

Texas A&M University Department of Chemistry  
**Building Access and Key Request Form**  
*Please return completed form to Chemistry Building Room 118*

**EMPLOYEE INFORMATION**

Name (PRINT): \_\_\_\_\_ UIN: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

I acknowledge that I am receiving security access to teaching, research, and office areas in the Chemistry Building, as requested below. By signing, I agree and accept the responsibility for the areas that I open and will make sure they are secured before I leave. I will not give access to others except as needed to perform my duties within those areas. If I lose my *Aggie Card* or keys, I will immediately report the loss to 979-845-0674. UNDERGRADUATE STUDENTS ARE NOT ISSUED KEYS.

I agree and accept the conditions as stated above: \_\_\_\_\_  
*Signature*

**REQUIRED TRAINING/COURSES**

1. Log into your SSO and go to TrainTraq to complete the following courses – TrainTraq Course #2114106: Laboratory Safety Training (Online) - EHS and TrainTraq Course #11020: Hazard Communication
2. Has this individual completed General, Instrument, Lab Specific and Work Area Specific Training? \_\_\_\_\_
3. Specialized Instrumentation Training Completed (Mass Spec, NMR, X-Ray, n/a): \_\_\_\_\_

Service Center Manager Signature: \_\_\_\_\_

**(Keys will not be issued if required Hazard Communication Training and Safety Training have not been completed.)**  
**\*\*\*\*\*REQUIRED: Attach a printed copy of your training transcript from TrainTraq\*\*\*\*\***

**BUILDING ACCESS**

Length of Stay/Access:  Permanent Access  Temporary Access (Dates): \_\_\_\_\_

Which buildings/areas requesting card access? \_\_\_\_\_

Reason for requesting card access: \_\_\_\_\_

**KEY ACCESS**

Is this request for teaching? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, Course #(s) \_\_\_\_\_

Is this request for research? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, which Lab Group: \_\_\_\_\_

Keys requested for the following room #(s): \_\_\_\_\_ Floor/Wing \_\_\_\_\_

**AUTHORIZED BY**

Supervisor's Name (PRINT): \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Activated by: \_\_\_\_\_ Date: \_\_\_\_\_ Terminated by: \_\_\_\_\_ Date: \_\_\_\_\_

**Keys Issued:**

Room(s): \_\_\_\_\_ Hook(s): \_\_\_\_\_ Key Number(s): \_\_\_\_\_

**Building Access:**

Access Approved \_\_\_\_\_ Denied \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

*Signature*

Revised: 10/13/2023