



Key/Card Access Authorization Form

For buildings 10, 26, 36, and 38

INSTRUCTIONS: All requesters must complete step 1

UNDERGRADUATES REQUESTING LAB ACCESS – Must complete steps 1 & 2

Step 1 – General Information

Print Full Name: _____ MIT ID#: _____

MIT Email: _____ Faculty/PI Name: _____

Appointment Title: *(select one)*

- | | | |
|--|-----------------------|----------------------------|
| <input type="checkbox"/> MIT Undergrad | Postdoc Assoc./Fellow | Visiting Scientist/Scholar |
| <input type="checkbox"/> MIT Graduate | MIT Staff | Faculty |
| <input type="checkbox"/> Visiting Student (Grad or Undergrad?) | | Other: _____ |

I would like to request access to the following doors:

	LAB/Machine Shop* Door Numbers	RLE HQ Notes
	<p>REQUIRED SAFETY TRAINING</p> <p>Go to: http://www.rle.mit.edu/services/ehs</p> <p><input type="checkbox"/> Complete/Update the Training Needs Assessment</p> <p><input type="checkbox"/> Watch Emergency Preparedness Presentation</p> <p><input type="checkbox"/> Complete Lab Specific Safety Checklist with your group's EHS Rep</p> <p><i>* For machine shop access: must obtain approval from the appropriate EHS Rep</i></p>	

(Step 2 on back)

I hereby confirm all the information above is correct. I will not share my access with anyone nor access space that I do not have permission for. I will return any keys to RLE HQ (36-413) before my departure.

Requester's Signature

Date

Faculty/PI or Admin. Approval

Date

Step 2 – For Undergraduates Requesting LAB Access

To be completed by Faculty/PI & EHS only. PLEASE PRINT OR TYPE

1. Does the student have permission to work alone in the lab? Yes No PI Initials: _____

2. Provide a brief description of work to be done by the student in the lab:

3. Risk Assessment by PI and EHS: Please list below any potential hazards, required controls and trainings needed. Also, list any specific restrictions for this lab member.

4. The student may access the lab for the following dates: (specific dates or by semester) Any changes to dates must be reported to RLE Headquarters to prevent deactivation. _____

Any changes to location, conditions, or job description above requires a new form to be submitted.

Undergraduate Student: _____ Date: _____

Faculty/PI: _____ Date: _____

EHS: Marie Gentile (36-472A) _____ Date: _____