



ROOM/BUILDING ACCESS REQUEST FORM

S. J. Carew Building / Bruneau Building / Suncor Center / Coughlan College
Faculty of Engineering and Applied Science, Memorial University of Newfoundland

Name of Requestor: _____

Employee #: _____ Student #: _____

Email Address: _____ Telephone #: _____

COVID-19 Requirements:

1. I have reviewed the January 2022 Health and Safety Moment and acknowledge my adherence to the Controls for Approved Access to Campus. Yes: _____ Date: _____

Hours Access Required: 6 a.m.- 5 p.m. 5p.m.-10 p.m. Proxy Request
Days Access Required: Mon-Fri Weekends Key Request

Table with 4 columns: SJ Carew, Suncor Centre, Bruneau, Coughlan

*Please note: Laboratory/Research Area Access Authorization Form must be completed and attached for lab access.

Reason for access: _____

Dates Access Required: _____ to _____

Requestor's Name (Print): _____ Signature: _____

Date: _____

Supervisor's Name (Print): _____ Signature of approval: _____
Date: _____
Department Head Name (Print): _____ Signature of approval: _____
Date: _____
Senior Administration Officer Signature of approval Date

FOR OFFICE USE ONLY:

Key Request#: _____

CEP Notified Date: _____ Notified by: _____

CEP Approved Date: _____ Requestor Notified: _____ Notified by: _____