SBS codes of practice.

I know the location and operation of my nearest: (tick)

Telephone

Fire Exit

Hose Reels

First Aid box and list (current)

Sand bucket and spill kits

Emergency shower and eye wash

I understand and will perform the following tasks as required: (tick)

Adhere to the SBS After Hours Access Guidelines.....

Safely dispose of chemicals I will be using.....

Safely dispose of biological material I will be using.....

Report accidents and incidents

Comply with relevant MSDS & SMOU safety

Position within the School (Please tick one only)

Student: -BSc Hons BTech MSc PhD

Staff: - Post-doctoral researcher Visitor General Staff

Academic Staff Co-locator

Name (Block capitals):.....

Signed: **Date:**

Room Number of laboratory: **Supervisors /**

PIs Name(s):.....

Supervisors / PIs Signature(s): **Date:**

PLEASE RETURN A COPY OF THIS COMPLETED & SIGNED SHEET TO RECEPTION IN OLD CHORAL HALL (B104)

School of Biological Sciences

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Appendix 2: Access to SBS Facilities – General Access Approval Form

To maximise access to First Aid, Emergency and Security services, work should be conducted during the hours of **Level 1: General Access** whenever possible.

Name of Department:	School of Biological Sciences
Building (Number):	Thomas Building (110 & 110N)
Level 1: General Access - Normal Working Hours when only “Low & Moderate Risk” work can be undertaken.	6.00am – 7.00pm Monday to Friday (excluding weekends, statutory/public holidays, and University closure days e.g. Christmas/New Year period). For details on Low & Moderate Risk work see Table 1 (above) <i>Definitions & Types of Approval.</i>

Conditions of Approval:

Approval for work to be conducted **After Hours** requires the holding of a signed copy of this form and that the following procedures are followed:

- Completion of Safety Guidelines Acknowledgment Form (Appendix 1, above).
- Completion of adequate training for any potentially hazardous operations that are specific to your laboratory and/or research.
- The School of Biological Sciences Safety Rules (Appendix 4) must be adhered to.

Staff/student name _____ (block capitals) ID #: _____ is Permitted.

General Access to the Thomas Building 110, from _____ (date) until _____ 201 .

1. I have read the information stated above and will abide by the SBS Policy on Access to SBS facilities.
2. I have read and understood the SBS Safety Manual version ____.
3. I will only undertake low risk work during the period approved by this form.
4. I will not work at SBS after midnight and before 6:00am.

Signed: Date:

Staff Student Room Number(s) of laboratory:

Supervisors / PIs Name(s):

Supervisors / PIs Signature(s): Date:

Please note that from the time this Approval is communicated to you, this Approval and the conditions in it are deemed a Rule as defined in the University Disciplinary Statute 1998.

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