



## New Client Registration Environmental Chambers/Labs

<b>Date:</b>	
--------------	--

<b>First Name:</b>		<b>Last Name:</b>	
<b>Student/Staff ID#:</b>		<b>Email:</b>	
<b>Contact #(cell):</b>		<b>Position:</b>	
<b>Supervisor:</b>		<b>Dept. &amp; Faculty:</b>	
<b>Where applicable: Project Supervisor/Grad. Student:</b>			

<b>Start Date:</b> <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px; vertical-align: middle;"></span>	<b>End Date:</b> <span style="border: 1px solid black; display: inline-block; width: 250px; height: 20px; vertical-align: middle;"></span>
--	--

***Biotron Access is requested for:***

Insects	Plants (NCB)
Plants (Tower)	Earth Biome
	Roof Top Biome

***Other Labs:***

Bouvier Lab	Way Lab
Branfireun Lab	Graduate Office
Lindo Lab	

***The following must be completed prior to working in the Biotron. Proof of certifications are required.***

- Western WHMIS
- Laboratory Safety & Hazardous Waste Management
- Biosafety
- Worker Health & Safety Awareness Training
- Biotron Confidentiality Agreement

**Autoclave Training Required:**    Yes    No

By way of signature, I can confirm that individual named above has reviewed the applicable Standard Operating Procedures and the safety equipment locations related to the area(s) of access.

\_\_\_\_\_  
Signature of Supervisor or Project Supervisor

<b>BIOTRON ONLY:</b>	
• Autoclave	<input type="checkbox"/> _____
• SOP(s) Review	<input type="checkbox"/> _____