**LAB ACCESS REQUEST – SAFETY AND SKILL ASSESSMENT FORM**

This form is to verify trainings and skill level of the student

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| **STUDENT / LAB REQUEST INFORMATION** |
| **Building:** (Circle) AMIC BURKE **Days/Times Requested****Room #** \_\_\_\_\_\_\_\_\_\_\_ (Separate form is required for each lab) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If Professors allow, Exceptions include:Burke 116,118,118b Burke 140, 143, 146, 148, 151 Burke 127, 129, 132 AMIC 117, 118, 119, 120 |
| Student Name: PSU Email: Cell Phone: |
| By signing below, *the student certifies:** ***EHS Safety Training has been completed & Submitted with this form, if requesting any of the following labs:***

***Burke – 108, 116, 117, 118, 118a, 118b, 123, 124, 125, 127, 129, 130, 132, 141, 145AMIC – 117, 117a, 118, 119, 120**** Student understands lab access will be removed after the faculty members selected term. A new form must be filled out and submitted with a current EHS Training REFRESHER Certificate to continue lab access.
* *Student will follow the rules pertaining to personal safety, lab safety, & safe equipment operation.*
* Student has ***read, understands, and* agrees** to abide by the rules and guidelines as stated in the School of Engineering *Laboratory Policies for Students*: <http://psbehrend.psu.edu/school-of-engineering/resources-for/current-students-1/laboratory-policies-for-students>
* Student has reviewed the Unit Safety Plan and has **signed USP Certification Page (Red Book)**.
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| Student Signature Date  |
| **FACULTY ADVISOR - TERM, TIME & APPROVAL** |
| **Academic Term:** FALL \_\_\_\_\_\_\_\_\_ SPRING \_\_\_\_\_\_\_\_\_ SUMMER \_\_\_\_\_\_\_\_\_ FALL & \_\_\_\_\_\_\_\_\_\_\_ FULL TERM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Circle) ONLY (Year) ONLY (Year) ONLY (Year) SPRING (I.e. Year-Year) Fall/Spring/Summer (I.e. Year – Year) |
| **Select Hours of Access:** STANDARD Monday – Friday, 8:00am – 5:00pm (Circle) EXTENDED Monday – Friday, 7:00am – 10:00pm\_\_Saturday & Sunday, 8:00am – 6:00pm ALWAYS 24/7 Access |
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| **FACULTY/LAB ACCESS COORDINATOR - SKILL VERIFICATION CHECKLIST** |
| 1. Responsible faculty fills in the equipment requested. (Additional Equipment can be submitted on a separate sheet, if needed)
2. Lab Access Coordinator (or other approved trainer) reviews student’s ability to safely and correctly operate equipment requested. Sign, date and choose an Access Type, indicating satisfactory skill has been verified.
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| FACULTY ADVISOR Approved Evaluator |
|  Date Equipment Requested Approved Approver’s Name Approver’s Signature Yes / No |
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| **Access Type:** Lab Access **Only** 🞎 Initials: \_\_\_\_\_\_\_\_ Card Access 🞎 Initials: \_\_\_\_\_\_\_  |
| Lab Access Coordinator’s Signature Date |