

**PERMISSION TO ACCESS MATERIALS AND PAVEMENTS LABS AT CIR**

Researcher/Student Name:

Researcher/Student UIN:

Contact email:

Research Supervisor/Program Manager/Division Head:

Research Sponsor:

Research Account/Project Number(s):

Description of testing to be performed (please list equipment if known):

Anticipated time period of testing:

Have you completed the on-site safety walk thru?

Have you completed the online safety trainings?

Is equipment training required?