BIOLOGICAL RESOURCES FACILITY

## FACILITY ACCESS FORM

**Note for personnel working with IACUC-covered species (vertebrate animals): Your name must be listed on an approved IACUC protocol (please specify the protocol number below) to be granted access to the BRF. If your name is not currently listed on an approved protocol, a protocol amendment must be submitted to the IACUC by your PI to add your name as personnel for the research project. This amendment must be approved by the IACUC before your access to the BRF can be granted. An amendment form can be obtained at:**

[**http://www.ncsu.edu/sparcs/policy/2000amendmentform.doc**](http://www.ncsu.edu/sparcs/policy/2000amendmentform.doc)

Note for insectory users: To obtain access please obtain approval from PI prior to returning this form.

Note for all building users: To obtain access please return this completed Facility Access Form to the BRF office, Room 205 or email: smpaynte@ncsu.edu or pmallen@ncsu.edu . We’ll then submit this request to security and access should be approved by the next day. You will receive a confirmation email. Note: You must have or obtain a valid NCSU All Campus Security Badge in order to access the BRF/TAF FACILITIES.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Last Name, First Name, Middle Name—Please include all three)

Campus ID # (Please write legibly!) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office/Lab Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Campus Box #: \_\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employment Status: EPA SPA Temp Undergraduate Student Graduate Student Other \_\_\_\_\_\_\_\_\_

Purpose for your access to the building (Protocol # is required for all personnel working with IACUC-covered species)

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Investigator/ Faculty/Staff member for whom you are working:

\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Last Name, First Name) Campus Tel # Office Room # **Investigator/Faculty/Staff Signature**

**BRF USE ONLY**

 Date Received by BRF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Access Level: \_\_\_\_\_\_\_\_\_\_\_\_\_

 Date E-mailed Request to SAT: \_\_\_\_\_\_\_\_\_\_\_ Date Terminated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_