

**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 *ibtap@uoguelph.ca* (in one pdf file):

**Laboratory Safety • EHS BioSafety • WHMIS • EHS Worker Health and Safety Awareness**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

**Position:**

Graduate Student

Post Doc

Undergraduate Research Student

Research Associate/Assistant

Course Code: \_\_\_\_\_

Other, specify: \_\_\_\_\_

Paid Undergraduate Student

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: \_\_\_\_\_