



Université d'Ottawa • University of Ottawa
Faculté des Sciences • Faculty of Science

Key Request Form

First Name _____ Last Name _____

Department _____ Supervisor _____

Student # _____ Phone No _____ Email _____

Employment Status

<i>U of O Employee</i> <input type="checkbox"/>	<i>M.Sc. Student</i> <input type="checkbox"/>	<i>Ph.D. Student</i> <input type="checkbox"/>	<i>Post Doc Fellow</i> <input type="checkbox"/>
<i>Honour Student</i> <input type="checkbox"/>	<i>Volunteer</i> <input type="checkbox"/>	<i>Visiting Professor</i> <input type="checkbox"/>	<i>Other</i> _____

Time Commitment

<i>Full Time</i> <input type="checkbox"/>	<i>Part Time</i> <input type="checkbox"/> Hours a week _____	<i>Casual</i> <input type="checkbox"/> Hours a week _____
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Starting Date _____ Expected Duration _____

Work Space Assigned

Room No. _____ Fume Hood No. _____ Microscope No. _____

Your keys will be issued only when you provide a proof that the uOttawa online WHMIS test was done. To register for the course go to <http://orm.uottawa.ca/whmis/>

Workspace assigned to me is in proper order, clean, free of unknown products and I understand that I am responsible for keeping it that way during my entire tenure at the University. When I will leave, the assigned workspace will be returned in the same condition. I understand that my work space must be inspected before I leave.

New Worker _____
Signature _____ Date _____

Lab Supervisor _____
Signature _____ Date _____

Keys Received from _____ Date _____

Keys Assigned _____ Card Assigned # _____

Deposit Paid _____

Workspace checked by _____ Date _____

Key Returned to _____ Date _____ Deposit Returned _____

List of keys returned _____