



Hazardous Waste Management

CARD ACCESS REGISTRATION FORM – McINTYRE BLDG HWM ROOM 128

Last Name	First Name	McGill ID Number
Department	Room	Phone number
Proxy card number		

New Application: <input type="checkbox"/>		Requesting Changes: <input type="checkbox"/>	
STATUS	FULL TIME	PART TIME	CASUAL
Staff			
Student			

VALID (3 years) training certificate required to access the Hazardous Waste facility			
WHMIS	Yes <input type="checkbox"/>	Date certified / /	No <input type="checkbox"/>
Hazardous Waste Management & Disposal	Yes <input type="checkbox"/>	Date certified / /	No <input type="checkbox"/>

Access required from: / /	To: / / (MAX 3 years)
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Supervisor approval signature:

Supervisor 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 Hazardous Waste Management facility, and to keep my training record (WHMIS, Hazardous Waste Disposal) up to date.

Signature of Applicant	Date: / /
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PLEASE INCLUDE A PHOTOCOPY OF YOUR MCGILL ID CARD
/ Tel: 514-398-5066 / email: HWM@mcgill.ca