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

<table>
<thead>
<tr>
<th>Family name</th>
<th>Given name/s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email</td>
<td>ID number</td>
</tr>
</tbody>
</table>

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  N/A

| 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 5th Floor Animal Facility| Amorita Volschenk |
| B110 5th 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;

1. They hold responsibility for compliance in terms of Health & Safety, Containment, and Security in the respective space(s),
2. They are granting the applicant unrestricted access to the requested space(s)
3. 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

<table>
<thead>
<tr>
<th>Supervisor's Name</th>
<th>Supervisor’s Extension</th>
</tr>
</thead>
</table>

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:

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

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

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

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.

<table>
<thead>
<tr>
<th>Name of Department:</th>
<th>School of Biological Sciences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building (Number):</td>
<td>Thomas Building (110 &amp; 110N)</td>
</tr>
<tr>
<td>Level 1: General Access - Normal Working Hours when only “Low &amp; Moderate Risk” work can be undertaken.</td>
<td>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 &amp; Moderate Risk work see Table 1 (above) Definitions &amp; Types of Approval.</td>
</tr>
</tbody>
</table>

**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._

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