# LAB ACCESS REQUEST – SAFETY AND SKILL ASSESSMENT FORM

This form is to verify the skill level of the student; **not for training**.

A separate form is required for each lab.

## LAB LOCATION/STUDENT PHOTO

Building: Room #: Photo:

## STUDENT/LAB REQUEST INFORMATION

Student Name: Email:

Cell Phone: Academic Term:

Reason for Request:

Hours of access are M-F, 8 am – 5 pm unless **Research Advisor and Lab Access Coordinator** agree to alternate times.

Requested Days of Week/Time of Day:

## FACULTY ADVISOR APPROVAL

Responsible Faculty Signature: Date:

Faculty Last Name: Email: Date:

## STUDENT CERTIFICATION

By signing below, *the student certifies:*

* R*equired* ***EHS*** *Safety Training has been completed.*
* *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*](https://behrend.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.

Student Signature: Date:

## SKILL VERIFICATION CHECKLIST

1. Responsible faculty fills in the equipment requested.
2. Lab Access Coordinator (or other approved trainer) reviews student’s ability to safely and correctly operate equipment requested. Sign and date indicating satisfactory skill has been verified.

FACULTY ADVISOR & LAB ACCESS COORDINATOR

| Date | Equipment Requested | Approved:Yes / No | Approver’s Name | Approver’s Signature |
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## ACCESS GRANTED

Type Access: Lab Access Only/Initials Card Access/Initials Day of Week/Time

Lab Access Coordinator’s Signature: Date:

Card Access Granted: Semester/Year, Type Clearance (Std, Medium Risk, High Risk), Initial and Date

FA SP SU