



Hazardous Waste Management

CARD ACCESS REGISTRATION FORM – McINTYRE BLDG HWM ROOM 128

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

| | | |
|--------|--------------------------------|----------------------------------|
| STATUS | Staff <input type="checkbox"/> | Student <input type="checkbox"/> |
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| Access is granted for a maximum of three years providing certification for WHMIS AND HWMD is valid throughout the requested access period | |
| WHMIS | Date certified DD / MM / 20__ |
| Hazardous Waste Management & Disposal | Date certified DD / MM / 20__ |
| Access required from: DD / MM / 20__ | To: DD / MM / 20__ (cannot exceed 3 years past the earliest date certified above) |

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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, <u>and to keep my training record (WHMIS, Hazardous Waste Disposal) up to date.</u> | |
| Signature of Applicant | Date: DD / MM / 20__ |

PLEASE INCLUDE A PHOTOCOPY OF YOUR MCGILL ID CARD
Tel: 514-398-5066/ email this form and ID card to: hwm@mcgill.ca