

Hazardous Waste Management

CARD ACCESS REGISTRATION FORM – Wong Bldg. WASTE ROOM 3280

| Last Name | First Name |
|--------------|------------------|
| Department | Room |
| Phone number | McGill ID Number |

| New Application: | | Requesting Changes: | |
|------------------|-----------|---------------------|--------|
| | | | |
| STATUS | FULL TIME | PART TIME | CASUAL |
| | | | |
| Staff | | | |
| Post Doc. | | | |
| Graduate Student | | | |
| Undergraduate | | | |
| Student | | | |
| Technician | | | |
| | | | |
| Other (specify) | | | |

| Access required from: / / To: | / / | | |
|---|-----------|--|--|
| Approval of Supervisor | | | |
| Approval of Waste Management Program: | | | |
| PLEASE READ THE FOLLOWING CAREFULLY AND SIGN | | | |
| I understand that I will be held solely responsible for any individual(s) I let into the M.H.Wong Building Waste room #3280 via the automated Card Access System. | | | |
| agree to abide by all guidelines and procedures for access to the waste room. | | | |
| Signature of Applicant | Date: / / | | |

PLEASE INCLUDE A PHOTOCOPY OF YOUR MCGILL ID CARD and return to kim.bray@mcgill.ca or Fax: 514-398-4633/ McIntyre Bldg., #129/ Tel: 514-398-5066