Security Access Request Form

Name of Person Requesting Access: ________________________________________

Title (Faculty, Staff, Student, Visitor): ______________________________________

Email Address: _________________________________________________________

Phone Number: _________________________________________________________

Over the age of 18: (circle one)   Yes      No

Frequency of Access (Check all that apply)

<table>
<thead>
<tr>
<th>Building</th>
<th>Room Numbers (List all rooms)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kakaako</td>
<td></td>
</tr>
<tr>
<td>Biomed</td>
<td></td>
</tr>
</tbody>
</table>

How long will you need access to the facility __________________________________

Approved protocol this person is on ____________________ (protocol #)

If no protocol is given or the protocol listed is incorrect, it is the submitters responsibility to determine the correct protocol number. If you feel that you are on the protocol, please contact Denise Yee at deniseye@hawaii.edu to confirm. Please note AVS will not give access unless the submittter is on an approved IACUC protocol.

Principal Investigator for the project

<table>
<thead>
<tr>
<th>PI Name</th>
<th>Email Address</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Signature of PI __________________________ Date __________

In order to prevent a noncompliance, AVS is limiting vivarium access to faculty, staff and students on an approved protocol or visitors/visits coordinated with PI’s through AVS. Please contact lisaho@hawaii.edu or wongmich@hawaii.edu to coordinate visitors. Anyone in the vivarium without proper access will be escorted out. A breach of security can result is suspension of access to the vivarium and/or building access.

Please return the form to:
Animal and Veterinary Services
651 Ilalo Street
Fax: 692-1960
Phone: 692-1401