

## Request for Access-Wet Labs ONLY

**There will be a fee of \$20.00 for each Fob and/or Key to be paid by the Requestor to the Faculty of Pharmacy. This fee is refundable when key and/or fob is returned. Appointed staff are exempt from access deposits**

<b>Requestor:</b>	Last Name:	First Name:		
	Email:	Personal Phone No.:		
<b>Status:</b>	Faculty	Undergrad	Visiting Scientist	Other
	Appointed Staff	Grad/PDF	Summer Student	
<b>Fob Access Requested: *(see over for access level descriptions)*</b>				
	Master	Staff & Faculty	Undergrad	Grad
	Wet Lab 9	Wet Lab 10	Wet Lab 11	Wet Lab 12
	Wet Lab all	937	1119	1249
	PTL	PPL	Equipment	
<b>Key Access Requested:</b>				
List room numbers where a key is requested				
<b>Contract End Date:</b>		<i>(applies to Casuals/Temps/Students)</i>		

<b>Current Fob #:</b>	<i>*Leave blank if you DO NOT already have a fob</i>
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**APPLICANT TO REVIEW & SIGN**

I have successfully completed all required training courses per the EHS Training Matrix. I agree to abide by the policies of the University of Toronto, including the code of Academic Behaviour and Ethical Conduct in Research, and agree to return the fob and/or keys as soon as my appointment has ended. I have read and agreed to the Terms & Conditions associated with this access on Page 2.

<i>Signature - Fob Holder</i>	<i>Staff/Student Number</i>	<i>Date</i>
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**TO BE REVIEWED & SIGNED BY YOUR SUPERVISOR**

In authorizing this key/fob request, I agree and confirm all of the information provided above. I have advised staff and students that they should not work in the lab unsupervised at any time. I have advised Undergraduate/Summer students that they are not permitted to work in the wet lab unsupervised. Any work that may result in injury shall be conducted during regular work hours when others are in the lab. Furthermore, I understand that the verification of the information provided, verification of EHS training, as well as the safety of the fob/key holder named above while in the Faculty of Pharmacy wet labs is my responsibility. I also understand that it is my responsibility to ensure that all keys & fobs issued to those I supervise are returned to Facilities Management at the end of the work/study period.

<i>Signature - Supervising PI</i>	<i>Date</i>
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<i>Deposit Received by</i>	<i>Amount</i>
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<i>Deposit Returned</i>	<i>Date</i>
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## Terms & Conditions

Please read, check all boxes, and sign & date below

### I agree and acknowledge that:

*All keys and fobs are the property of the University of Toronto, and will be surrendered on the demand of LDFP Facilities Management, my Supervisor, or a University of Toronto Special Constable*

*I am responsible for the proper care & use of the key and/or fob*

*I will report any lost or stolen keys and/or fobs to Facilities Management immediately*

*I will not share, duplicate, or loan any keys, fobs or combinations to any LDFP buildings or spaces*

*I will not provide entry to LDFP buildings or facilities to those without authorization to do so*

*I will not tamper with or damage any door or lock on any LDFP space*

*I will not prop open any designated fire door in any LDFP space*

*If I lose or damage a key or fob, my deposit will be surrendered*

*At the end of my tenure at LDFP, I will return my keys and/or fob to Facilities Management*

Applicant Signature

Date

### **FOB Access Descriptions:**

<b>MASTER</b>	All Fob activated doors, 24/7
<b>S &amp; F</b>	Building perimeter, elevators 24/7, meeting rooms and classrooms
<b>UG</b>	Building perimeter, elevators B2-3, study spaces, lounge spaces
<b>GRAD</b>	Building perimeter, elevators, common rooms, study spaces
<b>WET LABS 9-12</b>	All Fob activated labs on that particular floor, Fitz corridor, autoclave rooms
<b>EQUIPMENT</b>	Rooms 923/1037/1145/1225
<b>PTL</b>	Pharmaceutical Teaching Labs (requires secondary approval)
<b>PPL</b>	Professional Practice Labs (requires secondary approval)