



JMU ACCESS TO RESTRICTED AREAS REQUIREMENTS:

Access to some areas of campus may require approval at the JMU vice presidential level or higher. Scheduled dates and times for access must be observed or the access will be canceled; with a maximum variation of one hour for inclement weather being the only exception. Failure to follow these requirements or follow proper safety precautions may result in cancellation of the access. The JMU office of Public Safety reserves the right to cancel access without notice. In addition, the following requirement will be met:

| | | | |
|--|---------------|----------|---|
| The following organizations must receive notifications at least <u>thirty days</u> prior to access: | | | |
| JMU Public Safety: | John Campbell | 568.6912 | campbejc@jmu.edu |
| JMU Facilities Management: | Work Control | 568.6101 | (fm_wcc@jmu.edu) http://www.jmu.edu/facmgt/AiM-system/wcc.shtml |
| JMU Safety Office: | Tony Brown | 568.6765 | (brownah@jmu.edu) |

The following must be delivered to the JMU Safety Engineer's office at least thirty days prior to the event:

Event name _____ Event sponsor _____

Contact person _____

Phone _____ E-mail _____

Sponsors Organization number to be billed fees, repairs, damages _____

Contact person _____

Phone _____ E-mail _____

Location to be accessed _____

Reason for access _____

Length of time of visit _____

What value will this access bring the university _____

Approval:

| | |
|---------------------------|---|
| Office of Risk Management | MSC 6703 131 West Grace Street Harrisonburg, VA 22807 540.568.7812 Phone 540.568.2878 Fax |
|---------------------------|---|

| | | |
|--------------------------|--|---------------------|
| <input type="checkbox"/> | Department name _____ | Dept. Contact _____ |
| <input type="checkbox"/> | Department Head's name _____ | signature _____ |
| <input type="checkbox"/> | Dean/AVP's name _____ | signature _____ |
| <input type="checkbox"/> | JMU Vice Presidential Approval (if applicable) _____ | |
| <input type="checkbox"/> | Approval by Mr. King _____ | |

| | |
|---------------------------|---|
| Office of Risk Management | MSC 6703 131 West Grace Street Harrisonburg, VA 22807 540.568.7812 Phone 540.568.2878 Fax |
|---------------------------|---|