ENVIRONMENTAL ENGINEERING’S BIOGEOCHEMISTRY LABORATORY
ACCESS AND KEY AUTHORIZATION FORM

Bronwell 321 & 325

Name: 

NetID: ____________________ Faculty, UGrad, Grad or Staff________________

Requesting Access to (check ea.):  

Biogeochemistry Laboratory (Bronwell 321) _____

Biological Agent Laboratory (Bronwell 325) _____

Responsible Individual in-charge of Lab:  Bron 321 (Vadas), Bron325 (Shor)________

Supervisor or PI Responsible for Lab Activity: ________________________________

Laboratory Access Dates  Start Date:____________________ End Date:____________________

(Access to the laboratory will be removed when training requirements expire. It is the student’s responsibility to renew all required trainings.)

Duties of Assignment in Lab (Be specific. Include types of testing & equipment/supplies needed to conduct work): ________________________________

___________________________________________________________

___________________________________________________________

Key Distribution Required? (Consult with your supervisor and Circle either): Yes or No

Required EH&S Safety Training courses (sign-up for safety training course at the following link using NetID and password):

___ Lab Safety & Chemical Waste Management (EH&S)  ___________  ___________  Date completed  Expiration Date

http://ehs.uconn.edu/training/schedule/ChemTrainingSchedule.php#1

___ Biosafety Training, if required (EH&S)  ___________  ___________  Date completed  Expiration Date

http://www.ehs.uconn.edu/training/schedule/BioTrainingSchedule.php#3

___ Reviewed CEE Laboratory Safety Policies & Procedures manual*

& met with Laboratory Supervisor

__________

Notes: * found at: http://www.engr.uconn.edu/cee/home/infrastructure  Date completed
I verify that I,________________________________ have read and fully understand the

( Student/Employee - print name)

University of Connecticut’s Environmental Engineering Biogeochemistry Laboratory Policies. I hereby agree to follow these policies while working in the Biogeochemistry Laboratory.

________________________________________________________________________

(sign) (date)

Required Approvals

Obtain each signature below in descending order

________________________________________________________________________

Name and Signature of Laboratory PI (Bron 321)* Date

________________________________________________________________________

Name and Signature of Laboratory PI (Bron 325)* Date

________________________________________________________________________

Name and Signature of Laboratory Supervisor Date

________________________________________________________________________

Name and Signature of Department Head Date

* signatures only required for the rooms you will need access to.