

Rudman Hall Restricted Access Request Form

This form is to be used by individuals requesting access to restricted areas in Rudman Hall. Requestors must complete all fields in Sections 1 -3 and submit to the MCBS Department Manager for appropriate approvals. You will receive an email when your card has been activated. **A separate form for Rudman main door access is NOT needed.** That will automatically be activated along with the restricted access upon completion of this form.

Please note that Environmental Health and Safety training must be completed before this form is submitted and access granted. Training modules can be found on UNHCEMS® at <https://www.unh.edu/research/ehs-training>.

Section 1: Requestor Information (please type or print clearly and legibly in each box)

Full Name (Last, First)	Click here to enter text.
Phone Number	Click here to enter text.
E-mail address	Click here to enter text.
UNH ID # (9 digits)	Click here to enter text.
Card Issue # (not the date) (under expiration date, e.g. 01, 50)	Click here to enter text.
Biosafety Level 2 (BSL-2) Training Date	Click here to enter text.
Autoclaving Biohazardous Waste Training Date	Click here to enter text.

Section 2: Access Information

Requesting access to (check all that apply):

- ☐ Rudman Hall Second Floor
- ☐ Rudman Hall Ground Floor Microbiology Teaching Labs: G-30, G-40, G-44, G61 (only check if a MICR TA, or note special circumstance for requesting access to these teaching labs below)

Reason for access request [Click here to enter text.](#)
(required – please include name of
faculty/staff sponsor):

Requested Access End Date [Click here to enter text.](#)
(required)

Section 3: Requestor Signature

As a cardkey holder with increased access to Rudman Hall's secured areas, I understand that it is my responsibility to ensure security of the materials located in these restricted areas. I understand that I am solely granted access, that I will not allow others access to these areas without prior approval, I will not hold access doors open for others that do not have access, and that any visitors or guests will be accompanied by me at all times while in the restricted areas. I understand that if I am in violation of these agreements at any time, my access will be deactivated and re-activation requests will be denied. The signature below also indicates that biological safety training has been completed.

Applicant Signature:	
Date:	Click here to enter text.

Section 4: Approvals (Indicates approval of access up to the requested Access End Date):

MCBS Ground Floor Access Approval: (Microbiology Lab Coordinator)	
MCBS Second Floor Access Approval: (2 nd Floor Sponsor/PI/Micro Lab Coordinator)	

Email completed form to paul.boisselle@unh.edu along with a picture of the front of your UNH ID.