

HINTON STATE LABORATORY

Attachment #E: Security Access Form FAC06-01-14

Security Access Form for William A. Hinton State Laboratory Institute DCAMM Campus, Jamaica Plain Personnel

Request for: New personnel / Change information / Replacement: access card parking tag / Terminate

1. Employee Information

Security access card no: _____

First name	Last name	Supervisor (print full name)	Supervisor phone
Employment type (check one):			
<input type="checkbox"/> Employee		<input type="checkbox"/> Contractor/Consultant	
<input type="checkbox"/> Temporary Staff			

JP Campus Start Date

2. Employer Information

Mass. Dept. of Public Health (MDPH):	DCAMM:	UMASS Medical School:	Other:
Bureau of Infectious Disease (BID)	Administration	Administration	
Bureau of Laboratory Sciences (BLS)	Facilities	Biologics	
Bureau of Environmental Health (BEH)	Housekeeping	IT Services	
Other:	IT/ Phone Services	Newborn Screening	
	Security	Supranational TB Lab	
	Other:	Other:	

List specific work location information:

Division	Area	Sub Area	Room no.	Phone number
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3. Building Access

4. Parking Access

Access required- select building(s): <input type="checkbox"/> Tower <input type="checkbox"/> Stable <input type="checkbox"/> Biologics	If you require a parking tag for the JP Campus, complete the information below and provide a copy of your automobile registration to the DCAMM Security Dept. at Front Desk:	
If your work requires you to have access to any of the following secure areas on a routine basis, select the appropriate location(s):	Automobile #1	Automobile #2
Tower- 1 st MDPH BLS Specimen Receiving	Reg#:	Reg#:
Tower- 3 rd Floor East (Rooms 301-348)	Make:	Make:
Tower- 3 rd Floor West (Rooms 353-388)	Model:	Model:
Tower- 4 th Floor East and West (Rooms 401-488)	Permit#	Permit#
Tower- 7 th Floor East and West (Rooms 701-798)		
Tower- BT Event Doors (3 rd East, 4th East/West, 7th East/West Secured/Restricted Access Rooms (Est each):		

5. Key and Locker Requests No keys issued to employee No locker issued to employee

The employee requires a locker. The employee was assigned locker number: _____ in Room _____

In addition to their primary room number, the employee will require keys to the following rooms:

1.	2.	3.	4.
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Keys Issued (completed by DCAMM Security Dept.)			
Key#	Key#	Key#	Key#
Date:	Date:	Date:	Date:

Keys returned (completed by DCAMM Security Dept.)			
Key#	Key#	Key#	Key#
Date:	Date:	Date:	Date:

Keys not returned (completed by DCAMM Security Dept.)			
Key#	Key#	Key#	Key#

6. Approval (Employee's Supervisor)

Print name	Signature	Date
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