

# CARD KEY ACCESS FORM TO GENERAL OLAC FACILITIES



**INSTRUCTIONS:** *(Please read carefully, as some of these instructions have changed):*

The following must be completed, and this form submitted in person to North Animal Facility (NAF 203)

Check Boxes After Completions: <i>Signatures Required *</i>	<b>REQUIREMENTS:</b>
Bring ID card in with this form	OBTAIN A CAL 1 ID CARD AND CALNET ID: ( <a href="https://cal1card.berkeley.edu/">https://cal1card.berkeley.edu/</a> )
	COMPLETE RISK ASSESSMENT IN THE OCCUPATIONAL HEALTH SURVEILLANCE SYSTEM (OHSS) (Online): ( <a href="https://ehs.ucop.edu/ohss">https://ehs.ucop.edu/ohss</a> & <a href="https://www.youtube.com/watch?v=xhlqSjQ2zfs">https://www.youtube.com/watch?v=xhlqSjQ2zfs</a> )
	CITI TRAINING (Online): "Working with the IACUC" ( <a href="http://acuc.berkeley.edu/citi_guide.pdf">http://acuc.berkeley.edu/citi_guide.pdf</a> )
Attach a printout	EHS 205: SAFETY AND CARE OF RESEARCH ANIMALS AT UC BERKELEY (Online): ( <a href="https://jwas.ehs.berkeley.edu/lmsi/?searchText=ehs%20205">https://jwas.ehs.berkeley.edu/lmsi/?searchText=ehs%20205</a> )
Signature and Date Req. *	FACILITY ORIENTATION (In-Person): <b>Instructor's Signature/Date Required*</b> ( <a href="https://www.olac.berkeley.edu/training">https://www.olac.berkeley.edu/training</a> )
Signature and Date Req. *	PRINCIPAL INVESTIGATOR AUTHORIZATION: <b>PI Signature/Date and Activation Dates Required*</b>  <b>Activation Dates: From _____ To _____</b>
Attach a printout of the dashboard from your AUP	ADDED TO ANIMAL USE PROTOCOL ( <a href="http://acuc.berkeley.edu/eprotocol_guides/facility_access.pdf">http://acuc.berkeley.edu/eprotocol_guides/facility_access.pdf</a> )
Fill out the Restricted Access Form	FOR ADDITIONAL ACCESS TO RESTRICTED AREAS (High Barrier, ABSL2, ABSL3, NHP, and Bat Areas):

### APPLICANT'S INFORMATION:

Applicant Name (Last, First): \_\_\_\_\_

Student/Employee ID#: \_\_\_\_\_ Card Key# (1st 6 #'s on back of the card): \_\_\_\_\_

*Check one of the selections below:*

Faculty    Staff    Post-Doc    Graduate Student    Undergraduate    Other: \_\_\_\_\_

Job Title: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Principal Investigator Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Check Box	Animal Facility Access Request	Check Box	Animal Facility Access Request
<input type="checkbox"/>	NAF: Northwest Animal Facility	<input type="checkbox"/>	Weill Hall Basement
<input type="checkbox"/>	LKS: Li Ka Shing and Room number _____	<input type="checkbox"/>	Minor Hall
<input type="checkbox"/>	Weill Hall 6 <sup>th</sup> Floor and Suite (list Suite #) _____	<input type="checkbox"/>	Other: _____