UNIVERSITY OF CALIFORNIA  
HENRY SAMUELI SCHOOL OF ENGINEERING AND APPLIED SCIENCE  
KEY REQUEST FORM

Requester Name _______________________________  EMAIL _______________________

Department ___________________________________  Building ______________________

ID Number ____________________________________  Extension _____________________

<table>
<thead>
<tr>
<th>STATUS</th>
<th>ROOM #</th>
<th>KEY #</th>
<th>Electronic Key Card or FOB #</th>
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<tbody>
<tr>
<td>_______ Faculty</td>
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<tr>
<td>_______ Non-Academic Staff (Full-time)</td>
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<tr>
<td>_______ Visiting Scholar</td>
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<tr>
<td>_______ Post-Doctoral</td>
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<tr>
<td>_______ Graduate Student</td>
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<td>_______ Student-Employee (Part-time)</td>
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<td>_______ Undergraduate Researcher</td>
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<td>_______ Other (Explain)</td>
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</table>

Keys to research laboratories will only be issued after the following is completed. Person receiving keys must initial each item and sign below along with their faculty advisor.

1. I have completed the LABORATORY SAFETY FUNDAMENTAL CONCEPTS course and passed the competence exam. A record of this is on file in the Training Records section of the Laboratory Safety Manual  _______ Initial

2. I have received the following training on Personal Protection Equipment (PPE) and have access to them.

- I have been shown the laboratory and building exits in case of emergency: Initial
- I have been shown the location of the fire alarms: Initial
- I have been shown the location of the laboratory phone: Initial
- I have been shown the location of the laboratory shower AND how to use it: Initial
- I have been shown the location of the laboratory eye wash AND how to use it: Initial
- I have been shown the location of the laboratory fire extinguisher AND how to use it: Initial
- I have been shown the location of the laboratory first aid kit: Initial
- I have been given a copy and read the departmental Emergency Information sheet: Initial
- I have completed the Lab Safety Training (copy of my certificate is attached): Initial
- I have been shown a copy of the Particularly Hazardous Substances List: Initial

SIGNATURE ___________________________________________ DATE ________

SIGNATURE  
(Faculty Advisor or Supervisor) ___________________________ DATE ________

Print Name _____________________________________________

When this form is complete, please return to the Management Service Officer (MSO) in your department, for final approval & issuance of key(s).

Date Key(s) returned: __________________ Signature of Receiver: ____________________