

Vivarium Access Request Form

Please fill out (printing clearly) and have the PI sign when. When your training is cleared, you will receive an email confirmation that access to the vivarium has been approved.

Date: _____

Name (Print): _____ email: _____

Student ID # or Employee ID #: _____ **(not Social Security #)**

Check one: Faculty Staff Grad Post Grad Undergrad

Preferred Access Code: _____ (five digits only)

Please Read and Sign:

1. You may access the vivarium only after you have completed all required training and received an email clearance from the Office of the Campus Vet.
2. You will be accessing a restricted area. It is limited to you only and strictly for your work on the AUP mentioned below. No one else is allowed access in this area unless cleared by the Office of the Campus Veterinarian.
3. By signing this, you are accepting the responsibilities associated with having access to a secured area and using University property.
4. It is your responsibility to attend the vivarium orientation which instructs you how to work the vivarium alarm. If you accidentally set-off the alarm in the vivarium, the PI will be responsible for paying the false alarm charge and it may be passed on to you.
5. You must notify the Office of the Campus Vet immediately when you will be leaving UCR or no longer working with the PI on the AUP.

Signature

PI to Fill out:

PI Name(Print): _____ AUP #: _____

Hours Person needs access to Vivarium (check one time and one day designation)

Check one: Days Only (between 8 am-5 pm) Days & Evenings (until 9 pm) 24 hrs.

Check one: Monday – Friday only 7 Days a week

Duration person will be working on AUP: _____

Room number(s) they will be accessing: _____

PI signature

For Office Use Only:

Hirsch User #: _____ Input Hirsch Database: _____ Input Alarm Database: _____ Faxed Police: _____

Hirsch PP WO#: _____ E Ron: _____ Ron E: _____ E Student: _____

Alarm PP WO#: _____ E Tom: _____ Tom E: _____ E Student: _____