SURVEYING/GEOMATICS LABORATORY

ACCESS AND KEY AUTHORIZATION FORM

Name:	U	G, Grad, Faculty or Staff:		
NetID:				
Requesting Access	to: <u>Surveying/Geomatio</u>	cs Laboratory (CAST 136)		
Supervisor or PI:				
Access Dates	Start Date:	End Date:		
_	, ,			
Requires Key Acces	s (Please consult with y	your major advisor and circle one):	Yes	No
Requires Following	Training:			
General Lab Or	ientation and Safety Re	view		
		Date completed		

Laboratory Policies

If you are found in violation of any of the below policies, or conducting dangerous or inappropriate behavior: the first time you will lose key access to the Laboratory for a one week period; the second time you will lose key access permanently; and the third time you will not be allowed to conduct any activities in the Laboratory. You, the student, are responsible for any consequences this may have on your timely graduation and your ability to make continued progress toward the successful completion of your degree. The decision to enforce violations will be made by the Professor in charge of the Surveying/Geomatics Laboratory. The Laboratory policies are:

- a) Follow all provisions in the CEE Laboratory Access and Key Distribution Policy
- b) Follow all procedures identified in required safety classes.
- c) It is highly recommended to work in the lab with at least one other person in the Laboratory at all times.
- d) Tools and equipment are only allowed to be used for the application they are designed for.
- e) Always work with care when using equipment in the Laboratory and only use that equipment which you have received training on and are competent and proficient using.
- f) Report any incidents immediately.

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- g) No food or beverages are to be consumed or brought into the Laboratory.
- h) Individuals are responsible for the conduct and behavior of themselves and may be held responsible for the cost of any damage to equipment and instruments as a result of violation of established safety protocols and policies.
- i) Lab door shall not be left open (by faculty or students) at any time and student cannot let any unauthorized person/student in the lab, unless arrangement is made with the supervising faculty.

I verify that I,	have read and fully understand the University of	
Connecticut's (print name)		
,	eby agree to follow these policies while working in the	
(sign)	(date)	
Required Approvals (complete in descending	ng order)	
Supervisor or PI Responsible for Lab Activity	Date	
Laboratory Supervisor or Instructor	Date	
Department Head, if needed	 Date	

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