



China Basin Landing Card Access Application

Version 2
April 28, 2011

Department of Radiology
and Biomedical Imaging

Form assistance:
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craig.gaines@ucsf.edu

This form is for Department of Radiology Employees, Non-Radiology UCSF Employees and Associates to grant access to UCSF Department of Radiology's China Basin Landing facilities. Please complete all requested information on this form, then scan and email to craig.gaines@ucsf.edu (or fax to 353-9425). Allow 3 working days for completion. Print Legibly. Incomplete or illegible forms cannot be processed and may delay approval.

A) New or Existing Access Card

New Access Card Add or Change Existing Access Card

B) User

UCSF Employee: Faculty Fellow Resident
 Post Doc Fellow Temporary Appointment
 Staff TEP Other: _____
Employee/Student ID: _____
Physician ID: _____
Student: UCSF SOM UCSF BioE Visiting
Other Affiliated: Collaborator Contractor Vendor
(Please specify) _____

Account Deactivation Date*: _____

* Required for all applicants who are not employees of the Department of Radiology and Biomedical Imaging. Deactivation Date cannot exceed 12 months. If no date is specified access will be limited to 30 days. A change request must be submitted to extend deactivation date.

C) User Contact Information

Name: _____
Last
First MI
Title: _____
Department: _____
Section: _____ Box: _____
UCSF Phone: _____ Pager: _____
UCSF Email: _____

D) Supervisor

Name: _____
Dept./Section: _____
UCSF Phone: _____ Pager: _____
UCSF Email: _____

E) Access Area(s)

Select only necessary access areas. Inappropriate selections may delay approval of the application.

Suite 350: Suite 350 General Access
Suite 180A: Suite 180A General Access
Suite 180B: Imaging Center Main Entrance (from Lobby 6)
Suite 190: Clinical and Research Access
Other*: Please specify: _____

* Must include Deactivation Date for all users.

I agree to protect the use of my access card. I understand that this card cannot be shared due to security reasons. The database of the security systems gathers specific information of the activity of the proximity card all users (i.e. name and number associated with the card, time of access, doors used, etc). If my access card is lost or stolen, I will report this as soon as possible. On my last day of employment with the Department, or when I no longer need China Basin Landing access, I will surrender my access card.

User Signature: _____ Date: _____

As supervisor of the above signed user, I certified that this individual has completed all necessary safety and compliance training for all areas where access is being requested.

Supervisor Signature: _____ Date: _____

FOR OFFICE USE ONLY

Account Authorization: Date: _____ Initials _____ Account Termination: Date: _____ Initials _____

Changes Made: Date: _____ Initials _____ Changes Made: Date: _____ Initials _____

Changes Made: Date: _____ Initials _____ Changes Made: Date: _____ Initials _____