### 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 LaboratoryWorker Health and Safety AwarenessRespect In the WorkplaceViolence PreventionAccessibility Standards for Customer ServiceWorking Together: The Code and the AODADigital Self-DefenceMode 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: Laboratory Safety Autoclave Safety

#### Job-specific training:

Principles of Biosafety Radiation Safety Principles of Laser Safety

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

### medsafety@uottawa.ca

4/25/2024

#### 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.

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

Hours requested:	Hours requested: Business hours (Mon-Fri, 7am-6pm. Excludes holidays)		
	All hours (24hr. Includes weekend and holi	idays)	
If you require access to the Animal Care & Veterinary Services (ACVS), please see Jennifer Andrusiak 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:	4206 4206A All hours Business (Mon-Fri)		
Signature of Flow Cyto	ometry Core Facility Manager	Date	
Authorization by CBIA Core Staff:			
Access to	3140		
Hours:	All hours Business (Mon-Fri)		
Signature of CBIA Core	e Facility 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

I, (your name) have read and confirm that I understand the rules and instructions governing the University of Ottawa access card system. I recognize that both Protection Services and my service or academic unit manager reserve the right to cancel my card if I fail to follow the rules and instructions.

What to do with this form		
*Note: Supervisor's signature is not required if Core Facility access is being requested.		
Supervisor's Signature*	Date	
Student/Employee Signature	Date	
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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 **Please allow 48 hours for access card requests.** 

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