BUILDING ACCESS FORM

This form must be completed for any student who needs key card access to the Kettering Laboratories building outside of normal business hours.

Student Name ________________________________  Student ID # ____________________________

Department _______________________ Requesting Supervisor ____________________________

Building __________________________ Room/Rooms ________________________________

Access Requested ______________________________________________________________
(working hours, 24/7, etc.)

Working in a lab? ____ YES    ____ NO

Does Lab contain hazards? ____ YES     ____ No
(If yes, supervisor’s signature is required that student will NOT be working alone)

____________________________________  Supervisor Signature

Please verify training with SoE Safety Coordinator:

Has student had general safety training? ____ Yes    ____ No    Date of Training ____________

Has student received hazard-safety training? ____ Yes ____ No    Date of Training ____________

____________________________________  _______________________             ______________________
Students Signature       Department Chair       Dean’s Signature