

# Advanced Cementitious Materials and Composites (ACMC) LABORATORY

## ACCESS AND KEY AUTHORIZATION FORM

Name of Student: \_\_\_\_\_ UnderGrad or Grad: \_\_\_\_\_

Student ID (netID): \_\_\_\_\_

Requesting Access to: Advanced Cementitious Materials and Composites (ACMC) (CAST 106, 108, 110)

Professor in Charge of Space: Kay Wille

CEE Professor Responsible for Student Activity: \_\_\_\_\_

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 (be specific): \_\_\_\_\_

Requires Key Access (Please consult with your major advisor and circle one):      Yes      No

Requires Safety Training (Please consult with your major advisor and check required courses based on the labs WHA form):

___ Lab Safety & Chemical Waste Management (EH&S)	_____	_____
	Date completed	Expiration Date
___ Personal Protective Equipment (EH&S)	_____	_____
	Date completed	Expiration Date
___ Respiratory Protection & Fit Testing (EH&S) (REQUIRES prior written Medical Approval)	_____	_____
	Date completed	Expiration Date
___ Respiratory Protection - Voluntary Use of Dust Masks (EH&S) (only required if not taken Respiratory Protection & Fit Testing)	_____	_____
	Date completed	Expiration Date
___ General Lab Orientation and Safety Training (Laboratory Supervisor)	_____	_____
	Date completed	Expiration Date
___ Back Safety & Injury Prevention - Custodial Workers (EH&S) (not immediately required for access)	_____	_____
	Date completed	Expiration Date

## ACMC 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 research 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 ACMC Space. 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) Follow all provisions identified in the Workplace Hazard Assessment Form for the ACMC.
- d) It is highly recommended to work in the lab with at least one other person in the Laboratory at all times.
- e) Respect the shared space CAST 106, which might be used for teaching purposes.
- f) Tools and equipment are only allowed to be used for the application they are designed for.
- g) 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.
- h) Electrical cords and power strips are not to be daisy chained.
- i) Report any incidents immediately.
- j) No food or beverages are to be consumed or brought into the Laboratory.
- k) Students 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.
- l) Lab door shall not be left open (by faculties and students) at any time and student cannot let any unauthorized person/student in the lab, unless arrangement is made with the supervising faculty.
- m) Minimize dust. Use ventilation system when working with powdery materials. Clean workplace and floor EVERY TIME after you are done with your work. Use sweeping compound and/or clean wet.

I verify that I, \_\_\_\_\_ have read and fully understand the University of Connecticut's  
(print name)

ACMC Laboratory Policies. I hereby agree to follow these policies while working in the ACMC Laboratory.

\_\_\_\_\_  
(sign) (date)

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### Required Approvals

_____ Professor Responsible for Student Activity	_____ Date
_____ Professor In Charge of Space	_____ Date
_____ Name and Signature of Laboratory Supervisor	_____ Date
_____ Name and Signature of Department Head, if needed	_____ Date