



The University of Western Ontario
 Approved Level 3 Access Approval Form
 Approved: Biohazard Sub-Committee, July 2009

The Biohazard Subcommittee is mandated by the University Biosafety Committee to review requests for access of all personnel working in the Level 3 Facility. Upon approval by the Sub-committee, personnel must be trained by the Biosafety Coordinator (and if applicable ACVS staff) on Level 3 protocols prior to card access being authorized.

1. Name of Personnel Requiring Access (Please Print): Matthew Woods

Name of Personnel Requiring Access (Signature): [Signature]

Supervisor (Please Print): Dr. Stephen Barr

Supervisor's Signature: [Signature]

Reason for entry: Research Animal Care Maintenance
 After-Hours Access Required: Yes No

2. Completion of the Following Training:

WHIMIS (renewed every 3 years) Date: 17-Sept-2008

Biosafety Date: 26-Sept-2008

Biosafety Reading:

Level 3 Biosafety SOP Manual Date: 12-May-2010

Laboratory Biosafety Guidelines (2004) Date: 12-May-2010

Laboratory Safety and Waste Management Date: 26-Sept-2008

New Employee Orientation Date: 27-May-2010

Other(s)**? _____ Date: _____

** Example: Radiation training, ACVS animal training, etc.

3. Entry into the Mandatory Level 3 Medical Surveillance Program:

Date Completed: 12 Jan 2010 Confirmed by: Kristina Brown

4. Approved by Biohazard Subcommittee: Chair: _____

Date: _____

5. Completion of Security Check (Complete attached form and submit it to Michael Mics, Manager Campus Police Service):

Date Completed: May 7, 2010 Confirmed by: _____

6. Completion of Level 3 Training: Date: _____

Given by: _____

7. Completion of Level 3 Animal Training: Date: _____

Given by: _____



* NO REFUNDS *

RECEIVED

MAY 7 2010

Criminal Record Search

LONDON POLICE

Applicants Information

- 1. Last Name Woods Given Names Matthew William
- 2. Sex M F Date of Birth 87 08 11 Place of Birth Welland, Ontario
yy mm dd
- 3. Other Surnames / Alias (i.e. Maiden Name) _____
- 4. Current Address ~~1209 Richmond~~ 1209 Richmond Unit # 800
City ~~London~~ London Province ON Telephone 226-6637
- 5. Photo Identification (Specify type) Drivers license
Identification Number: W6475-52998-70811
- 6. Previous Addresses (Last Five Years) A) 2 Spencer In, Forthill ON
B) 878 Hellmuth Ave, London ON
C) _____

This application is being made for the position of Level 3 lab (Mastercraft)
with (Business, Agency, etc.) Western (UWO)

I hereby certify that the above information is true and accurate.

Signature of applicant: [Signature] Date May 7/05/10

For Non-Voluntary Position Applications

Please indicate how many copies you require. 2 (if more than 2 are required an additional charge will apply)

Verified by: [Signature] MAY 7 - 2010

PAID BY:

Cash	<input type="checkbox"/>	Visa	<input type="checkbox"/>
Debit	<input checked="" type="checkbox"/>	M/C	<input type="checkbox"/>
Cheque	<input type="checkbox"/>	Amex	<input type="checkbox"/>

For Police use only

This is to certify that as of (date) 105 7 a search based on the above name and birthdate reveals that the applicant:
yy mm dd

- DOES have a criminal record with the London Police Service - see attached document.
- DOES NOT have a criminal record with the London Police Service.
- DOES have a criminal record in the RCMP National Repository for Criminal Records in Canada.
If this box is marked, the applicant may purchase a copy of this record for an additional fee.
- DOES NOT have a criminal record in the RCMP National Repository for Criminal Records in Canada.

Records Screening Operator: [Signature]