



Key/Card Access Authorization Form

For buildings 10, 26, 36, 38 and 39

INSTRUCTIONS: All requesters must complete step 1

UNDERGRADUATES REQUESTING LAB ACCESS – Must complete steps 1 & 2

Step 1 – General Information

Print Full Name: _____ MIT ID#: _____

MIT Email: _____ Faculty/PI Name: _____

Appointment Title: *(select one)*

- | | | |
|--|-----------------------|----------------------------|
| <input type="checkbox"/> MIT Undergrad | Postdoc Assoc./Fellow | Visiting Scientist/Scholar |
| <input type="checkbox"/> MIT Graduate | MIT Staff | Faculty |
| <input type="checkbox"/> Visiting Student (Grad or Undergrad?) | | Other: _____ |

REQUIRED SAFETY TRAINING - Go to: https://www.rle.mit.edu/services/ehs/emergency-preparedness-training/	REQUIRED SAFETY TRAINING Go to: http://www.rle.mit.edu/services/ehs	RLE HQ Notes
<input type="checkbox"/> Watch Emergency Preparedness Presentation	<input type="checkbox"/> Work with your EHS Rep on completing EHS Trainings <input type="checkbox"/> Go to ATLAS Learning Center and Affiliate with your PI <input type="checkbox"/> Select "my activities" and complete all Required Trainings	
I would like to request access to the following doors:		
OFFICE Door Numbers	LAB/Machine Shop* Door Numbers	

(Step 2 on back)

I hereby confirm all the information above is correct. I will not share my access with anyone nor access space that I do not have permission for. I will return any keys to RLE HQ (36-413) before my departure.

Requester's Signature

Date

Faculty/PI or Admin. Approval

Date

Step 2 – For Undergraduates Requesting LAB Access

To be completed by Faculty/PI & EHS only. PLEASE PRINT OR TYPE

1. Does the student have permission to work alone in the lab? Yes No PI Initials: _____

2. Provide a brief description of work to be done by the student in the lab:

3. Risk Assessment by PI and EHS: Please list below any potential hazards, required controls and trainings needed. Also, list any specific restrictions for this lab member.

4. The student may access the lab for the following dates: (specific dates or by semester) Any changes to dates must be reported to RLE Headquarters to prevent deactivation. _____

Any changes to location, conditions, or job description above requires a new form to be submitted.

Undergraduate Student: _____ Date: _____

Faculty/PI: _____ Date: _____

EHS: Marie Gentile (36-472A) _____ Date: _____

Submit completed forms to RLE Headquarters front desk (36-413).