

Animal Facility Access Procedures

Access to Research Animal Resources (RAR) Animal Facilities: Broadway Research Bldg (BRB), Ross Bldg, Wilmer Bldg, Blalock 13th Floor, and Pathology 8th Floor

All investigators and laboratory personnel must be on an approved JHU protocol and complete specific training to be given access to the animal facilities.

Instructions:

- Obtain the facility access form from the pockets mounted on the wall at the entrance of Ross 459 or at the following websites
www.hopkinsmedicine.org/animalresources/Forms/index.html or
www.jhu.edu/animalcare
- Obtain your departmental or supervisory approval signature and the appropriate approved animal care and use protocol number.
- Obtain the RAR supervisor sign-off stamp, see procedure below.
- Obtain sign-off stamp from the Animal Care and Use Committee (ACUC) office. This is accomplished by bringing or faxing the access form to the ACUC office in Reed Hall, room B122, fax #443-287-3747. You must be included on a protocol to receive this stamp, see procedure below.
- Hand carry (the preferred method) or e-mail the completed form to 2024 east Monument suite B1100, attention: Mr. Cliff Summers, csummer1@jhmi.edu

To obtain an RAR supervisor signature:

1. Fill in the appropriate parts of the facility access form
2. Look on the form for specific instructions for completion of the on-line RAR training modules and hands-on facility orientation.
3. Bring the form with you to the facility orientation.

To be added to a protocol:

1. Complete the online Animal Care and Use training module: located online at <https://secure.lwservers.net/default.cfm> , print the certificate for your records.
2. Enroll in the Animal Exposure Surveillance Program (AESP). Go to Occupational Health website and click on forms http://www.hopkinsmedicine.org/hse/east_balt.htm Receive a certificate of enrollment
3. Fill out a personnel amendment form, available at <http://www.jhu.edu/animalcare/forms1.html>
4. Submit the completed personnel amendment form along with the AESP certificate of enrollment to the ACUC office in Reed Hall room B122 or by fax 443-287-3747.
5. Note: Personnel Amendments are processed expeditiously by the ACUC staff. To ensure quick approval make sure all information is complete and accurate.

Johns Hopkins Bloomberg School of Public Health ID CARD ACCESS SYSTEM CLEARANCE REQUEST FORM

Version: 21 July 2010

INSTRUCTIONS:

1. **The requesting individual must ensure that SECTION-A and SECTION-B are fully completed.** Up to three clearances may be requested using this request form; please use a separate form for additional requests. **THE ENTIRE ORIGINAL FORM, INCLUDING THE BACK PAGE, MUST BE RETURNED FOR PROPER PROCESSING – INCOMPLETE FORMS WILL BE RETURNED.**
2. Return the completed request form to W3041, 615 North Wolfe Street. Verification and entry of data takes no more than two business days to complete after receipt of the properly completed form. If you have any questions or special concerns, please contact Support Services at 5-1197 during normal business hours.

SECTION-A: Individual Requesting Card Access Contact Information (Please write clearly):

*Full Name: _____
(Print First Name) (Print Middle Name) (Print Last Name)

*JHMI Identification Badge #: _____ & Expiration Date: _____

*Academic Department Name: _____ or Administrative Office Name: _____

Office Phone #: _____ Home Phone #: _____ Mobile Phone #: _____

Building & Room # of Requesting Individual: _____ *JHED ID of Requesting Individual: _____

Employer or Student Affiliation: JHSPH JHSOM JHH JHSON Other: _____

Title: Faculty Staff SPH Student or * Contractor – Company Name & Phone #: _____

ACUC Animal Protocol (if applicable) Number: _____ Principal Investigator's Signature: _____

SECTION-B: Required Signatures:

1. *Individual Requesting Card Access
(required signature indicates sole responsibility for card use; access is intended for individual use only):

(Sign Name) (Print Name) (Date)

2. *Authorizing Signature(s) For Requested Card Access
(refer to the back of this page for specific authorizing person(s); request forms with unauthorized signatures will not be processed):

(Clearance #) (Sign Name) (Print Name) (Phone #) (Date)

(Clearance #) (Sign Name) (Print Name) (Phone #) (Date)

(Clearance #) (Sign Name) (Print Name) (Phone #) (Date)

PLEASE NOTE: Support Services has a use-it or lose-it policy in place for database maintenance purposes. Clearances not used within 60-days are routinely removed.

Administrative Use Only:

Support Services Administrative Use: The CCure Operator will verify the appropriate approval has been given, sign off on the request and forward to Jim Leflar for final approval:

(Sign Name) (Print Name of CCure Operator) 5-1197 (Phone #) (Date Access Request was Verified)

(Sign Name) Jim Leflar (Print Name) 4-2862 (Phone #) (Date of Final Approval)

> Check one of the following: First time request for Animal Facility access - MUST do steps 2, 3, & 4
 Adding/Changing existing access to animal facility(s) - See RAR Supervisor

SCHOOL OF MEDICINE CARD ACCESS SYSTEM
 EAST BALTIMORE CAMPUS

Research Animal Resources
 Traylor, Ross, JHH, SON
 WBS-Transgenic Core

CLEARANCE REQUEST FORM

INTERIOR ACCESS

1 - FACILITIES MANAGEMENT SECTION:

This section to be completed by Department of Facilities Management. CARD# _____ Expiration Date: _____

New: _____	Entered: _____	Date _____	Initial _____	Replaces Card # _____
Add: _____	Activated: _____	_____	_____	Replaced by Card # _____
Delete: _____	Deleted: _____	_____	_____	

2 - INDIVIDUAL TO WHOM ACCESS WILL BE ISSUED SECTION:

This section must be completed in its entirety prior to other sign-offs being obtained

Name: _____
 (LAST) (FIRST) (M.I.)

I.D. Badge #: _____ Building: _____

Department: _____ Room: _____

Phone Ext.: _____ Supervisor Signature: _____

Status: Faculty _____ Staff _____ Student _____ House Staff _____ Fellows _____ Temporary _____

Protocol number(s): _____

PI(s) Name(s) - Print : _____

3 - RESEARCH ANIMAL RESOURCES SECTION:

***The following is for rodent facility users only:**

You can find the 2 training modules at <http://www.hopkinsmedicine.org/animalresources/training/index.html>

*I have reviewed the Animal Resources web-based training module on Hood Procedures and agree to the procedures described.

Date Viewed _____ Signature _____

*I have reviewed and understand the Animal Resources web-based training module on Transition to the Automatic Watering System and agree to the procedures described.

Date Viewed _____ Signature _____

Orientation training by RAR is required for access into any animal facility.

I have completed hands-on facility orientation

Date _____ Signature Applicant _____ Signature Trainer _____

Training for Ross 3rd and 5th floors is held on Wednesdays @ 10:00 AM in Ross 334S (S= service corridor)
Training for all other areas is scheduled through RAR by Calling 410-955-3273

Clearances: RAR must stamp and initial next to each authorized clearance.

Stamp

_____ ALLANIM All animal rooms in the Ross, WBSB, JHH, WDWILBSM, and Traylor buildings.

_____ Not All Not all card readers for RAR space. Refer to Individual Readers Listing on back of page.

4 - ANIMAL CARE & USE COMMITTEE (ACUC) SECTION:

For ACUC approval of inclusion on protocol(s)

Animal Care and Use Committee Approval Stamp: _____
 (Reed Hall B122)

Hand carry the completed form to Facilities Management at 204 Monument Street, suite B1100 (preferred method)