

## OHBA Building Access Request Form

Name (BLOCK CAPS): .....

Group affiliation: .....

Phone number: .....

Contact email address: .....

University Card number: ..... End date of contract/project: .....

Supervisor or line manager: .....

OHBA Building Induction session – Date attended: .....

Magnet Safety Training Part 1 (FMRIB/OCMR) – Date attended: .....

Please **tick** which staff group category you fall into:

- Facility User (non-resident – typically for one study)  
 OHBA Resident

- Regular Facility User (non-resident)  
 OHBA Senior Staff

*(Access to the MRI control room requires additional training, see SOP OHBA\_004\_V2 Building Access.)*

I confirm that I have received a copy of and read the **Fire Safety Guidelines**, the **OHBA Building Guide** and the **Magnet Safety Instructions**. I fully understand their content and agree to abide by these guidelines and comply with their conditions fully. I will attend magnet safety training on a yearly basis while I am working at OHBA. I understand lending my University Card to another individual to allow access to OHBA is not permissible.

**Signature:** ..... **Date:** .....

Personal data supplied on this form is treated in accordance with the WIN building access data protection policy, available upon request.

----- *FOR INTERNAL USE ONLY:* -----

**Authorised by (#):** .....

**Approved access category:**

- Collect card from reception (non-resident one-study users)  
 7 days a week, 6am-10pm (OHBA residents)

- Monday-Friday, 9am-5pm (non-resident regular users)  
 24/7 (OHBA senior staff only)\*\*

**Approved by (\*\*):** .....

# MRI Manager or Lead Research Radiographer

\*\*OHBA Professor of Imaging Neuroscience for 24/7 access including MRI (see [www.win.ox.ac.uk/support](http://www.win.ox.ac.uk/support) for contact details and SOP OHBA\_004\_V2 for criteria for this sign off).