

R.I.T. College of Science

Room Access Authorization Form

Academic Unit (Please check one) BiolMedSci Chemistry Physics Other

Building (Please check) #08 #10 #75

Please fill in the requested information, obtain the required advisor approval and return this form completed both front and back to the following: **BiolMedSci** – Jenny Liedkie, Room #08-1266 **CBET**-Tim Eck, Room #75-1110 **Chemistry & Physics** - Paul Allen #08-A224 by the end of **ADD/DROP OF QUARTER**

STUDENT - PLEASE FILL OUT COMPLETELY

Student's Name (Please Print): _____

Email Address: _____ Phone No.: _____

University Identification No.: _____ 00 _____ Counter #: _____
(Card Issue Number on back of ID card under Issue Date)

For Quarter(s): Fall Winter Spring Summer

Circle One: Research Teaching Assistant Student Employee

Any key(s) lost or not returned by the specified date will be billed **\$100.00 per key** at the Student Financial Services office. All R.I.T. and College of Science Policies and Safety Procedures shall apply to any Teaching or Research Laboratory and/or non-scheduled laboratory related activity. The borrower of the equipment is liable for replacement cost of equipment if lost, stolen or damaged. Students are not permitted to remove any **CHEMICALS** or **EQUIPMENT** from the building in which teaching or research activities have been assigned. **Any student to be found in violation of R.I.T. Laboratory or Safety policies risks having their Laboratory privileges revoked.**

Before any key(s)/card swipe access is granted you must have attended within the current academic year, a Lab Safety training course given by the Environmental Health and Safety Department. Online training is available at <http://finweb.rit.edu/grms/ehs/lab>. (Click on 'Lab Safety Training'.)

Student Signature: _____ DATE: ____/____/____

TEACHING/RESEARCH ADVISOR USE

The above individual is authorized to obtain approved materials, but syringes and/or needles may not be signed out by students from either:

Bldg #08 A-level Main Stores Bldg #08 Biology Stockroom Bldg #75 Stockroom.

KEYS/SWIPE CARD access to bldg-room(s): ie – 08-1102 _____

Advisor Signature: _____ DATE: ____/____/____

Advisor Signature: _____
(please print)

Departmental Signature: _____ DATE: ____/____/____

Rochester Institute of Technology

College of Science

LABORATORY SAFETY AGREEMENT

I understand that the following policies and procedures are in effect for all Laboratories within the College of Science buildings, and I hereby agree to comply with them whenever and wherever applicable. I also understand that failure to comply may result in the termination of my course enrollment and/or research privileges.

1. While working in the laboratory, I will
 - a. not smoke, eat, or drink.
 - b. wear gloves and a knee-length lab coat when required to do so.
 - c. wear **safety glasses (safety goggles or face shields when appropriate as stated by the instructor or research advisor)** while working with experiments posing risk to eyes or face.
 - d. not leave the laboratory wearing gloves (clean or dirty).
 - e. not go barefoot **or wear open toed shoes, sandals, crocs, sandals with socks, open backed shoes/sandals.**
 - f. not wear loose clothing **or any ear buds or ear phones.**
 - g. tie back long hair.
 - h. not engage in any behavior that may be hazardous to my safety or to the safety of others.
 - i. not engage in careless use of equipment and supplies.
 - j. immediately notify the instructor/advisor of all accidents or injuries.
 - k. clean my work area at the end of each lab period, and make sure all utilities – especially gas outlets – are turned off.

2. I am advised not to work alone in a laboratory weekdays before 8:00am or after 6:00pm and weekends. If access to a laboratory during non-class hours has been authorized, I understand it is strongly recommended that another person be present in the lab with me.

3. In the event of a laboratory accident or injury, or any other circumstance in which medical help or security assistance is required, I will notify the instructor/advisor first (if present) and then I will make use of one of the emergency phones located in the hallways on each floor of the building. The phone is operated by pushing the red button and talking into the speaker or by picking up the receiver and speaking into the phone. This provides a direct line to Public Safety, 24 hours per day.

4. I acknowledge that the instructor has identified the location of safety equipment in the laboratory.

5. I acknowledge that if I am allowed to obtain key or card swipe access to a laboratory area I must first go through the Laboratory Safety Training given by the Environmental Health and Safety Department (training/refresher training is required on an annual basis) before the key/swipe access will be issued.

6. I acknowledge that all items I have checked out from the College's A-level Main Stores, Biology and CBET stockrooms are returned by the last day of classes. If any items are lost, broken, or not returned, I understand that I will be charged a replacement fee equal to the cost of the outstanding item(s).

NAME (print) _____ Date: ____/____/____

Student Signature: _____

Training Verified By: _____ Date: ____/____/____

(This signature will acknowledge that said student has taken Lab Safety Training within one year from this date)