Please fill this form out and return to [HAL@uml.edu](mailto:HAL@uml.edu)

To be used by PI, and approved faculty, staff and graduate students. Access will not be granted to any undergraduate student as NO UNDERGRADUATE STUDENT IS ALLOWED UNSUPERVISED ACCESS TO THE HAL.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

College: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Access for room (please check all that apply)

|  |  |
| --- | --- |
| Laboratory Space 159 (card access) | Laboratory Space 162 A –equipment room (key access) |
| Interview Room 160 (key access) | Workspace 163 (card access) |
| Laboratory Space 161 (card access) | Office 163A (key access) |
| Research Suite 162 (card access) |  |
| Sample Room 162E (card access) | Other: |

Please indicate why you require access:

Please read carefully and sign below.

1. I understand that this agreement between the Health Assessment Laboratory (HAL) and me holds me exclusively responsible for any and all activities carried out in all the space(s) I have been approved for access for the period of time I am in the Health Assessment Laboratory. I understand that I am now part of the security of the space and responsible for being a security officer which means I will be vigilant about how the space and equipment are kept secure.

2. I shall be the only user of any of the keys or card access I am provided. *I also acknowledge that all scan access will be recorded by campus security.*

3. Upon completion of project I will promptly return key and alert HAL management that card access is no longer required.

4. Not adhering to the above will result in my relinquishing key and card access to HAL management

Student/Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

If you’re a graduate student, faculty or staff member you must also obtain the signature of your PI (below).

I, the Principal Investigator, understand I am fully responsible for any student, faculty or staff who are given access under my direction.

Principal Investigator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Lab Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_