

AMREP AS Pty Ltd Induction Request and Access to EAO Request form

AMREP PRECINCT ANIMAL CENTRE (PAC)		Date of Request:	
ORGANISATION (Tick):		<input type="checkbox"/> BHRI <input type="checkbox"/> Burnet <input type="checkbox"/> Monash <input type="checkbox"/> exopharm <input type="checkbox"/> Other Specify.....	
Title: (Mr., Ms., Dr., Prof., etc.)			
First Name:		Middle Initial(s):	
Preferred Name: (eg: "Liz")		Department:	
Surname:		Qualification:	
Position:		Contact No:	
Supervisor / Lab Head Name			
Assigned Cost Centre (Use in (For Use in EAO + Conduit)			
Direct Phone No.:		OFFICE USE ONLY...	
Alternative Phone No.:		ATHOS User #:	
Mobile Phone No.:		Induction Pack for PAC provided: YES / NO	
After Hours Phone No.:		Date set for PAC Induction:	
Email:		Time of induction:	
Preferred Password in EAO 6 character minimum, must include a number.			
Reason for Access (tick) to AMREP Animal Services	<input type="checkbox"/> ¹ Investigator member of AEC approved project <input type="checkbox"/> ² Administrative member of AEC approved project <input type="checkbox"/> ³ Investigator member- No induction/ No security = External delegated site for an ARA Project		
Access will be required (tick) what access is required	<input type="checkbox"/> MICU Experimental facility AAS (Complete) <input type="checkbox"/> Experimental (Green) AAS <input type="checkbox"/> Other Specify.....		
Is an induction required in MICU	Yes	No	Office Use: Date set MICU Induction: Time:
Laboratory Head Name:			
Laboratory Head signature:			

Please print, complete and email to rajani.jasti@baker.edu.au

- 1 Investigator member = Induction required (Active ✓ Inactive ✓)
- 2 Administrative member = Induction required (Active ✓ Inactive X)
- 3 Investigator member- No induction/ No security = External delegated site (Active ✓ Inactive X)