

**CVM OFFICE OF VETERINARY RESEARCH
TAC SECURITY SYSTEM PROXIMITY CARD ACCESS/TERMINATION REQUEST**

TYPE OR PRINT LEGIBLY/ALL REQUESTED INFORMATION MUST BE COMPLETE:

Name: _____ Department: _____

Home and campus address: _____

Home and campus phone number: _____

Employee/student CWID number: _____

Access/Termination of Access (Circle one) requested to laboratory room numbers (must be specific and inclusive):

Principal Investigator of the lab: _____

Signature of Principal Investigator: _____ **Date:** _____

Signature of employee/student: _____ **Date:** _____

Signature attests that I understand the following:

1. I am responsible for the security of the card issued to me;
2. I will use the card only for approved purposes in compliance with college and university policy;
3. I will act in a manner consistent with federal and state regulations governing activities in the laboratory;
4. I will not allow unauthorized use and will report any unauthorized use if witnessed;
5. I will return the card upon request, or upon leaving employment

Further, I understand that compliance with CVM and University policy is a condition of employment in a laboratory situation involving biological materials and/or hazardous materials.

Office of University Research Compliance use only –

If access is to be gained into a BSL-3 or Select Agent laboratory, the OSU Office of University Research Compliance must certify the individual has appropriate approvals per federal and state regulations.

Approved by: _____ **Date:** _____

Office of CVM Research use only –

Card number issued: 14028609-1 - _____ **Date:** _____

Issued by: _____ **Jerry R. Malayer, Ph.D., CVM ADR**

CVM ADR Signature: _____