

## ACCESS PRIVILEGES FORM

### For TRIUMF Internal Use Only

This form must be completed in support of the Registration Form

Visitor / User Name as Reported on the Registration Form:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

### ***THE FOLLOWING IS TO BE COMPLETED BY THE TRIUMF CONTACT/HOST***

Is this Person Identified as a Nuclear Energy Worker (NEW): Yes    No

Will this Person be Working With Lasers: Yes    No

Has this Person Viewed (or been advised to view) the online Safety Orientation: Yes    No

Have all Safety Training Needs Been Identified for this Person: Yes    No

Has this Person been approved for a Computer Account: Yes    No

This Person will be located in: Office/Building Location: \_\_\_\_\_ Experimental Area \_\_\_\_\_

**TRIUMF AUTHORIZATION:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### ***SECURITY ACCESS CARD***

Short Term Access Card ( <i>less than 3 weeks</i> )	YES	NO
Long Term Photo Access Card ( <i>more than 3 wks</i> )	YES	NO
Security Access Card Issued on: _____ (mo/dy/yr)	Issued By: _____	

### ***RADIATION BADGE – DOSIMETRY SERVICES***

Radiation Badge Required?	YES	NO	(If yes, complete badge application)
Issued On: (mo/dy/yr) _____	Issued By: _____		

### ***VEHICLE IDENTIFICATION AND PARKING PERMITS***

Own Vehicle: Yes    No	Rental Vehicle: Yes    Company:
MAKE: _____ MODEL _____	LICENSE PLATE NO: _____
Parking Permit issued: Temporary Pass: _____ OR Decal No: _____	Issued By: _____

***Copies of this form to:*** K. Gildert (Dosimetry); P. Jones (Safety Training); S. Duprey (Office Services),  
H. Rafighi (Computing); Scientific Liaison