

CAMI Access Request Form

User's Name: _____

Job title: _____

Department: _____

Email: _____

Phone #: _____

NetID: _____

Fob #: _____

Wildcard #: _____

Supervisor's Name: _____

Supervisor Phone: _____

Brief description of intended use:

Rooms to be accessed (Check all that apply):

- 1539 - NIFTI
- 1583 - Electronics shop
- 1560 - Biophotonics
- 1561 - Cell Culture
- 1567 - Microscopy
- 1571 - Bioluminescence
- 1566 - 9.4T MRI
- 1570 - 7.0T MRI
- 1568 - MRI Electronics room
- 1579 - Vivarium

Are you requesting MRI access?

YES

Date safety training completed:

ATTACH COPY OF CERTIFICATION

NO

I understand that the MRI systems in CAMI can be extremely hazardous to untrained individuals. These hazards include:

- Pacemakers, defibrillators, insulin pumps, and other active implants may stop working if exposed to the magnetic field.
- Metal objects can become projectiles in the magnetic field and cause serious injury to people or equipment.
- Credit cards and IDs may be erased in the magnetic field.

I WILL NOT ENTER MRI ROOMS FOR ANY REASON WITHOUT COMPLETING SAFETY TRAINING.

Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

To be completed by CAMI staff

Access level: Outer hallway Inner hallway MRI

Access approved by:

Signature:

Date:

Chartstring: