

Locked Bag 1797
Penrith South DC NSW 1797 Australia



Office of Research Services

PERSONNEL AUTHORISATION TO PC2 FACILITY FORM

Details of person requiring access:

Name	School	Contact details	Staff/student/Other

Reason for access and project associated with (provide title) and BRSC Approval Number (where relevant):

Laboratory Location access details:

Campus	Building number	Lab room number

I have been trained in OGTR requirements and PC2 practices.

Date of training: _____ Name of trainer: _____

I have read and understood all of the PC2 practices pertaining to OGTR certified facilities.

I will comply with all of the practices at all times when working in OGTR certified facilities.

Signature of person: _____

Date Access Granted: _____ **Expiry Date of Access:** _____

Issue date of keys: _____ **Return date of keys:** _____

Signature of Authorising Officer: _____

Printed Name of Authorising Officer: _____