

Access to McMaster Biophotonics Facility Procedure

1. Print out training summary from MOSAIC with required completed training (WHIMIS, FHS Fire Safety, BSL2, Laser Safety).
2. Obtain access form (attached below) and fill out. Forms are also available on the door of HSC 4N54.
3. Give access form and training summary to Mina Falcone 905-525-9140 ext. 22672, falconem@mcmaster.ca
4. Get access form signed by Dr. Traunt (HSC 4N54) as well. Mina will do this for you.
5. Visit HSC 4N54 and read the Work Alone Policy. Add your signature to the binder containing the policy.
6. Once signed, take access form to Katie Raposo (HSC 4N59). She will provide a form that you will have to take to Human Resources (HSC 2J1A).
7. However, HR is only open on **Tuesdays from 9 am to 12 pm**. On a Tuesday, provide HR with the form and they will provide you with an access card to MBF.
8. After visiting HR and obtaining an access card, email Katie Raposo (raposk2@mcmaster.ca) with the last 5 digit number/code on the back of the access card.

McMaster Biophotonics Facility: User Access Form

- Swipe cards allowing facility access are available for users at the discretion of the Facility Management
- Facility policies are available on our website and in HSC 4N53
- Please note that it is the responsibility of all users to be familiar with these

Website: www.facebook.com/mcmasterbiophotonicsfacility

Instructions:

1. Fill out form
2. Bring completed form (with MOSAIC printout ^{WHMIS confirmation}) to our lab
 - Look for Mina or Claudia: Read "Working Alone Policy", sign spreadsheet
 - Obtain signatures (note: Facility Safety Officer = Mina/Claudia/Jianrun)
3. Bring to Katie Raposo in Biochem Office (HSC 4N59)
 - a. If with existing card-key access: give 5 digits to Katie
 - b. If without existing card-key access: get authorization form from Katie (Lorraine will sign) and take to Human Resources Tuesday between 9-12 (HSC 2J1A)

First Name: _____ Last Name: _____ Student Number: _____

Email: _____ Work Phone #: _____

Primary Institution: _____ Department: _____

Lab/Association: _____

Reasons for usage: _____ Intended duration of usage: _____

Administrative Use Only

WHMIS Training Signature: _____
 Facility Safety Officer

Facility Manager Signature: _____
 Ray Truant

Policy?

Working alone policy?

MOSAIC printout?