

## Chemical Inventory Delegate Access Form

PI's Information			
PI's First Name	PI's Last Name	Western One ID (9 digit employee ID)	Building and Room Number of Chemical Location (e.g. CHB 040)
Research Staff Information			
Research Staff First Name	Research Staff Last Name	Western One ID (9 digit employee ID)	Note

By sending this request, you are in agreement that the noted research staff are delegated accountability to update, transfer, and dispose of chemicals that are required to be tracked in the laboratories at Western University.

**I agree to the statement above.**

Date:

Please send a completed form to [worksafe@uwo.ca](mailto:worksafe@uwo.ca)