

Children's Hospital Boston Research Building Access Request Form

FIRST NAME:

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LAST NAME:

MIDDLE INITIAL

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(Print Clearly)

Today's Date _____ Date of Hire: _____

Children's Hospital ID#: _____

Prox # (Back of ID, first 6 digits): _____

Position / Degree(s) _____ / _____

Institution (affiliation): CHB Other: _____

Department/Division: _____ / _____

Building/Room #: _____ / _____

Lab/PI _____ / _____

Work Phone: _____

Email: _____

PI / Supervisor: (Please sign and print below)

I authorize unescorted access to Research Facilities including nights & weekends.

Print Name: PI / Supervisor

Signature: PI / Supervisor

Date

Research Operations Use Only:

Required Training:	<input type="checkbox"/> Awareness (pamphlet)	<input type="checkbox"/> Non-Bench	<input type="checkbox"/> At-Bench
Awareness Training Pamphlet Date: _____			

All employees must complete the awareness training and appropriate safety training within 30 days of receiving building access.