



## STUDENT LABORATORY ACCESS: UNIT APPROVAL

ALL FIELDS MUST BE COMPLETED

Last Name:		First Name:		Badge#: (located on back of card)				
Program:		Campus:		Faculty	Student	Staff	Resident	Other
Project Description:								
<b>Access Request Information</b>								
Faculty Advisor (if applicable):				Effective Date:		Expiration Date:		
<b>Access Days</b>			<b>Access Hours</b>					
Monday - Friday			General Hours (Monday - Friday 8:00am - 5:00 pm)					
Monday - Sunday			Extended Hours (Monday - Sunday 5:00am - 12:00am)					
Other: _____			Other _____					
<b>Henderson Campus: Building 14B</b>								
Main Lab		Bacteria Room		Instrument RM (Key Required)				
Ortho Lab (Key Required)		Dark RM (Key Required)						
Equipment Room		Chemical RM (Key Required)						
<b>Henderson Campus: 11 Sunset</b>								
Pharmacy Student Practice Lab								
<b>South Jordan Campus: Building 10</b>								
Pharmacy Student Practice Lab								
<b>South Jordan Campus: Dental Building</b>								
Research Lab			Oral Path Lab					
<b>Summerlin Campus: Research Building</b>								
Research Lab								
<b>Acknowledgements</b>								
<b>Participant:</b>								
<p>I have reviewed the processes and hazards of the project descriptions and have completed the required lab training. I understand, and agree to abide by all of the instructions and safety guidelines as presented in my training. I understand that I may be required to work in the lab independently and after business hours when no campus security is present. Further, I understand that if I am found at any time to be out of compliance with the policies and procedures that my access may be revoked.</p>								
Participant Signature:				Print Name:			Date:	
<b>Faculty Advisor (Students and Residents require Advisor signature):</b>								
<p>By signing this form, I agree to be actively involved in setting the research parameters, training, managing, monitoring and reviewing the above participant's performance. I agree to review, on a recurring basis, the participant's work product and adherence to lab, research and safety policies. As the student/resident advisor, I understand that I should be available on an "on-call basis" should the participant require assistance on this project, including after general lab hours.</p>								
Student/Resident Advisor Signature:				Print Name:			Date:	
<b>Approved by Dean and/or Campus Dean:</b>								
Signature:				Print Name:			Date:	

**Project Scope and Training Information**

Nature and Scope of Work to be Performed: (To be completed by mentor)

Participant Training	Date Completed	Trainer Name	Trainer Initials
For General Laboratory Access (Mon - Fri: 8:00am - 5:00pm)			
<i>General Laboratory Safety Manual</i> has been reviewed			
Participant has received training on laboratory safety measures from the Campus Safety Officer			
<i>Laboratory Chemical Safety Quiz</i> has been successfully completed			
<i>Unit Approval Form</i> has been completed and signed			
<i>Informed Consent Form</i> has been completed and signed			
For student Extended Laboratory Access (Daily: 5:00am - 12:00am)			
<i>Hazard Worksheet Form</i> has been completed and signed			
<i>Hazard Assessment Form</i> has been completed and signed			
<i>Protocol Approval Form</i> has been completed and signed			

Distribution List: Participant, Faculty Advisor, Dean, Campus Safety Officer, Facilities