

Today's Date \_\_\_\_\_

Access Expiration Date \_\_\_\_\_

**BCC Employee Key & Badge Request Form**☐ BCC Building Occupant☐ Vivarium Only☐ Other USC/Visitor AccessUSC Status: (check one) ☐ Faculty ☐ Staff ☐ Student ☐ Post Doc ☐ BCC Associate ☐ Volunteer ☐ Visiting

Name: \_\_\_\_\_ ID: \_\_\_\_\_

Last Name

First Name

MI

10 -digit USC I.D.#

Department

Title

E-Mail Address

USC Office Location: Bldg: \_\_\_\_\_ Room #: \_\_\_\_\_ Telephone: \_\_\_\_\_

Requesting Access To BCC Location: \_\_\_\_\_ BCC Contact: \_\_\_\_\_

Request Key(s) for BCC:

(Requires BCC PI Approval)

Room #

PI Initial

Room #

PI Initial

Room #

PI Initial

Room #

PI Initial

**Access Levels: Verified BCC Administration**

1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_ 7 \_\_\_\_\_ 8 \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_

**Access Levels: Verified by Department of Animal Resources (DAR) Administration**

11 \_\_\_\_\_ 12 \_\_\_\_\_ 13 \_\_\_\_\_ 14 \_\_\_\_\_ 15 \_\_\_\_\_ 16 \_\_\_\_\_ 17 \_\_\_\_\_ 19 \_\_\_\_\_ 20 \_\_\_\_\_ 21 \_\_\_\_\_ 22 \_\_\_\_\_

**Radiation Safety: Verified by Environmental Health and Safety (CAPS) Administration**\_\_\_\_\_  
Dr. Colin Hill, David Wesley, or Jeanne Willoughby, Environmental Health & Safety, CAPS\_\_\_\_\_  
Date

Access Levels: 18 \_\_\_\_\_

Verified by \_\_\_\_\_

BCC Admin

By signing/initialing this form you consent to follow BCC policies for keys and badges:

Keys are issued at no charge; if a key is lost, a fee of \$10.00 is due to Facilities Maintenance plus a re-keying charge if applicable. Keys are not transferable to another employee. The first badge will be issued free of charge. If a badge is lost, you must immediately notify the BCC Admin Office at 323-442-8080 so it may be de-activated. A \$23.00 replacement fee will be due to USCard Services before the badge is reissued. Return all keys and badge to BCC Administration. Do not transfer to another employee.

\_\_\_\_\_  
Employee/Student Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date\_\_\_\_\_  
Sponsoring BCC PI Signature\_\_\_\_\_  
Print Name\_\_\_\_\_  
Date

(Signer is responsible for return of all keys and badge)

\_\_\_\_\_  
Grace L. Gonzalez or Dr. Donald Casebolt, Department of Animal Resources\_\_\_\_\_  
Date

(Animal Facilities Access)

\_\_\_\_\_  
Eric Wessenauer, BCC Administration\_\_\_\_\_  
Date

***Key(s) Assigned:***

**Date Key Returned:**\_\_\_\_\_ **Returnee Initials:**\_\_\_\_\_ **Staff Initials:**\_\_\_\_\_

***Please note: A \$10.00 fee will be assessed for each lost key.***

**Admin Name:** \_\_\_\_\_

**Additional Notes:**