

KEY REQUEST FORM

Name: _____ Department: _____ Faculty Advisor: _____

Empl ID: _____ Key(s) return date: _____ Email: _____@calpoly.edu

REQUESTOR: Complete the “reason for access” field for EACH lab you are requesting access to avoid denial.

FACULTY: By signing below, you are certifying the requestor needs access to these facilities for academic work/research and are trained in the proper PPE and safety guidelines for these labs.

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE Sample Prep	41A-204	e-Key		
Approver: Dr. Trevor Harding			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE Corrosion Lab	41A-205	e-Key		
Approver: Dr. Trevor Harding			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE SEM Lab	41A-206	e-Key		
Approver: Dr. Trevor Harding			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE DSC & FTIR	41A-207	e-Key		
Approver: Dr. Seamus D. Jones			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE XRD & XRF	41A-208	e-Key		
Approver: Dr. Mohsen Kivy			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
MATE Heat Treatment Lab	41B-143	117DA2		
Approver: Prof. Eric Beaton			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
Rough Sample Prep Lab	192-201	119FA7		
Approver: Dr. Thale Smith			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
DMA/SDTA/3D Printing Lab	192-202	119FA3		
Approver: Dr. Trevor Harding			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
Electronic Materials Lab	192-210	119FA5		
Approver: Dr. Nicole Johnson-Glauch			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
Mechanical Testing Lab	192-211	119FA6		
Approver: Dr. Joel Galos			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
Metallography Lab	192-212	119FA7		
Approver: Dr. Thale Smith			Signature:	
☐ Declined due to:				

LAB NAME	ROOM #	KEY SERIES	REQUEST ACCESS	REASON FOR ACCESS
Advanced Manufacturing Lab	192-103	119FA4		
Approver: Dr. Thale Smith			Signature:	
☐ Declined due to:				

NOTES/COMMENTS ABOUT THIS REQUEST:

LAB RULES AND PROCEDURES

- Violation of these policies can result in the revocation of your key privileges.
- Hours for accessing the MATE labs are limited to **8:00 AM to 5:00 PM Monday through Friday**. You must receive permission to work outside of standard working hours.
- MATE lab and equipment reservations can be made by sending an email request to your faculty advisor.
- ANY time you are in a lab, you **MUST** always work with a buddy.
- ANY time you are in a lab, you **MUST** wear the appropriate Personal Protective Equipment. Your advisor will train you as to the proper level of protection required i.e. gloves, goggles, long pants and/or lab coats.
- You must follow protocols and perform research approved by your advisor.
- You must get permission from your advisor to leave an experiment unattended or overnight. The experiment must be labeled with your name, contact information, contents, and date. Additional signage on the lab door may be needed to warn others of an ongoing experiment.
- Do not use your key to allow anyone access to the lab. The key is for your use only. You may not leave the door unlocked or propped open when you are not in the lab.
- No food or drink in any MATE lab.
- Keep your work area neat and clean. Clutter creates accidents. A dirty lab is an unsafe lab. Dispose of hazardous waste according to your Safety Protocol.
- If you injure yourself in the lab, tell your advisor immediately.
- Learn the locations of safety equipment. Eyewash stations are especially important because you may need one suddenly.
- You must report any lost keys to the MATE Department Office immediately.
- You may have a hold placed on your student account if you fail to return the key(s) by the above due date.

By signing below, I confirm that I have read and will comply with the above policies.

Requestor Signature: _____ Name: _____ Date: _____

By signing below, you are certifying the requestor needs access to these facilities for academic work/research and are trained in the proper PPE and safety guidelines for these labs.

Faculty Advisor Signature: _____ Name: _____ Date: _____

By signing below, you authorize the release of the above listed key(s) to the requestor.

Department Chair Signature: _____ Name: _____ Date: _____

