## FACULTE DES SCIENCES DE LA VIE - FSV



## ACCESS REQUEST FORM TO THE SV SCHOOL BUILDINGS AND LABORATORIES WITHOUT BIOHAZARDS AND RADIOACTIVITY

## **APPLICANT INFORMATION**

PLEASE FILL IN THE FORM IN CAPITAL LETTERS	
Date:	Sciper #:
Name:	First name:
Position/status:	Faculty/School:
Unit:	_ Line manager of applicant:
INVITING UNIT AND REQUIRED	ACCESS
Core facility / Inviting unit:E	BIOP
	Building \( \bigotimes \) Al Building \( \bigotimes \) AAB Building \( \bigotimes \) PSV unit automatically receive general access to the SV-AI-AAB buildings, the present form.
radioactivity labs.	om(s)*:access request form when requesting an access to biohazard or
ACCESS VALIDITY AND SCHE	DULE RESTRICTIONS
From:	to*:
Desired access schedule*:	<b>○</b> 7h/19h (Monday to Friday) **• 24h/24 – 7d/7
	nted for an unlimited time period and 24h/24 to all <b>SV personnel</b> , PhD eption of interns). All core facilities may require that a limited schedule or a d to their premises.
	er EPFL Schools or departments, external companies, etc.) will receive ximum with the restricted schedule (renewable). It is possible to request istification here below:
** Mandatory justification 24h	n/24 – 7d/7 (for non FSV personnel or to access core facilities):
SIGNATURES AND VALIDATIO	NS
Applicant: _	Date*:
Line manager of applicant:	Date*:
ead of the facility or inviting unit:	Date*:
Head of infrastructures:	Date*:  * Date is mandatory