**Logo, company name

Description automatically generated**

**REQUEST FOR APPROVAL TO ACCESS PHYTOTRON**

Following obtaining the fob from department office 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 Stations (Symmetry Enterprise) and make a checkmark for one of the groups you want them to have access with their fob.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Print name as registered in the Symmetry Enterprise | | | Group I | Group II | Access duration | | | |
| Last name | First name | Fob number | 24/7 access any day | 8 AM-5PM Monday-Friday | 6 months | One year | Two years | Four Years |
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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 under my supervision. I acknowledge all user(s) are required to successfully complete the Queen’s University online Health and Safety and Phytotron Rules & Compliance training and will be required to provide their certificate to the Phytotron manager at grow@queensu.ca before entering the facility.

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

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

Date ---------------------------------------------------