Access form

Please provide the following information:

First Name:	Last Name:
Employee/Student #:	uOttawa Email:
Emergency Contact:	Contact #:
Department:	Supervisor:
Room #:	Extension:
Start date:	End date:
Are you a new student / staff with uOttawa?:	
Status (Select the most appropriate one):	
Request for (Select the most appropriate):	

Mandatory training for all paid personnel, students (honours and co-op) and volunteers:

WHMIS Office or WHMIS Laboratory

Worker Health and Safety Awareness

Respect In the Workplace

Violence Prevention

Accessibility Standards for Customer Service

Working Together: The Code and the AODA

Digital Self-Defence

Mode 1: What to do if someone discloses an alleged incident of sexual violence

Mandatory training for all supervisors:

Supervisor Health and Safety Awareness

Mandatory for all wet laboratory personnel:

<u>Laboratory Safety</u>

Autoclave Safety

Job-specific training:

<u>Principles of Biosafety</u> Radiation Safety

Principles of Laser Safety

Faculté de médecine Faculty of Medicine

Bureau de la gestion du risque et de la santé-sécurité Health, Safety and Risque Management

medsafety@uottawa.ca

8/10/2020

Please indicate which room(s)/lab(s) and/or areas you require access to:

Supervisors:

You must ensure that your delegates are competent to work safely without supervision when you request "all hours" access. New personnel and undergraduate students are recommended to have restricted access until they gain the required skills and experience. Access can be extended at a later date, as required.

Access requests:

New access cards will be initially programmed with a one month expiry from the date of issue. This allows time for users to complete all their mandatory training, and to provide the relevant training documentation (certificates) to the departmental offices, on page 3. Once the mandatory training documentation is provided, then the one month expiry date will be removed.

Hours requested: Bu	usiness hours (Mon-Fri, 7am-6pm. Excludes	s holidays)		
All hours (24hr. Includes weekend and holidays)				
If you require access to the Animal Care & Veterinary Services (ACVS), please see Wendy Ip in RGN 1311. You will need to bring your access card with you. Please note: Access cards with ACVS access expire every year, therefore, you will need to renew your access card on a yearly basis.				
Authorization by Flow Cytometry Core Facility Staff:				
Access to Hours: All	4206 4206A hours Business (Mon-Fri)			
nouis. All	Tilouis Busiliess (MOII-FII)			
Signature of Flow Cytomet	ry Core Facility Manager	Date		
Authorization by CBIA Core Staff:				
Access to	3140			
Hours: Al	l hours Business (Mon-Fri)			
Signature of CBIA Core Fac	cility Manager	Date		

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Card/keys Regulations

- You are personally responsible for your access card/keys.
- Cards used in unauthorized areas or outside of authorized time periods will trigger an alarm. This alarm and the card number will be recorded by the security server.
- An access controlled door held open for more than 120 seconds will trigger an alarm.
- If you lose your card/keys or have it stolen, you must report it to your department's card administrator or Protection Services immediately.
- Never lend your access card or keys, or allow unauthorized persons to enter an area for which they don't have a card or keys. Ask them to contact Protection Services, lending your access card/keys to another person will result in the withdrawal of all access privileges.
- Unauthorized persons found in access control areas should be reported to Protection Services.
- At the end of your time at the University of Ottawa, keys and cards must be returned to your administrative office.

Signatures and confirmation	Signatures	and	confirm	ation
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I, (your name)	have read and confirm that I understand the rules and
instructions governing the University of Ottaw	va access card system. I recognize that both Protection
Services and my service or academic unit managrules and instructions.	ger reserve the right to cancel my card if I fail to follow the
Student/Employee Signature	Date
Supervisor's Signature*	Date

What to do with this form

Please fill out this form electronically, after printing the form and attaching any relevant training documentation, the form can be handed to the following locations:

For personnel in Biochemistry, Microbiology and Immunology (BMI) and Cellular and Molecular Medicine (CMM) RGN 3206A

For personnel in School of Epidemiology and Public Health (SEPH): 600PM 101G

For personnel in Kidney Research (KRC): RGN2527 For personnel in Neuroscience (NRI): RGN 1411

For personnel in Pathology: RGN 4155

For personnel wanting access to Flow Cytometry Facility: RGN 4166

For personnel wanting access to CBIA Core: RGN 3171

For personnel in administrative departments or others not listed above: RGN 1106

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^{*}Note: Supervisor's signature is not required if Core Facility access is being requested.