

## USER FORM: Facility Access Request

---

*Complete and return this form to the appropriate ADL staff AFTER completing all prerequisite training for the ADL-managed facilities you wish to access.*

### SECTION I: USER INFORMATION

Name	
Email	
Dept. / Org.	

### SECTION II: PREREQUISITE TRAINING

---

**I have completed the following training:**

RCF Orientation

BU Lab Safety

Bloodborne Pathogens (BBP)\*

### SECTION III: FACILITY ACCESS

---

**I request card access to:**

Materials Science Core Facility (MSCF)

Health Sciences Core Facility (HSCF)\*

Surface Science Core Facility (SSCF)

Nanofabrication Laboratory (NLAB)

**User Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*HSCF access requires Bloodborne Pathogen (BBP) Safety Training due to BBP exposure risks.

*Updated — October 28, 2024*