

## ABI Access Request – Safety, Security, & Compliance Form

Date: \_\_\_\_\_ Access Requested for: \_\_\_\_\_  
 PI/Supervisor requesting access: \_\_\_\_\_ Laboratory: \_\_\_\_\_  
 Payroll title (if on ASU payroll): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 ASU ID: \_\_\_\_\_ Email: \_\_\_\_\_  
 US Citizen/Permanent Resident  Foreign National: Type of Visa \_\_\_\_\_ Country \_\_\_\_\_  
 Access from: \_\_\_\_\_ until 5/15/20\_\_\_\_; 6/30/20\_\_\_\_; 8/15/20\_\_\_\_; 12/15/20\_\_\_\_; other \_\_\_\_\_

Usage/Training Needed	REQ*	Signature of trainer	Print name of trainer	Date of training
Security	X			
Responsible Conduct for Research (RCR)	X			
Export Control	X			
Lab Safety [hands-on by lab]	X			
Ancillary Safety ONLY				
Chemical Safety				
Biological Safety				
Gas cylinders				
Liquid Nitrogen				
Autoclave/dishwasher				
Env. Growth Chambers				
Greenhouse				
Radiation				
Animal Facility (IACUC)				
Human subjects (IRB)				
rDNA (IBC)				
Transgenic plants (IBC)				
Transgenic animals (IBC)				
Bloodborne Pathogens				
Centrifuges				
Fume Hoods				
Biological Safety Cabinets				
Biohazard Handling/Disposal				
Nikon E800 Microscope				
Nikon TE2000U Microscope				
Zeiss Axiovert Microscope				
BD Pathway				
Lab specific (list below):				

\* Required training is designate by the head of the laboratory. Supervisors -- please check all areas of usage and training that is required. **Signed copy is to be submitted to ABI office (Hope Phillips) and updated every 3 years. Supervisor should also retain a copy.**

Employee/student signature	Supervisor Signature	Date