

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

| | | | | |
|---|---|---------------------|--------------------|------------|
| Requestor: | Last Name: | First Name: | | |
| | Email: | Personal Phone No.: | | |
| Status: | Faculty | Undergrad | Visiting Scientist | Other |
| | Appointed Staff | Grad/PDF | Summer Student | |
| Fob Access Requested: *(see over for access level descriptions)* | | | | |
| | 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 | |
| Key Access Requested: | <i>List room numbers where a key is requested</i> | | | |
| FM office ONLY T: _____ Ser# _____ T: _____ Ser# _____ T: _____ Ser# _____ T: _____ Ser# _____ | | | | |
| Contract End Date: | <i>(applies to Casuals/Temps/Students)</i> | | | |

| | | | |
|-----------------------|--|--------------|-------------------------------|
| Current Fob #: | <i>*Leave blank if you DO NOT already have a fob</i> | S O # | <small>FM office ONLY</small> |
|-----------------------|--|--------------|-------------------------------|

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> |
|-------------------------------|-----------------------------|-------------|

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> |
|-----------------------------------|-------------|

| | | | |
|----------------------------|-------------|---------------|--|
| FM office ONLY | | | Method of payment/Transaction # |
| <i>Deposit Received by</i> | <i>Date</i> | <i>Amount</i> | |

| | | |
|-------------------------|-------------|---------------------------------------|
| <i>Deposit Returned</i> | <i>Date</i> | Method of Refund/Transaction # |
|-------------------------|-------------|---------------------------------------|

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:

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