

APPLICATION FOR USE OF LABORATORY

Name of Applicant : Matric. No
Course and year of study: B.Eng. (2nd, 3rd, 4th)/M.Eng/M.Sc./Ph.D/RF/PO/Others
Location of Laboratory
Laboratory Officer in charge
Period of use (date) : From
Time of use : From

Chemical Risk Rating Forms for each chemical or mixture/preparation attached?*: YES

Risk Rating: High Medium Low

Date Signature of Applicant

Date Signature of Laboratory Officer

Supervisors must ensure that:

The staff/student has a valid reason to be working in the laboratory during after office hours.

The staff/student has completed all required safety training courses; emergency response courses eg.first aid, fire, chemical spill, gas leakage; as well as lab equipment operation training before commencing work.

For safety reasons, undergraduates can use the laboratory after office hours only in the presence of a staff member, for medium risk work, high risk work is not allowed after office hours.

Supervisor of post-graduate students: please select

() Medium: Require 2 or more persons within sight of each other

() Medium: Able to work alone with these restrictions
or attached safe work procedure

APPLICATION FOR WORKING AFTER OFFICE HOURS

Name of Applicant	:	_____	Location of Laboratory	:	_____
Designation	:	_____	Period of use (date)	:	From _____ to _____
Year of study	:	_____	Time of use	:	From _____ to _____
Staff/Student ID	:	_____			
Emergency Contact	:	6790 5200 (NTU campus security)	Please provide reason to work after office hours:		
Supervisor Contact	:	_____			
User Contact	:	_____			

Please answer the following questions:

Do you have any health/ medical condition?

Yes No

If yes, please declare: _____

Are you working alone in the lab during the period of use:

Yes No

If no, please indicate the name of the other staff: _____

Risk Assessment form for the work activities attached? Yes No

Date

Signature of Applicant

Name of Applicant:

Supervisor:

It will be your roles and responsibilities to ensure the staff/ students have fulfilled the following

It will be your roles and responsibilities to ensure the staff/ students have fulfilled the following

1. The staff/student has a valid reason to be working in the laboratory during after office hours.
2. The staff/student has completed all required safety training courses; emergency response courses eg. first aid, fire, chemical spill, gas leakage; and has undergone lab equipment operation training before commencing work.
3. For safety reasons, undergraduates can use the laboratory after office hours only if they are supervised by a staff member.
4. Supervisor of undergraduate/postgraduate student/staff : please select one from the following:
 - Require 2 or more persons within sight of each other and lab user must attach safe work procedure
 - Able to work alone and lab user must attach safe work procedure
 - Not allow to work
 - Others (please indicate: _____)

Date

Signature of Supervisor

Name of Supervisor :

This section is only applicable if work involved in Central Lab (Request Form must be submitted 3 days in advance).

Reviewed by:

Date

Signature of Central Lab Manager

Name of Central Lab Manager :

Recommended by:

Approved by:

Staff in charge

Safety Committee Chairman

Name :

Name :

Date :

Date:

Notes:

- 1.Forms are to be submitted to the staff in charge for authorization by Chairman of Safety Committee.
- 2.Laboratory Officers are required to keep an authorized copy of this form with the staff/student record in their office