



SECURITY FOB REQUEST & AUTHORIZATION FORM

WET LAB & BUILDING ACCESS

Requestor:

Last Name _____ First Name _____

Email _____ Phone No. _____

Status (choose one that applies):

Faculty / Visiting Scientist	Staff member	Fob Access requested: (indicate M-F day access <u>or</u> 24/7 access)
Graduate Student (MSc / PhD / Specialty Program)	Undergrad / Summer Student	Building: M - F 24 / 7
International Visiting Graduate Student	Other (please specify) _____	Labs: M - F 24 / 7
		Offices: M - F 24 / 7
		Comments: _____

Contractual End Date (dd/mm/yy): _____

Current Fob # _____ ***Leave blank if you DO NOT already have a fob**

I have successfully completed all required training courses per the EHS Training Matrix. I agree to abide by the policies and procedures of the University of Toronto, including the code of Academic Behaviour (<http://www.governingcouncil.utoronto.ca/policies/behaveac.htm>) and ethical conduct in research (<http://research.utoronto.ca/for-researchers-administrators/ethics/resources/ethical-conduct/>) and agree to return the fob as soon as my appointment has ended.

Signature - Fob Holder _____ Staff / Student Number _____ Date _____

In authorizing this fob request, I agree & confirm all of the information provided above. I also understand that it is my responsibility to ensure that all keys & fobs are returned at the end of the work or study period.

For PI's supervising lab access: I understand that the verification of the information provided, verification of EHS training completed, as well as the safety of the above named person while in the Dentistry Wet Labs is my responsibility. I have advised staff, Post Docs, graduate and undergraduate students that they should not work in the lab unsupervised at any time, and any work that may result in injury should be conducted during regular work hours when others are in the lab.

Signature - Supervising PI _____ Name _____ Date _____

I have reviewed the documentation provided, and have authorized access based on this information.

Authorized Signature - Vice Dean Research _____ Date _____ Training Verified _____

Access request placed with Campus Police

Authorized Signature - Building Operations & Services _____ Date _____ Deposit Amount Required _____

Payment Received by: _____ Issue Date: _____ Amount Paid / Payment type: _____

Deposit

There will be a fee of \$50.00 per Fob or Key to be paid by the Requestor to the Faculty of Dentistry Finance Office. This fee is refundable when Key and/or Fob is returned. Only full time staff who are paid 5 days per week are exempt from key deposits.