APPLICATION FORM FOR ACCESS TO MSE FACILITIES

MSE FACULTY, STUDENTS AND STAFF

Applicant's Printed Name [First/M.	I./Last]:					
Email:		; Cell:				_; Office:	
Applicant's Status (circle C)ne): F	aculty,	Graduate,	Post-doc,	Staff,	Visiting Scientist	
Faculty Supervisor Name:		; E			ail:	; Dept.:	
Your signature constitutes ar been issued to you. <u>Do not l</u> accessible by anyone other th	end thes		-	•	-		
If your keys are stolen, lost or so that precautions can be corresponding locks will be approval for keys is required l	taken to re-keyed	prevent υ and new	unauthorized a keys will be i	ccess. If, after	a reasona	able period, missing keys	cannot be located, the
The student's supervisor apprairs single lab may be \$300 or relaxation of this responsibility	r higher.		-	-			-
By being granted access to MSE teaching laboratorie these facilities unlocked the outside doors to an department. You will not be held responsible if you notice anyone who building, contact the VT For Doors of unattended labs	es may be after not by MSE consible for does recolled to the second contract of the second	e accesse ormal work buildings for locking not appear epartment	ed normally froking hours, it are unlocked g someone our to belong in at 911 or 231	om 8:00 am to is your respond between 11 at of a lab or a lab the building of 6411 (non-em	5:00 pm, lossibility to the coordinate of the co	Monday through Friday. So lock them to prevent unnd 6:00 am, please notified that was carelessly left unl	Should you find any of nauthorized access. If fy the campus police locked.
Keys/codes will not be issued faculty supervisor, MSE Facili	l until this	s applicatio	on is filled out i	n its entirety, sig			ned by the applicant's
By signing below, I certify t statement therein.	hat I hav	e read an	d understand	the MSE Safet	y/Laborat	ory Use Policy and agree	to abide by the
Signature of Applicant:		; Date:					
Signature of Responsible I	MSE Fa	culty Sup	ervisor:			; Date:	
Application Approved: [Y	/] [N]; C	Comment	:s:				
Signature of MSE Facilities	s Manaç	ger/Safety	Officer*:			; Date:	
Signature of MSE Laborate	ory Man	ager*:				; Date:	
*Names provided on the MSE websi							
Key / Door Code		Building & Ro	oom Number	K	ey & Sequence #	# Date Assigned	Date Retrieved

Last Update: April 6, 2016/Suchicital