

LAMS FACILITY ACCESS FORM

FMSOP#: 1000.2

REVISION: D

EFFECTIVE DATE: 03/09/2016

- Complete this form in its entirety and submit to LAMS (LAMS@uc.edu). Please avoid duplicative submissions.
- LAMS may only request access. UC's Department of Public Safety grants access. If your badge does not work after receiving access notification from LAMS, contact Public Safety at 556-4925.

APPLICANT INFORMATION (*Public Safety cannot grant access unless all information is provided*)

UC ID #: M _____ Last Name: _____ First Name: _____
 Sex: M F Dept/College: _____ Job Title: _____
 Faculty/Staff Student Other: _____ Phone: _____ Email: _____

I agree to follow all LAMS facility procedures, such as adhering to barrier technique in mouse SMI/PIV areas. I understand access to LAMS is a privilege and failure to adhere to established facility procedures may result in revocation of my access.

Date: _____

KEYCARD/BADGE ACCESS VERIFICATION INFORMATION

List only one PI/protocol per line.

PI	PROTOCOL #	SPECIES	HOUSING AREA (BUILDING & ROOM)	FOR LAMS USE ONLY (Date/Initial)		
				IACUC APP VERIFIED	FACILITY ORIENTATION CONV	SMI/PIV

KEY ACCESS INFORMATION (*Complete only if area remains locked by key; all fields must be completed.*)

Key Request: Building- _____ Room- _____ Key Code- _____

FOR LAMS USE ONLY TRAINING DATA ENTERED (DATE/INITIAL): _____ ACCESS REQUESTED (DATE/INITIAL): _____