

PLEASE READ THIS BEFORE BEGINNING YOUR APPLICATION FOR  
KEY CARD ACCESS TO THE CLARK CENTER

*If you already have a Stanford School of Medicine badge:*

Access to Clark can be added electronically to your existing badge once we receive all of the application information below. Please include photos of both the front and back sides of your School of Medicine badge with the rest of your application materials.

*If you do not yet have a School of Medicine badge:*

Please complete your access application per below. You will receive an email when your form is signed and ready to be picked up from the Clark Center Facilities Office in S1.1.

*If you already have access to Clark, and need to renew your access or add a new area:*

Please send photos of both the front and back sides of your School of Medicine access badge, and a brief explanation of how long and/or where you will need access to Clark, to [clarkaccess@stanford.edu](mailto:clarkaccess@stanford.edu). Your PI will need to approve your access request before it can be processed.

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**1) Your principal investigator's signature is necessary on **BOTH** forms.**

When filling out the Health & Safety Course Advisor form, please make sure that you and your principal investigator sign the questionnaire and date it. Your principal investigator's signature is also needed on the application form.

**2) Please make sure the application form is complete.**

Ensure all requested information is included on the form—appropriate signatures, full name, email address, position title (e.g. 'postdoc'), department, office location, and your principal investigator's (PI) signature. **Submit all forms to [clarkaccess@stanford.edu](mailto:clarkaccess@stanford.edu).**

**3) Take a screenshot or save a PDF of all completed training records**

Please save documentation (e.g. a screenshot) of all your completed training records, or of the Axess STARS All Learning page showing your completed courses (and your name) before submitting your form for an authorized signature for access to Clark.

**4) You will need certification of completion for the following:**

- General Safety EHS-4200\*\*
- Computer Workstation Ergonomics EHS-3400\*\*
- Chemical Safety for Laboratories EHS-1900
- Compressed Gas Safety EHS-2200
- BioSafety EHS-1500

(\*\*If you work in Clark South 2nd & 3rd floors, you are required to take General Safety **EHS 4200** and Computer Workstation Ergonomics **EHS 3400** ONLY)

Please note that any additional training(s) that your PI marks off on the Health & Safety Course Advisor also needs to be completed, with certification submitted.

**5) For those who need Clark Center Small Animal Imaging Facility access, you will need to obtain additional signatures.**

For **Small Animal Imaging Facility (SAIF)** **OR Animal Holding Facility**, please check the **Small Animal Imaging (SCi3) website** for additional course requirements and instructions to submit an access request. For SAIF access, your application will also need to be reviewed and authorized by Dr. Frezghi G. Habte ([fhabte@stanford.edu](mailto:fhabte@stanford.edu)).

**6) Visiting personnel must also submit:**

- A copy of the **completed [SU-18A](#)** Patent and Copyright Agreement
- A copy of the **departmental invitational letter** showing the length of scholar's visit, which must be signed by the department chair

*Please include both of these items with your other application materials above.*

**7) For undergraduate researchers:**

When requesting access, you must identify your **laboratory chaperone**, who needs to be included on all emails about your access request, and must attest by email that they accept the responsibility to be present and accompany you in the laboratory at **all times**.

**8) For prospective applicants who are underaged and not employed by Stanford:**

Please contact [clarkaccess@stanford.edu](mailto:clarkaccess@stanford.edu) for further instructions.

**For all applicants:**

**\*ONLY your Principal Investigator's signature is acceptable on both forms.**

**You are responsible for keeping track of your card's expiration date, which will be listed on your form.  
You WILL NOT receive a reminder from our office.**

**Please Note: The processing of forms in the Clark Center can take up to at least 24 business day hours. It is not possible to "rush" processing.**

## STANFORD UNIVERSITY



## Health &amp; Safety Course Advisor

This document is designed to help identify appropriate safety training for Stanford staff, faculty and students. Trainees should complete this form and discuss the results with their Supervisor. After reaching agreement on the appropriate courses, trainees should follow the instructions to register for each of the required courses. Questions can be directed to the Clark Facilities Office (650) 724-3333.

Employee Name: \_\_\_\_\_ SU ID: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor (PI) Name: \_\_\_\_\_ SU ID: \_\_\_\_\_ Date: \_\_\_\_\_

**\*SMALL ANIMAL IMAGING FACILITY (SAIF) USE REQUIRES FREZGHI HABTE'S AUTHORIZATION. COMPLETE THIS FORM AND REVIEW ADDITIONAL INSTRUCTIONS ON THE [SCI3 WEBSITE](#).**

**\*SUPERVISOR/PI MUST REVIEW AND INITIAL THIS QUESTIONNAIRE & SIGN THE BACK OF THIS FORM**

1. Are you new to Stanford University or to the Clark Center?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-4200*
If YES, you need to take "General Safety and Emergency Preparedness", EHS-4200.		
2. Do you supervise employees (faculty, staff) and/or students?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-5400*
If YES, you need to take "Supervisor Health & Safety Responsibilities", EHS-5400.		
3. Do you routinely work on a computer for more than 1 hour per day?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-3400*
If YES, you need to take "Ergonomics, Computer Workstation", EHS-3400		
4. Does your work involve frequent lifting or carrying?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-1400*
If YES, you need to take Back Care "Ergonomics/Safe Lifting and Carrying", EHS-1400.		
5. Do you work with or around chemicals in a non-research setting?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-4300*
If YES, you need to take "Hazard Communication", EHS-4300.		
6. Do you work with human blood, blood products, bloodborne pathogens or other potentially infectious materials?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-1600*
If YES, you need to take "Bloodborne Pathogens", EHS-1600.		
7. Do you pack, ship, or complete documentation for shipment of dangerous biological goods?	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-2700*
If YES, you need to take "DOT: Shipping Biological Goods or Dry Ice", EHS-2700.		
8. Do you have contact with laboratories or laboratory hazards including chemicals, lasers, or radiation sources?	<input type="checkbox"/> yes <input type="checkbox"/> no	
If YES, continue to Section II and answer questions 9 through 16.		

\* Registration for this course is handled through the Stanford Training & Registration System (STARS) at <http://axess.stanford.edu>. Refer to the STARS registration guide if you need instructions on registering for courses in STARS. If you have no contact with laboratories or laboratory hazards, you may skip the rest of this questionnaire. Otherwise, please answer all of the questions in Section II as accurately as possible.

## Section II

### Questions for Users Exposed to Laboratory Hazards

If you DO have contact with laboratories or laboratory hazards including chemicals, lasers or radiation, answer questions 9 through 16 as accurately as possible.

9.	Do you work with or around chemicals in a research laboratory? If YES, you need to take "Chemical Safety for Laboratories", EHS-1900.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-1900*
10.	Does your lab work routinely involve repetitive tasks with laboratory equipment (e.g., frequent pipetting, long hours at a microscope)? If YES, you need to take "Laboratory Ergonomics", EHS-4800.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-4800*
11.	Do you work with or handle compressed gases or gas cylinders? If YES, you need to take "Compressed Gas Safety", EHS-2200.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-2200*
12.	Do you work with either a Class 3b or Class 4 laser or laser system? If YES, you need to take "Laser Safety Training", EHS-PROG-4820.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-4820*
13.	Do you work with radionuclide or radiation producing equipment? If YES, you need to take "Radiation Safety Training", EHS-5250.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-5250*
14.	Do you work with recombinant DNA and/or biological agents? If YES, you need to take "BioSafety", EHS-1500.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-1500*
15.	Do you use vertebrate animals or their unfixed tissues, blood or body fluids in your research? If YES, you need to take "Laboratory Animal Care and Use", VSC-0001.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take VSC-0001*
16.	Do other individuals in your lab work with radioactive materials? If YES, you need to take "Working Safely Near Radioactive Materials", EHS-5275.	<input type="checkbox"/> yes <input type="checkbox"/> no	↓ Take EHS-5275*

\*\*The "Life Sciences Research Laboratory Safety Training" course, EHS-4875, encompasses Chemical Safety, Compressed Gas Safety, and BioSafety and can be presented as valid training verification for these courses.

**After completing this questionnaire, review the results with your Supervisor to be sure that it accurately reflects your job responsibilities.**

**Note: Additional training may be necessary to address specific hazards associated with local equipment, processes, materials or circumstances. Discuss the need for additional training with your Supervisor.**

Supervisor (PI) Signature: \_\_\_\_\_ SU ID: \_\_\_\_\_ Date: \_\_\_\_\_

Small Animal Imaging Facility Authorized Signature (if needed) \_\_\_\_\_  
(Authorized to Sign: Frezghi G. Habte). Please leave this blank: Dr. Frezghi Habte will sign after this form is submitted via the [SCi3 Access Website](#).

**Stanford University Medical Center  
Photo Identification and CAS Access Maintenance Form  
PHOTO IDENTIFICATION INFORMATION**

**Hours: 9:00am - 3:00pm, M-F Phone: 650-498-6290 Fax: 650-723-2881 photoid@stanfordhealthcare.org**

<b>Legal Name</b>	Title	Phone Extension
<b>Department</b>	<b>Office Location</b>	

<input type="checkbox"/> Employee (check one)	Employee ID # _____	<input type="checkbox"/> House Staff	Employee ID # _____	SHC or LPCH (circle one)	SHC or LPCH (circle one)
<input type="checkbox"/> Traveler (check one)	Expires _____	<input type="checkbox"/> Medical School	Expires _____	<input type="checkbox"/> Volunteer	Expires _____
		<input type="checkbox"/> Community Physician	Expires _____	<input type="checkbox"/> University	Expires _____
				<input type="checkbox"/> I.T. Contractor	Expires _____
				<input type="checkbox"/> Other Contractor	Expires _____
					<input type="checkbox"/> Temporary
					Expires _____

**Department Authorizing Signature for Photo ID Only (Photocopied Signature Not Allowed) \*Must be signed by a Principal Investigator\***

**Print Name and Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

This card is the property of Stanford University Medical Center (SUMC) Security Services Department. By acceptance and use of this card the cardholder is bound by the following terms:

1. This card is for your own use. It is not to be loaned or passed on to anyone at anytime. It is not to be altered or modified in anyway.
2. This card is to be worn easily visible and at all times while at any SUMC location.
3. When in a controlled access area, you must carry this card with a valid Stanford ID or some form of picture ID. These ID's are to be shown to a SUMC Security Officer upon request.
4. If the card key should fail to function as expected, please contact Photo-ID at extension 86290 or Security Services at extension 37222.
5. This card is to be returned to the issuing department upon your leaving employment or completion of assignment or school term.
6. Report the loss or theft of this card immediately to the issuing department and Security Services at extension 37222.
7. SUMC Security Services reserves the right to delete or restrict your access to buildings for repeated and/or serious system violations.
8. This form is valid only for 30 days after signed date.

\* **Legal photo identification must be presented upon obtaining a badge or access card.**

I have read and understand the above terms \_\_\_\_\_  
Card Holder Signature

Building/Area To Be Accessed	Department Authorizing Signature for Access Only	For Official Use Only
		Number
		Type
		Date Issued
		Issued By
		Access
		Access
		Access
		Class