

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

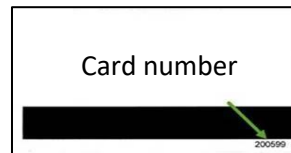
Family name	Given name/s
Email	ID number

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

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

Department (SBS/Chemistry/FMHS, etc) _____ Contract/Study expiry date: _____

Do you have a Campus card? Yes No If "Yes" please supply card number: _____ (6 digit # on right side of back of card)



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

Tick	Non Restricted Area is open access during day - please only tick if based here	or A/H access needed	N/A
	B114 Commerce A Building		N/A
	B104 Old Choral Hall		N/A

Tick	Restricted Area	Area Supervisor	Area Supervisor's Signature
	B110-202 C.elegan Facility	Amy Zhu	
	B110-206 Drosophila Facility	Susanne Reid	
	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;

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

Supervisor's Name

Supervisor's Signature

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 should I 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/Security Officer
5. That I will return the card to the issuing department, Access Control or Security when it is no longer required

Signature

Date