



JABSOM PERSONNEL ACCESS REQUEST FORM

INSTRUCTIONS: Fields must be type filled using Adobe Acrobat Reader and completed by the primary department administrator. Hold mouse over field for additional instructions. Obtain all signatures before submitting to Facilities via e-mail, jabsom-security@lists.hawaii.edu. Incomplete forms will not be processed.

APPLICANT INFORMATION **NEW APPLICATION** **ADD or CHANGE** **TERMINATION** **REPLACEMENT ACCESS CARD** DATE

LAST NAME FIRST NAME MI
E-MAIL START DATE EXP. DATE
EMPLOYER
DEPARTMENT CLASSIFICATION

REQUEST DETAILS

- will require access to the BSB building. *See below*
 will require access to the Vivarium
 will require access to the IBR.
 will require access to the ABSL3 lab.
 will require access to the BSL3 lab.

Is applicant over 18 years of age?

If NO, please provide the age of the applicant.

COMMENTS, SPECIAL INSTRUCTIONS, KEYS OR OFFICE SIGNS

BSB access requests require JABSOM EHSO approval before an access card will be issued.

JABSOM EHSO confirms the applicant for BSB access has satisfactorily completed required training.

1. EHSO (If applicable) **PHONE**

sign here

By signing this request, you are accepting responsibility for the supervision of the applicant and any actions he/she engages in while associated with the Dept./Program named above.

2. SUPERVISOR/PI (If applicable) **PHONE** **3. DEPT. CHAIR** (or designated signing authority)

sign here

DATE

sign here

DATE

SPECIAL ACCESS TO OTHER AREAS/DEPARTMENTS

Basic access issued to home department. Additional areas require signatures from department chairs.

4. ADDITIONAL AREA **5. DEPT. CHAIR AREA** (or designated signing authority)

sign here

DATE

TERMS OF USE

The applicant will **return** the JABSOM Access card to the Facilities Management Office upon the end of the applicant's employment, appointment, affiliation, or association with JABSOM. The applicant agrees to **promptly notify** the Facilities Management Office if his/her card is missing or has been stolen. The applicant will only use his/her JABSOM Access Card to gain authorized access to Kaka'ako facilities for **activities specifically related** to his/her affiliation and for no other reason. The applicant will not use his/her JABSOM Access card to permit **other individuals** to gain access to Kaka'ako facilities, will not lend his/her JABSOM Access card to another person, nor will he/she "piggyback" other authorized persons. The applicant acknowledges that his/her **privileges may be suspended or terminated** for engaging in any of the above-listed activities or compromising security at the Kaka'ako facility includes, but not limited to, propping doors open at critical access points without Facilities Management Office acknowledgment or approval.

By signing, the applicant acknowledges that he/she has read, understands, and agrees to comply with the terms and conditions of this statement in its entirety and accept responsibility to be bound by these terms of use.

Applicant's signature

DATE