

# Advanced Cementitious Materials and Composites (ACMC) LABORATORY

## ACCESS AND KEY AUTHORIZATION FORM

Name: \_\_\_\_\_ UG, Grad, Faculty or Staff: \_\_\_\_\_

NetID: \_\_\_\_\_

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

Professor in Charge of Space: Kay Wille

Supervisor or PI Responsible for Lab Activity: \_\_\_\_\_

Access Dates: Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Access to the laboratory will expire when training expires. It is your responsibility to renew all required trainings before expiration, and to contact the Lab Manager to extend lab access.

Duties of Assignment (be specific): \_\_\_\_\_

Requires Key Access (Consult with your supervisor and circle either): Yes or No

Requires Safety Training (Consult with your major advisor and check required courses based on the lab's posted 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

\_\_\_ Respiratory Protection - Voluntary Use of Dust Masks (EH&S)

(only required if not taken Respiratory Protection & Fit Testing)

\_\_\_\_\_

Date completed

\_\_\_\_\_

Expiration Date

\_\_\_ General Lab Safety & Orientation

(Laboratory Supervisor)

\_\_\_\_\_

Date completed

\_\_\_ Back Safety & Injury Prevention - Custodial Workers (EH&S)

(not immediately required for access)

\_\_\_\_\_

Date completed

## 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 is also 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) You 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
_____ Signature of Laboratory Supervisor	_____ Date
_____ Signature of Department Head, if needed	_____ Date