

**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 (1402B, 2402B) training received - D. McCombe: _____

Phytotron (5107) training received - M. Mucci: _____

Genomics (1421A, 1421B) access - S. Ryan: _____

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: _____