



Individual Ventilated Room
 Level 11, Pharmacology Department
 Block Preclinical, Faculty of Medicine
 Universiti Kebangsaan Malaysia

FACILITY ACCESS APPLICATION FORM	
1. Applicant Information	
Applicant's Name:	
Matric Number / Staff No:	
Department/ Faculty:	
Phone no:	Email:
Supervisor/ Principal Investigator's Name:	
Department/ Faculty:	
Phone no:	Email:
Reason for Application:	
Title of Project:	
2. Applicant's Assurance	
<p>i. All users have agreed to the rules and regulations of IVC room, failure to do so will result in the restriction of access.</p> <p>ii. Please take note that the working hours of IVC room is as follows: - Monday – Friday: 8.00 am – 5.00 pm Saturday, Sunday & Public Holiday: Closed</p> <p>iii. Only registered users are allowed into the room.</p> <p>iv. Users must conform to all IVC facility security access policies.</p> <p>v. Users are responsible for the cleanliness of the procedure and animal holding rooms.</p> <p>vi. Users must adhere to all equipment use, waste disposal and personal protective equipment (PPE) use guidelines.</p> <p>vii. No eating and drinking is allowed in the IVC room</p> <p>I have read and understood the rules and regulations of IVC Room. I hereby agree to be abided by them.</p>	
Signature of Applicant:	Signature of Supervisor/ Principal Investigator:

Name:

Name:

Date:

Date:

3. Office Use Only

Form received by:

Approved by:

Science Officer

Head of Department

Pharmacology Department

Pharmacology Department

Faculty of Medicine UKM

Faculty of Medicine UKM

Official Stamp:

Official Stamp:

Date:

Date: