UNL Animal Care Program
Facility Access Request Form

INSTRUCTIONS: Please complete ALL listed fields to ensure your access to the animal facility can be processed in a timely manner. Email completed form to: Jessica Jones jjones12@unl.edu.

FOR APPLICANT TO COMPLETE

Name:_____ NU ID #:_____

Email:_____

Role: ☐ UNL Faculty/Staff ☐ UNL Student ☐ Outside Collaborator

Name of Principal Investigator (PI):_____

NOTE: The following requirements must be completed prior to having facility access granted:

- General Regulation Training (GRT)
- Occupational Health and Safety (OHS) Form
- Anesthesia training (if applicable)
- Listed on appropriate IACUC protocols (for your PI/supervisor to complete)
- Facility Orientation

Select all locations where you are requesting access:

☐ Life Science Annex

- ☐ Men's locker room (for individuals who identify as men or transgender/nonbinary) *
- ☐ Women's locker room (for individuals who identify as women or transgender/nonbinary) *

☐ Manter Hall

☐ BSL-3 (additional mandatory training is required)

** Individuals are encouraged to use the restroom/locker facilities that are appropriate for their gender identity.*

FOR PI (or designee) TO COMPLETE

IACUC Protocol Number(s):_____

Access Times: ☐ Normal Working Hours (6:00 AM – 6:00 PM; 7 days/week)
☐ All Hours (24/7)

Include on daily care emails from ACP Staff/LAMS: ☐ Yes ☐ No

PI/designee signature:_____ Date:_____
