

SECURITY APPROVAL FOR ENTRY INTO DLAR FACILITIES

Please print

UK Person ID #: _____

Last Name: _____ First Name: _____

Department: _____ Lab/Office Address: _____

Investigator Name: _____ Protocol #(s): _____

I understand that I am not to loan my badge to anyone, or use any badge other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.

Signature: _____ Date: _____

----- **Stop at this line** -----

Access Levels Required

- 0 Med Ctr/CAF/Combs
- 1 HSRB hallway
- 2 NHP area
- 3 Surgery
- 4 DLAR Med Ctr North hallway
- Sheep Area—Always
- Sheep Area—Scheduled Hours (M–F 6:30–4:30; weekends 7–1)

- BBSRB Investigator
- BBSRB DLAR Staff
- BBSRB DLAR Limited
- BBSRB DLAR Supervisory

- DLAR Bio–Pharm PI Perimeter
- DLAR Bio–Pharm Rooms:

				034A	034C
040A	040B	040D	040E	041	043
050A	050B	050D	050E	059A	059B
059D	059E	060A	060B	060D	

- DLAR Bio–Pharm Executive (DLAR Staff)

Short-Term Access only

Effective Dates:

from: ____ / ____ / ____

to: ____ / ____ / ____

- Employee Education Program Form
- Animal Worker Questionnaire
- Approved in eSirius

Reason for access: _____

DLAR sticker

Supervisor's Signature (if applicant is not on a protocol)

Supervisor's Name (printed)

Date issued: _____ init: _____

Approval

DLAR Veterinarian: _____ name: _____ Date: _____

Security Coder: _____ Date: _____

Security System Admin: _____ Date: _____