



KEY REQUEST FORM

NAME _____ EMAIL _____

ROOM _____ EXTENSION _____

STATUS:	KEYS TO ROOMS:
_____ Faculty	
_____ Non-Academic Staff (Full-time)	
_____ Visiting Scholar	
_____ Post-Doctoral	
_____ Graduate Student	
_____ Student-Employee (Part-time)	
_____ Undergraduate Researcher	
_____ Other (Explain) _____	

RESEARCH LABORATORY SAFETY ORIENTATION

Keys to research laboratories will only be issued after the following is completed. Person receiving keys must initial each item and sign below along with their faculty advisor.

I have been shown the laboratory and building exits in case of emergency:	
	Initials
I have been shown the location of the fire alarms:	
	Initials
I have been shown the location of the laboratory phone:	
	Initials
I have been shown the location of the laboratory shower AND how to use it:	
	Initials
I have been shown the location of the laboratory eye wash AND how to use it:	
	Initials
I have been shown the location of the laboratory fire extinguisher AND how to use it:	
	Initials
I have been shown the location of the laboratory first aid kit:	
	Initials
I have been given a copy and read the departmental Emergency Information sheet	
	Initials

SIGNATURE _____ **DATE** _____

SIGNATURE (Faculty Advisor or Supervisor) _____ **DATE** _____

Print Name _____

When this form is complete, please return to the Mail & Information Window, Room 3034, for final approval & issuance of key(s).