

BBSRB VIVARIUM SECURITY ENTRY CARD APPROVAL FORM FOR ENTRY INTO DLAR

Please print

UK Person ID #: _____ Date: _____

Last Name: _____ First Name: _____

Position: _____ Department: _____

Investigator Name: _____ Office/Lab Room #: _____

Protocol #(s): _____

I understand that I am not to loan my badge to anyone, or use any badge other than my own. In the event I am involved in the confiscation of a badge for either reason, I understand that I have violated my access approval, and my privileges will be revoked.

Signature: _____ Date: _____

----- **Stop at this line** -----

For Short-Term Access only: Effective Dates: ____ / ____ / ____ to ____ / ____ / ____

**Access levels required
(check all that apply):**

- BBSRB Investigator
- BBSRB DLAR Staff
- BBSRB DLAR Limited
- BBSRB DLAR Supervisory

- Employee Education Program Form
- Animal Worker Questionnaire
- Approved in eSirius

Reason for Access: _____

Approved signatures:

DLAR Veterinarian: _____ Date: _____

Security Coder: _____ Date: _____

Security System Admin: _____ Date: _____