

# PLEASE READ BEFORE COMPLETING FORM

Hi everyone

We have made a couple of changes when requesting the issue of keys and swipe cards for all **Staff, Students and Visiting Guests**.

Please ensure that the key form is filled out **on both sides**.

Please log into Learning@Griffith and complete the relevant Workplace Health & Safety courses. Then print your certificates and attach to this form before submitting for authorisation by the Head of School

- **Health & Safety Induction**  
(to be completed at least once)
- **Annual Fire Safety Instruction**  
(to be completed annually)
- **Laboratory & Workshop Safety**

For instructions on accessing these courses please see:

<https://intranet.secure.griffith.edu.au/security-safety-emergency/griffith-safe-well/education-training>





**School of BPS  
Key Issue Authorisation Addendum**

This form is to be completed by all BPS staff and students requesting key & swipecard access.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**This section is to be completed by all staff and students requesting key/swipecard access to any type of space.**

**Student/Staff member to complete:**

I have completed the relevant online training modules available through Learning@Griffith\*

**Health and Safety Induction** (to be completed at least once)

**Annual Fire Safety Instruction** for the current year (must be completed annually)

If you have not already provided copies of these certificates to the School, please attach to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For access to laboratories or workshops, the following section must also be completed by you and your supervisor.**

**Student/Staff member to complete:**

**Laboratory/workshop access required:** \_\_\_\_\_

I have completed the **Laboratory & Workshop Safety** training module available through Learning@Griffith\*

If you have not already provided a copy of this certificate to the School, please attach to this form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supervisor to complete:**

**Name:** \_\_\_\_\_

I can confirm that the above person has completed the necessary safety induction procedures relevant to their use of this space.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*For instructions on accessing the Workplace Health and Safety courses, please see <https://intranet.secure.griffith.edu.au/security-safety-emergency/griffith-safe-well/education-training>