APPLICATION FOR USE OF LABORATORY

Name of Applicant: [Name]
Matric. No [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 [Date]
Time of use: From [Time]

Chemical Risk Rating Forms for each chemical or mixture/preparation attached?*: YES
Risk Rating: High Medium Low
Date [Date]
Signature of Applicant [Signature]
Date [Date]
Signature of Laboratory Officer [Signature]

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:** [Name]
**Location of Laboratory:** [Location]
**Designation:** [Designation]
**Period of use (date):** [From] to [To]
**Year of study:** [Year]
**Time of use:** [From] to [To]

**Staff/Student ID:** [ID]
**Emergency Contact:** [6790 5200 (NTU campus security)]
**Supervisor Contact:** [Contact]
**User Contact:** [Contact]

Please provide reason to work after office hours:

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**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

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**Date:** [Date]
**Signature of Applicant:** [Signature]
**Name of Applicant:** [Name]

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**Supervisor:**

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): (________________________________________)

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**Date:** [Date]
**Signature of Supervisor:** [Signature]
**Name of Supervisor:** [Name]
This section is only applicable if work involved in Central Lab (Request Form must be submitted 3 days in advance).

Reviewed by:

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<thead>
<tr>
<th>Date</th>
<th>Signature of Central Lab Manager</th>
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<tr>
<td></td>
<td>Name of Central Lab Manager :</td>
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Recommended by:  

<table>
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<tr>
<th>Staff in charge</th>
<th>Approved by:</th>
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<tbody>
<tr>
<td>Name :</td>
<td>Safety Committee Chairman</td>
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<tr>
<td>Date :</td>
<td>Name :</td>
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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.