

Request Sheet for Swipe Card and Keys

Name:

Signature

Card ID no: Card expire: DD MM YY

Position: UG PG PD

Status: TEMPORARY PERMANENT

Duration of temporary staff: DD MM YY

PI/Supervisor:

1. Swipe Access Areas Requested:

4th floor

PI's Signature:

L -1 Corridor

PI's Signature:

MRI 3T

PI's Signature:

PP's Signature:

MRI 7T

PI's Signature:

PP's Signature:

2. Key Requests

Room No: *PI Approval Signature*

MRI rooms: EEG *PI Approval Signature*.....

PI Approval Signature

PP's Signature:

PI Approval Signature

PP's Signature:

PI Approval Signature

PP's Signature:

3. MRI Safety Video: I,, confirm that I've seen and understood MRI safety video.

Applicant's signature.....

Radiographer's signature.....