



Hazardous Waste Management

CARD ACCESS REGISTRATION FORM – McINTYRE BLDG WMP ROOM 128

Last Name	First Name	
Department	Room	McGill ID Number
Phone number		

New Application: <input type="checkbox"/>		Requesting Changes: <input type="checkbox"/>	
STATUS	FULL TIME	PART TIME	CASUAL
Staff			
Post Doc.			
Graduate Student			
Undergraduate Student			
Technician			
Other (specify)			

Access required from: / /	To: / /
Supervisor approval signature:	
Print name:	
PLEASE READ THE FOLLOWING CAREFULLY AND SIGN	
I understand that I will be held solely responsible for any individual(s) I let into the McIntyre Medical Building room 128 via the automated Card Access System. I 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