



Laboratory/Research Area Access Authorization

Faculty of Engineering and Applied Science
Memorial University of Newfoundland

Identification:

Authorized Person: _____ : Contact Number _____

Supervisor/Course Instructor: _____ : Contact Number _____

Authorized Laboratory Room(s): _____

Authorized Hours:

- Regular working Hours: 9:00AM to 5:00PM: Y : N
- Weekend and Holidays: 9:00AM to 5:00PM: Y : N
- After Hours: ___ : ___ AM to 9:00AM
- After Hours: 5:00PM to ___ : ___ PM

Lab Access: KEY(s) Y / N : Access Code(s) Y / N : Proxy/Card Swipe Y / N

Activation Date _____ : Deactivation Date _____

Task Description: _____

Equipment:

Requirements:

Authorized Access is subject to the following conditions:

- 1) Only persons authorized to enter the designated Laboratory shall be permitted.
- 2) All authorized persons shall familiarize themselves with the safety instructions and the emergency regulations prior to commencing work in the laboratory.
- 3) All authorized persons shall not consume alcoholic beverages prior to or during their work in the authorized laboratory.
- 4) All authorized persons shall not consume food or beverages while inside the authorized laboratory.
- 5) Equipment, materials and related Laboratory supplies must not be removed.
- 6) All authorized persons shall recognize the unique restrictions of each laboratory and adhere to these unique restrictions.
- 7) If project supervision is necessary because of its nature, each authorized person is responsible for obtaining proper supervision or aid for their work mandates.
- 8) If a project requires the use of equipment that is only authorized to be operated by a technician, then appropriate arrangements must be made for a technician to operate the equipment
- 9) Room/Laboratory entrances:
 - a. To be left Open while occupied.
 - b. To be left Closed while occupied with door locked.

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10) Authorized persons are not allowed under any circumstance to enter undesignated and/or unassigned areas within their assigned work space with the following mitigating circumstances: Personal Safety: Fire, flood, unforeseen Circumstance.

11) _____ (Authorized Person: Signature) agrees to indemnify and save harmless, Memorial University of Newfoundland against any loss, cost, or damage on account of any injury to persons, property of whatsoever kind or nature, as a result of or in any way arising out of the occupation of the said Laboratory, and further more agrees to remise, release, and forever discharge Memorial University of Newfoundland and all of its officers, agents and employees, acting officially or otherwise, from all claims, demands, actions, or cause or action on account of injury to persons or property which may occur, or as a result of or in any way arising out of the occupation of the said laboratory.

12) The following safety procedures must be followed (check applicable boxes):

- Safety Lab Coat Respirator ★ WHMIS Buddy System
 Safety Glasses Dosimeter TDG MUN Safety Course
 Safety Gloves CSA Safety Boots Life Vest _____
 Technologist has reviewed designated area and equipment for any safety concerns.

13) Safety infrastructure review of assigned work area and location of (check boxes):

- First Aid Kit(s) Fire Extinguisher(s) Fire Exit(s) Spill Kits MSDS
 Telephone Light Switches Fire Blanket Eye Wash Station.

14) Emergency Phone Numbers

Contact	During Hours	After Hours
1 Facilities Management	864-7600	864-7600
2 Campus Enforcement/Security	864-8561	864-8561
3 Supervisor		

15) Clean-Up: It is the responsibility of the persons(s) working in the laboratory to keep their area clean of debris while working and to clean up after every visit.

16) _____ (Authorized Person: Print) has reviewed the contents of this authorization form and has agreed to abide.

17) Review Notes: _____

_____ Form Reviewed By	Supervisor/Course Instructor: _____ (sign)
_____ Authorized Person (sign)	_____ Department Head Date

★ Protection requirements must be reviewed by Memorial's Respiratory Protection Program Coordinator.