



ROOM/BUILDING ACCESS REQUEST FORM

S. J. Carew Building / Bruneau Building / Suncor Center / Core Science Facility
Faculty of Engineering and Applied Science, Memorial University of Newfoundland

Name of Requestor: _____

Employee #: _____

Student #: _____

Email Address: _____

Telephone #: _____

Confirmation of Lab Safety Training? (Attach Certification to Form) Yes: _____ No: _____

*Please note: Laboratory/Research Authorization Form below must be completed and attached for lab access. Signature of Laboratory Technician: _____

Hours Access Required: 6am-5pm 5pm-10pm Proxy Request
Days Access Required: Mon-Fri Weekends Key Request

SJ Carew	Suncor Centre	Bruneau	Core Science

Reason for access: _____

Dates Access Required: _____ to _____

Requestor's Name (Print): _____ Signature: _____

Date: _____

Supervisor's Name (Print): _____ Signature of approval: _____

Date: _____

Depart. Head Name (Print): _____ Signature of approval: _____

Date: _____

FOR OFFICE USE ONLY:

CEP Notified Date: _____ Key Request#: _____

CEP Approved Date: _____ Notified By: _____

***PLEASE SUBMIT TO ENGRSPACE@MUN.CA WHEN FULLY APPROVED FOR PROCESSING**



Laboratory/Research Area Access Authorization

Faculty of Engineering and Applied Science
Memorial University of Newfoundland

Identification:

Authorized Person: _____ : Contact Number _____

Supervisor/Course Instructor: _____ : Contact Number _____

Authorized Laboratory Room(s): _____

Authorized Hours:

- Regular working Hours 9:00AM to 5:00PM:
- Weekend and Holidays 9:00AM to 5:00PM:
- After Hours (Specify Time period) _____:
- 24 Hours Access _____:

Lab Access: KEY(s) _____ : Access Code(s) _____ : Proxy/Card Swipe

Date _____ : Deactivation Date _____

Task Description: _____

Equipment:

Requirements:

Authorized Access is subject to the following conditions:

- 1) Only persons authorized to enter the designated Laboratory shall be permitted.
- 2) All authorized persons shall familiarize themselves with the safety instructions and the emergency regulations prior to commencing work in the laboratory.
- 3) All authorized persons shall not consume alcoholic beverages prior to or during their work in the authorized laboratory.
- 4) All authorized persons shall not consume food or beverages while inside the authorized laboratory.
- 5) Equipment, materials and related Laboratory supplies must not be removed.
- 6) All authorized persons shall recognize the unique restrictions of each laboratory and adhere to these unique restrictions.
- 7) If project supervision is necessary because of its nature, each authorized person is responsible for obtaining proper supervision or aid for their work mandates.
- 8) If a project requires the use of equipment that is only authorized to be operated by a technician, then appropriate arrangements must be made for a technician to operate the equipment
- 9) Room/Laboratory entrances:
 - a. To be left Open while occupied.
 - b. To be left Closed while occupied with door locked.

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10) Authorized persons are not allowed under any circumstance to enter undesignated and/or unassigned areas within their assigned work space with the following mitigating circumstances: Personal Safety: Fire, flood, unforeseen Circumstance.

11) _____ (Authorized Person: Signature) agrees to indemnify and save harmless, Memorial University of Newfoundland against any loss, cost, or damage on account of any injury to persons, property of whatsoever kind or nature, as a result of or in any way arising out of the occupation of the said Laboratory, and further more agrees to remise, release, and forever discharge Memorial University of Newfoundland and all of its officers, agents and employees, acting officially or otherwise, from all claims, demands, actions, or cause or action on account of injury to persons or property which may occur, or as a result of or in any way arising out of the occupation of the said laboratory.

12) The following safety procedures must be followed (check applicable boxes):

- ☐ Safety Lab Coat ☐ Respirator ★ ☐ WHMIS ☐ Buddy System
☐ Safety Glasses ☐ Dosimeter ☐ TDG ☐ MUN Safety Course
☐ Safety Gloves ☐ CSA Safety Boots ☐ Life Vest ☐ _____
☐ Technologist has reviewed designated area and equipment for any safety concerns.

13) Safety infrastructure review of assigned work area and location of (check boxes):

- ☐ First Aid Kit(s) ☐ Fire Extinguisher(s) ☐ Fire Exit(s) ☐ Spill Kits ☐ MSDS
☐ Telephone ☐ Light Switches ☐ Fire Blanket ☐ Eye Wash Station.

14) Emergency Phone Numbers

	Contact	During Hours	After Hours
1	Facilities Management	864-7600	864-7600
2	Campus Enforcement/Security	864-8561	864-8561
3	Supervisor		

15) Clean-Up: It is the responsibility of the persons(s) working in the laboratory to keep their area clean of debris while working and to clean up after every visit.

16) _____ (Authorized Person: Print) has reviewed the contents of this authorization form and has agreed to abide.

17) Review Notes: _____

_____	Supervisor/Course Instructor: _____ (sign)	
Form Reviewed By		
_____	_____	_____
Authorized Person (sign)	Department Head (sign)	Date

★ Protection requirements must be reviewed by Memorial's Respiratory Protection Program Coordinator.

Distribution List: A) Department Head, B) Lab (Technical), C) Authorized Person, D) Supervisor