MatSE SWIPE ACCESS FORM FOR STEIDLE BUILDING

Name: ___________________________  PSU ID#: ___________________________

PSU EMAIL: ______________________  Major: _____________________________

Status (Circle) Faculty, Undergrad Student, Graduate Student, Post Doc, Wages, Visitor

*Other (please explain): ________________________________

Faculty Research Advisor must sign other side of form and initial next to each room requested below.

***Access will be denied if all appropriate signatures and initials are not obtained and Safety/EHS trainings are not completed and updated yearly.

<table>
<thead>
<tr>
<th>Faculty Initials</th>
<th>Room Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>116 Learning Lab</td>
<td>Steidle Building</td>
</tr>
<tr>
<td>2nd Floor Hall Access</td>
<td>2nd Floor Hall Access</td>
</tr>
<tr>
<td>3rd Floor Hall Access</td>
<td>4th Floor Hall Access</td>
</tr>
<tr>
<td>104 Environmental Chamber (Colby)</td>
<td>112/112-B Bio-Nano/Bio-Imaging- [IRB Approved Yes/No] (Adair, Zarzar)</td>
</tr>
<tr>
<td>113/113-A Bio Chemistry- [IRB Approved Yes/No] (Adair, Zarzar)</td>
<td>118 Additive Manufacturing (Hickner)</td>
</tr>
<tr>
<td>125 Furnace Lab (Hickey, Mauro)</td>
<td>218 Structural/Processing Lab (Adair, Beese, Kupp, Messing, Mauro, Maria, Priya)</td>
</tr>
<tr>
<td>301 Computation Lab</td>
<td>318 Polymers Lab (Chung, Colby, Gomez, Hickey, Hickner, Kim, Manias, Zarzar)</td>
</tr>
<tr>
<td>418 Energy Lab (Gomez, Hickey, Hickner, Kim, Manias, Zarzar)</td>
<td>Lab Equipment Training and Dr. Kupp’s signature needed for labs below.</td>
</tr>
<tr>
<td>102, 126, 128 Undergraduate Instructional Lab/Optical Microscopy/Metallography</td>
<td>105 Advanced Microscopy</td>
</tr>
<tr>
<td>117 Advanced Materials Processing Lab</td>
<td>124 Thermal Analysis Lab</td>
</tr>
</tbody>
</table>

Dr. Kupp's Signature: ___________________________  Date: ___________________________

KEYS ISSUED

<table>
<thead>
<tr>
<th>BUILDING/FACILITY NAME</th>
<th>Room Number</th>
<th>Key Code</th>
<th>SERIAL #</th>
<th>DATE ISSUED</th>
<th>INITIALS</th>
<th>DATE RETURNED</th>
<th>INITIALS</th>
</tr>
</thead>
</table>

OFFICE USE ONLY

MatSE SAFETY EXAM DATE_________________________  EHS INITIAL/REFRESHER EXAM_________________________

ACCESS DATE_________________________  ACCESS REMOVED DATE_________________________

Form Updated - 8/18/18
FACILITY ACCESS AUTHORIZATION REQUEST

PURPOSE: To grant authority for an individual to access University locations during times when those locations are locked. Such authority acknowledges that the individual to whom access is assigned has the authority and the functional responsibility to enter those locations. The person to whom access is being granted must read and agree to comply with policy AD68 prior to receiving the access requested. This form is administered by the Access Coordinator, who will record the approval of such access requests and maintain this document in their files.

REstrictions: • This facility authorization grants access only to the Requestor named on this form.
• Access is limited to the areas approved on this form.
• Access is restricted to the specified and approved days and times.
• Access to the facility will be for the approved purpose and by the approved means as determined by the Access Coordinator.
• Non-employees require a University-employed sponsor, and can only request temporary access. Sponsor is responsible for all non-employee keys/ACDs.

LOST OR STOLEN KEY/ACDS: • The loss of a key/ACD must be reported immediately to the Access Coordinator by the individual to whom the key/access card has been issued. Completion of a new form will be required.

Access Changes: • If access needs to be changed from those which have been granted herein, the said individual will notify the Access Coordinator for completion of a new Facility Access Authorization Request.

Name of Requestor (Print): ___________________________________________
PSU-ID / Driver License #: ___________________________ Phone Number: __________ Email: __________________________

Department / Company: ___________________________________________
Name of Immediate Supervisor /Faculty Sponsor (Print): __________________________
Name of Next Level Manager, if Required (Print): __________________________

Area(s) Requestor Needs Access To: Office/Room number _______________________
Keys Issued or Swipe Access Requested See Back of Form _______________________

Justification for Access: __________________________________________

[Duration of Access Required] [ ] Permanent [ ] Temporary [ ] Start Date ______________________ [ ] End Date ______________________

Days/Times Access Is Required: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday [ ] Saturday [ ] Sunday ______________________
From: ______________________ [ ] To: ______________________

AD68 ADVISEMENT STATEMENT: As specified in Policy AD68, all keys and access credential devices (ACDs) requested are the property of Penn State and may not be duplicated by any faculty, staff, student or non-employee. Duplication of keys/ACDs, or possession of duplicate keys/ACDs, will result in referral to the Office of Student Conduct (students) or the Office of Human Resources (all others) for the appropriate sanctions. When appropriate, criminal sanctions under fraud and counterfeiting statutes may also result. In the event that an individual’s access requirements change, the individual will be required to notify their area Access Coordinator and make the appropriate changes, including the return of their keys/ACDs, and/or changes to their access credential clearances, as applicable. These circumstances can include, but are not limited to: (1) access changes in their current area of employment (2) leaving the University, or (3) accepting employment in a different area of the University. Lost keys/ACDs will be reported to the University Access Controller as defined in Procedure SY2001. Recovery costs will be charged to an individual’s department for each lost or unreturned key (including keys to leased properties) and/or access credential devices issued by the University. In addition, recouping costs may also be charged as defined in Procedure SY2001. The Access Coordinator, University Access Controller and responsible budget executive will assess the vulnerability of areas compromised by the lost key/ACD, and determine whether the area(s) need new cores/access devices installed.

APPROVALS:
I concur with this request, affirm that the Requestor has been advised of policy AD68, and have provided a copy if requested. __________________________

[Signature of Supervisor /Faculty Sponsor] __________________________
Signature of Next Level Supervisor /Manager (where required) __________________________

[Date] __________________________

I concur with this request for access. __________________________

[Signature of Access Coordinator] __________________________
Approved Access Device is (determined by Access Coordinator) [ ] Key [ ] ACD __________________________

ACCEPtANCE: I have been advised of Policy AD68, and am aware of my responsibilities in requesting access. In accepting keys and/or ACDs from the Access Coordinator, I agree to comply in full with the terms specified above and all related University policies. __________________________

[Requestor Signature] __________________________

[Date] __________________________