## After-Hour Access Request Form

The flow cytometry facility is a shared resource used by many different laboratories. Flow cytometers and their peripherals are expensive and any downtime caused by careless or faulty operation can adversely affect numerous research projects. The UCLA Flow Cytometry Facility permits after hour access only for experienced, reliable users who have demonstrated skill in the operation of the instrumentation.

## Use Policy

Laboratory PI:

- 1. Only graduates of the flow cytometry classes conducted by the Core facility who have demonstrated proficiency in running samples are allowed access to the analyzers outside the regular operational hours of the facility. We do not permit use of the instruments by users who were not trained directly by Core personnel.
- Key card access is only given to the individual user, not to user laboratories. It cannot be extended to other researchers who are not authorized to enter the core facility.
- Users are responsible for proper instrument operation and shutdown. Improper handling of the instrumentation can result in revocation of access privileges.
- 4. Users are responsible for accurate reporting of their use time. Failure to do so can result in revocation of access privileges.

Phone number:

5. After-hour entry to the core acility is only through key card access and users are not permitted to open the door to provide access to others during their after hour use.

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Date:	Signature:	
User (Full Name): Phone number: Reason for requesting after hour access:	Employee ID#	
Term of request:		
I hereby acknowledge that I have read the after hour use policy.		
Date:	Signature:	

## FACTOR BUILDING KEY/CARD ACCESS REQUEST FORM

Turn in completed and signed forms to the JCCC Front Desk located at 8-684 Factor

NAME:		DA	TE:
DEPARTMENT:		CA	MPUS PHONE:
EMAIL:			
CLASSIFICATION (Fa	iculty, staff, student, wor	k study, volunteer, etc.):	
ROOM(S) FOR WHIC	H ACCESS IS REQUES	TED:	
HAVE YOU RECEIVE	D APPROPRIATE TRAI	NING? (EH&S, MWM, etc. for lab/equ	uipment rooms only):
CHECK LEVEL OF AC	CCESS (for card acces	s only):	
	(24/7) D (7AM-7PM, 7 DAYS A M-7PM, MON-FRI)	WEEK)	
BUILDING ACCESS N	IEEDED? (Y/N):	BRUINCARD ID # (for buildir	ng access only):
SUPERVISOR:		CA	MPUS EXTENSION:
PRINT FACULTY NAM	ME (ex. PI):		
FACUTLY SIGNATUR	E:		
(Note – Only Faculty	Members are authorize	ed to sign for access unless prior ap	pproval is given.)
	ccess cards shall NOT be De RETURNED TO THE	e loaned. JCCC upon request, termination or tra	ansfer to another department.
SIGNATURE OF EMP	LOYEE:		
In an effort to mainta	in security, please rem	ember:	
<ul><li>If you are giv</li><li>Keys of sepa</li><li>Please note t</li></ul>	rated employees must b hat those who require so	er an exception to the policy, DO NOT are returned to the JCCC. Keys should r	
	D FABRICATION, DUPI IFORNIA IS A MIDEME.		F KEYS TO PREMISES OWNED BY THE
FOR OFFICE USE ON KEY(S) #:			
CARD ACCESS:	☐ LOCKNETIC	□ OMNILOCK	
PROCESSED BY:			
DATE KEV(S) RECEIV	/FD·	DATE KEV(S) RETII	PNED: