

FOB Request Form For DB440 Facility

You must be an authorized user to access DB440.

_____ who is a
Name (PLEASE PRINT)

- Undergrad
- Graduate
- Visiting Graduate Student (IVGS)
- Postdoc
- Staff (specify)

How long will you require access for? _____

Is your PI a facility member? Do they have a CL2 permit? _____

In authorizing this FOB request, I have advised this student/post doc that he/she/they may not work in the lab unsupervised at any time. Furthermore, I understand that the safety of this student/post doc in the Lash Miller building is my responsibility. The online safety orientation must be successfully completed before FOBs are issued. The FOB holder must agree to abide by the policies and procedures of the University of Toronto including [the code of academic behavior](#) and [ethical conduct in research](#) and return the FOB as soon as the appointment has ended. **If a FOB is lost, a \$25.00 deposit is payable to replace the lost FOB.**

Professor's Signature Professor's Name Date

Student's Signature

(\$25.00 per FOB)			
Deposit Paid	_____	Deposit Returned	_____
Received by	_____	Returned by	_____
Date	_____	Date	_____