APPLICATION FOR USING LABORATORY EQUIPMENT
DEPARTMENT OF AEROSPACE ENGINEERING
FACULTY OF ENGINEERING

Ref. No : KAA/PBG/LE/20_____/ _____

APPLICANT DETAILS

Name		Matric No.	
		Mobile Phone No.	
Faculty / Department		Email	
Project Title		Academic Year	
		No. of Semester	
		Program of Study	

Laboratory		Equipment to be used *(Please specify)*:	
		1	
		2	
		3	
		4	
		5	

Type of Testing	1	
	2	
	3	

List all hazardous materials to be used and necessary precautions.

Working Schedule	Date								
	Time								

Note: Please confirm the available time with Laboratory Personnel.

Permission to work after 5.00PM:

Please specify:
Note: Please discuss with laboratory personnel involved in advance.

Signature: *Laboratory Personnel*	Remarks :
Date:	

DECLARATION

1. I have received basic knowledge on above equipment and understood the Laboratory Safety Handbook (Refer to Laboratory Personnel) and the Laboratory Safety Notes of Department of Aerospace Engineering.
2. I have completed a Risk Assessment on _____. I agree to obey the department rules. I will responsible for the damages or losses because of my carelessness.
3. I hereby declare that I will be responsible for all incidents. The Department of Mechanical and Manufacturing Engineering shall not deem liable for any accidents occur due to safety negligence during and after working hours.
4. I agree to make the payment of RM${RM} by ${ 5.   I agree to make the payment of RM_____ by Vot / Cash* (Please specify):}, Vot Number: _____

Signature: *Applicant*	Supported by : *Supervisor*
Date:	Date:

APPROVAL (For Department Use Only)

This application is **ACCEPTED / DECLINED***. Permission to use after working hour (Until 12.00AM). □ Yes, supervised by: _____ □ No	Signature: *Head of Laboratory/ Development Coordinator/ Science Officer* Date:

LABORATORY SAFETY NOTES

DEPARTMENT OF AEROSPACE ENGINEERING

A copy of the Laboratory Safety Handbook may be obtained in the Laboratory.

You are responsible not only for your own safety but also the safety of others. As a student you are expected to show a greater understanding of and adherence to all safety rules and regulations.

1. Laboratory working hours: 8.00AM to 5.00PM. Working alone after office hours is not permitted.
2. Although you may be admitted into a laboratory, you are not allowed to commence work unless authorized to do so by a supervisor or laboratory personnel.
3. A proper Personal Protective Equipment (PPE) must be worn in the laboratory.
4. Make sure the PPE storage location and method of use. i.e. *Fire Extinguisher, Eyewash Bottles, and First Aid Kit*.
5. Do not dispose the unknown chemicals down the laboratory sink. Seek assistance from laboratory officer.
6. Ensure the cleanliness of the equipment is maintained at all times. Attired all the time.
7. All facilities provided must be arranged and kept at all times. Students are responsible for facilities provided.
8. Do not bring any valuable things into the laboratory. Laboratory/Department/UPM will not be responsible for any losses of property.
9. Familiarize yourself with the layout of the building and the fire escapes.
10. Please report the accidents immediately to Department's Safety Officer. The list of Department's Safety Representative is located in the entrance of laboratory.
11. Do not eat, drink or smoke in the laboratory.
12. Follow the instruction from time to time by Laboratory/Department/University.

RISK ASSESSMENT

1. Name of Experiment: Different experiment require different Risk Assessment Form

2. Describe the work being assessed:

3. Known expected hazards associated with the activity:

4. The risk of injury and its severity to arise from these hazards:

5. Who is at risk?

6. Measures to be taken to reduce the level of risk:

7. Training pre-requisites:

8. Level of risk remaining:

9. Emergency action:

10. References if any: