

# Research Laboratory Visitor Access Request

Please fill out this form to request access to the research laboratory facilities. This form must be printed and signed by the visitor, host, and laboratory director before access is granted.

## Visitor Information

Full Name of Visitor:

Job Title / Role:

Organization / Affiliation:

Email Address:

Phone Number:

## Host & Sponsor Information

Laboratory Host / Sponsor Name:

Department:

Host Email Address:

## Access Details

Requested Laboratory Room Number(s):

Access Start Date (YYYY-MM-DD):

Access End Date (YYYY-MM-DD):

Requested Hours of Access (e.g., 9:00 AM - 5:00 PM):

Purpose of Visit and Planned Activities:

## Safety & Compliance Acknowledgements

Has the visitor completed the required Safety Orientation? (Yes / No):

Is a continuous escort required for this visitor? (Yes / No):

Will the visitor work with hazardous materials? (Yes / No / Describe):

## Signatures for Authorization

By signing below, the parties agree to adhere to all laboratory safety protocols and security regulations.

Visitor Signature:  Sign on printed copy Date:

Host / Sponsor Signature:  Sign on printed copy Date:

Laboratory Director Signature:  Sign on printed copy Date: