Position (Graduate Student, RA, etc):

Principal Investigator Signature:

Date:

Attention:



Security Access Request Letter

Brittany Sinclair MRT (R) CenTRI Facility Manager bsincl7@uwo.ca
I, Principal Investigator/Supervisor(print), hereby request security access to the Centre for Translational
Radiographic Imaging (CenTRI) facility for the individual named below. I understand that security
access is subject to the discretion of the CenTRI facility manager and directors and may be
revoked at any time. I also understand that in order to obtain and maintain security access, this
individual must complete the appropriate safety training outlined in SOP # 215 "Safety and
Operator Training Procedure".
Furthermore, I declare that I will take full responsibility for the actions of this individual,
including any acts of negligence which may cause damage to equipment or physical injury to
themselves or individuals working under their supervision. I am also aware that individuals are
responsible for the quality of their own data (if applicable), while working in the CenTRI facility.
Person requiring security access: