

**University of Guelph
Department of Integrative Biology
Request for Tap Access**

Before tap access can be granted please email the following mandatory safety certificates to davisonc@uoguelph.ca:
Laboratory Safety • EHS BioSafety • WHMIS • EHS Worker Health and Safety Awareness

Last Name: _____ First Name: _____ I.D.#: _____

Position:

Grad Student

Post Doc

Undergraduate Student

Research Associate\Assistant

Project\Research Student

Other, specify

Start Date: _____

End Date: _____

Access to the following rooms:

Please note that a signature is required before access can be granted to the Autoclave rooms, Phytotron or Genomics

Autoclave training received - S. Tuttle-Raycraft: _____

Phytotron training received - M. Mucci: _____

Genomics access approval - G. Van Der Kraak signature: _____

Please indicate if the following has been completed

Laboratory Safety

WHMIS

EHS BioSafety

EHS Worker Health and Safety Awareness

Faculty Name: _____

(please print)

Faculty Signature: _____

Date: _____

This form must be attached to the hiring form and submitted to Debbie Bailey (SSC 2482).

Forms for Project Students should be submitted directly to Connie Davison (SSC 2484).