



New Client Registration Environmental Chambers/Labs

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

Start Date:

End Date:

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

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