DAYTIME HOURS ACCESS AUTHORITY (Issued without alteration)

Permission
This is to certify that (First Name) ____________________________ (Last Name) ____________________________
of (School) ____________________________ whose signature and student number appear below has
permission to be in Building____ Room/Lab __________ for the period (commencement date) ______________ to
(cessation date) ______________

PERMISSION CEASES TO APPLY AFTER THE CESSATION DATE ABOVE

Lab Use
- Reason access is required? ________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

- If you are using equipment in this area, has full training been completed (copy of induction
acknowledgement to accompany authority application)?  ☐

- This authority only applies to use of the equipment described below

Description of equipment to be used ________________________________________________________
Risk rating  ☐ Low  ☐ Medium  ☐ High

Acknowledgement of Authorisation

The Bearer of this authority is reminded that they must carry this authority with their Student Identification Card
otherwise this authority will have no effect. Any authorised person may remove from any University building any
person who does not show proper authority as described or who does not have authority to be upon University
premises or who is trespassing. An authorised person may apprehend and deliver to the Police any person found
committing an offence against the Enclosed Lands Act, 1901, as amended or who is committing a criminal offence.

I have read and understand all of the above conditions.

Bearer’s Signature ____________________________ Student No. ___________________ Date __________

Authorising Officer Details

Appropriate Training Officer
Name ____________________________ Phone No. __________ Signature ______________ Date __________

Academic Supervisor
Name ____________________________ Phone No. __________ Signature ______________ Date __________

Operations Manager on behalf of Head of School
Name ____________________________ Phone No. __________ Signature ______________ Date __________