

REQUEST FOR AFTER HOURS ACCESS

I (full name) _____ of (School) _____

Email: _____ Staff/Student/Visitor Card ID: _____

Request out of hours access to:

CMCA@Perkins CMCA@Bayliss

For access to the following instruments (this requires a CMCA Staff Member to confirm your training level is appropriate, by counter signing in the table below).

Platform List	Instrument name	CMCA Staff responsible	CMCA Signature
PERKINS BUILDING			
Optical / Confocal		Paul Rigby	
Bioluminescence / MRI		Kirk Feindel	
Cytometry		Andrea Holme	
Sample Prep (Perkins)		Kirk Feindel	
BAYLISS BUILDING			
Mass. Spec.		Michael Clarke	
XRD Crystallography		Alexandre Sobolev	
NMR		Gareth Nealon	

I agree to the following conditions:

- When entering after hours I will ensure the main entrance door is closed and the necessary sign in and out procedure has been followed.
- I have read and will refer to the current year's CMCA Safety Manual, including those for the particular laboratories covered by this request.
- I agree not to bring any food or drink into any of the Labs
- Access is granted to the building for access to the CMCA laboratories only. Specifically, the signatory may not admit associates, friends, relatives or any other member of the general public, although this may be done during normal working hours with the Director's permission.
- Access is only for the purpose of carrying out the studies for which this request was issued, i.e. the signatory will confine all activities to equipment and areas directly related to his or her studies, which has been approved by CMCA staff, as per the list of instruments you have been trained on and will access afterhours.
- The Director reserves the right to withdraw access if the conditions of access have not been followed.
- The signatory undertakes to notify the CMCA: on completion of the work in the Centre/before leaving the University.
- If no work is undertaken in the Centre over a six (6) month period, afterhours access will be cancelled.

Signed: _____

Date: _____

Access has been granted to the above by

Name: _____

Signed: _____

Date: _____