

## **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