

Staff/Student Number: _____
Name: _____
Principle Investigator: _____

CAMPUS ANIMAL FACILITIES

REQUEST FOR CARD ACCESS (AND KEYS)

This is a request for access to Campus Animal Facilities – Central Animal Facility and/or Isolation Unit.

Access and key requests are processed Monday and Wednesday mornings from 9am – 12pm.

Key pick up at front office 101

Forms should be completed only in ADOBE application and must be sent in an UNLOCKED condition.

Access Forms must be received via email (caf@uoguelph.ca) from Investigator to be processed.

Before Access can be granted, all users:

1. Must be added to an Animal Utilization Protocol (AUP)
2. Have completed a Central Animal Facility and/or Isolation Facility Orientation

iClass card activation for door entry will be authorized remotely and access will be confirmed via email.

If keys are needed for specific CAF rooms or for the Isolation facility, a time will be arranged to have these provided. There will be a 25\$ deposit refundable payable by debit or credit card.

TERMS AND CONDITIONS

The following are terms and conditions set by the University of Guelph, E-Access and Campus Animal Facilities. If faculty, students and/or staff are found in breach of this agreement, access to the facilities may be terminated.

I understand that the doors of the Central Animal Facility and/or Isolation Facility are computer and camera-monitored on-site and by the University of Guelph Campus Police.

My access card must be scanned on entry and exit of the facilities via the proximity door readers (front and side door of Central Animal Facility, door of Isolation Facility).

I acknowledge that my access card is for my exclusive use and I agree to NOT share my card or allow others access to the facility at any time.

*ALL KEYS remain the property of the University of Guelph and must be returned to Central Animal Facility, Building 12, Room 101, upon completion of my project. I understand that my deposit if unclaimed for 1 year upon completion is forfeit.

By checking this box, I AGREE TO AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS:

Staff / Student Number: _____

CAMPUS ANIMAL FACILITIES

REQUEST FOR CARD ACCESS (AND KEYS)

Name: _____ Dept: _____

Email: _____ Phone Number: _____

Principle Investigator(s): _____

Position (please choose one):

Start Date: _____ End Date: _____

ACCESS IS REQUESTED FOR (PLEASE CHOOSE ONE):

PLEASE INDICATE IF THE FOLLOWING HAVE BEEN COMPLETED ** ONLY THOSE COMPLETE AT TIME OF ACCESS REQUEST**

<u>Animal Utilization Protocol</u>	<u>Central Animal Facility</u>	<u>Isolation Facility</u>	<u>Additional Certificates</u>
AUP Number: _____	Orientation	Orientation EHS Biosafety Module	WHMIS EHS Freight Elevator

BASIC SPECIES-SPECIFIC HANDLING MODULES (ANIMAL CARE SERVICES) MUST BE COMPLETED PRIOR TO ANIMAL CONTACT.

FACILITY KEYS

(Office Use Only)

CAF Keys (s): _____ Date of Key Return: _____

ISO Keys (s): _____ Date of Key Return: _____

(Office Use Only)

Key Deposit: \$25.00 Staff initial: _____ Paid with:

Activated by: _____ Date Deactivated: _____

Notes: