## 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-safetyemergency/griffith-safe-well/education-training



## Key Issue Authorisation Form Science, Environment, Engineering & Technology

THIS FORM IS TO BE USED FOR KEYS & SWIPECARDS ISSUED BY THE STS STORES

KEY RECIPIENT DETAILS							
First Name:		(please p				(please print)	
D Number: E-mail Address:							
Extension: School / Element:							
Completion Date: Supervisor's Name							
Uni Status: Permanent Other RHD Honours/ Masters Other (please specify) Staff Staff Student Coursework Student							
Local Home Address:	Phone:						
	Mobile:						
Overseas Address:							
I agree to maintain issued keys as securely as possible; to notify STS promptly of any lost keys/cards; to return all issued keys/cards to STS when on extended leave or having completed studies or ceased employment and that I will comply with the University's Workplace Health and Safety policies in regards to the use of this space. I am also aware that I will be required to present the keys/card provided to an authorised GU staff member as requested as part of the annual key/card audit process.							
Signature: Date:							
		KEY/ELEC	TRONIC ACCE				
Room K Number Building * *	Xey Return Date <del>*</del>	Access (desk or resources) <del>米</del>	OF Key /Swipecard Number	FICE USE ONLY	Hook	Recipient's Signature	
ELEMENT AUTHO	RISATION (S	Section below	v and those marked	with <b>*</b> above MUST b	e complet	ted by Element)	
ELEMENT AUTHORISATION (Section below and those marked with * above MUST be completed by Element)      Name:							
This person has completed the necessary safety induction procedures relevant to their use of this area?							
I am aware that my Element may be responsible for the replacement costs of any access cards/keys and ensuing lock changes if items issued to this person are lost.							
Signature: Date:							
STS AUTHORISATION (Required from STS Supervisor or Technical Manager prior to key issue)							
Signature: Entered into STS Space/Key Database Initials:							
					G16_1.18 (x28569) M09_1.106 (x55607)		



## 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 in their use of this space.	induction procedures relevant to					
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