



SECURITY ACCESS CARD AND KEY ISSUE/RETURN

SECTION 1: APPLICANT INFORMATION:

Please note: Forms will NOT be processed unless all details on this form are complete.

In signing this form I understand that it is my responsibility to:

- Ensure all Access Cards and keys are kept safe and secure.
- Return the Access Card and keys to HMRI Security when ceasing employment or study or other activity for which the Access Card or key(s) have been provided, or if requested by HMRI Security.
- Report the loss of any Access Card or key to HMRI Security or the HMRI Duty Security Officer immediately.
- I acknowledge that the Access Card or key(s) issued to me may be part of a Security or Master Key System (MKS). The loss of the Access Card or key may expose a significant part of the security system or key hierarchy to breach. I acknowledge that should such breach occur, I may incur costs.
- I must not assign or loan my Access Card or key(s) to any other persons and that I must not obtain or attempt to obtain key duplicates.

First name:	Surname:	
Title: Dr/Prof/Mr/Ms/Miss:	Position:	
Email:	Employer:	
Phone: (Mobile)	Phone (Work)	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>
Uni Number plate OR Student Number:	Employment: Full-time OR Part-time: If part-time, FTE equivalent (eg. 0.6)	
Supervisor:	If a visiting academic/casual employee, what is your end date:	
Will you be accessing the HMRI Carpark: Yes <input type="checkbox"/> No <input type="checkbox"/>		
If accessing the HMRI carpark, please indicate the following vehicle details:		
Make of car:	Model:	
Registration:		

SECTION 2: BUILDING LOCATION INFORMATION

Will you be located in the HMRI Building? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what Level? (eg. Level 3 West)	Workstation Number (eg. 3-174)
If not located in the HMRI Building, what is your office location:		
Access Required: Access Card: <input type="checkbox"/> Key <input type="checkbox"/>	What other areas do you require access to? (eg. Lab, Bio)	

SECTION 3: AUTHORISER ACCESS APPROVAL

Authoriser Name:	Authoriser Signature:
	Authoriser Phone:
Card/Key Received: (sign)	Date Received:

HMRI SECURITY TO COMPLETE	
<u>INDUCTIONS COMPLETED:</u>	
Building: Yes <input type="checkbox"/> No <input type="checkbox"/>	Photo ID sighted: Yes <input type="checkbox"/> No <input type="checkbox"/>
Lab: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Photo type (License/Passport):
Clinical Trials: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Sighted by: (Security Officer to sign):
Bio resources: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
MRI Imaging: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

SECTION 4: HMRI SECURITY APPROVAL – ISSUE OF SECURITY ACCESS CARD AND/OR KEYS

Security Officer Name:	Signature:	Date:
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SECTION 5: RETURN OF SECURITY ACCESS CARD/KEY

Cardholder Name:	Signature:	Date:
Security Officer Name:	Signature:	Date:

SECTION 6: KEY AUDIT OF KEY ISSUED (SECURITY USE ONLY)

AUDIT OF REMAINING COPIES OF KEY THAT HAS BEEN ISSUED ABOVE.

KEYS REMAINING: _____

NOTE: a minimum of one (1) key to be retained at all times