Security Access Request Form

Name of Person Requesting Access	Title	e-mail Address	Phone No.
_____	Faculty/ Student Visitor Staff ☐ ☐ ☐	_____	_____

Frequency of Access (Check all that apply)

Building	Room Numbers (list all rooms)	Monday - Friday		Weekends		Holidays	
		8:00am-4:30pm	4:30pm-8:00am	8:00am-4:30pm	4:30pm-8:00am	8:00am-4:30pm	4:30pm-8:00am
Kakaako		☐	☐	☐	☐	☐	☐
Biomed		☐	☐	☐	☐	☐	☐

How long will you need access to the facility _____

Approved protocol this person is on _____(protocol #)

Principal Investigator for the project

_____	_____	_____
PI Name	e-mail Address	Phone#
_____		_____
Signature of PI		Date

In order to prevent a noncompliance LAS is limiting vivarium access to faculty, staff, and students on an approved protocol or visitors/visits coordinated with the PI's through LAS. Please contact uhlas@hawaii.edu or wongmich@hawaii.edu to coordinate visitors. Anyone in the vivarium without proper access will be escorted out. The PI and the unauthorized visitor will receive a warning. A second infraction will result in vivarium access suspension until there is an understanding of the policy.

Official Use Only

Code Assignment (Areas)_____

Key Assignment (Rooms)_____

Cleared for Access _____ _____
Signature Date

Notes_____

_____

Please return the form to:
Lab. Animal Service
651 Ilalo Street
Fax: 692-1960
Phone: 692-1401