****

**REQUEST FOR APPROVAL TO ACCESS PHYTOTRON**

Following obtaining the proxy card for each individual, if you would like them to access into the phytotron, please print names (Last name, First name) as registered in Queen’s Central Access System (Proxy Card) and make a checkmark for one of the groups you want them to have access with their Proxy card.

|  |  |  |  |
| --- | --- | --- | --- |
| Print name as registered in the Millennium system  | Group I | Group II | Affiliation |
| Last name | First name  | Proxy card number | 24/7 access any day of the week | 8 AM-5PM access Monday-Friday | PI | Staff | PDF | Student |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

Through submission of this form, I confirm the selected persons listed above are qualified to work in Queen's Research Facilities in accordance with all Queen’s University's regulations. I acknowledge all user(s) are required to successfully complete the Queen’s University online Health and Safety and Phytotron training and will be required to provide their certificate to the Phytotron manager at grow@queensu.ca before entering the facility.

COVID-19 REQUIREMENTS – User further acknowledges that persons must abide by all Queen’s access requirements related to COVID-19 control, including vaccinations, rapid testing and self-screening. Further details may be found on the Queen’s website at [Return to Work Guidelines](https://www.queensu.ca/vpfa/covid-19/campus-re-opening-and-operating/guidelines) or provided from the Phytotron manager.

Supervisor, Full name -----------------------------

Signature -------------------------------------------