



SAFETY FORM

APPLICATION TO USE LABORATORY EQUIPMENT

DEPARTMENT OF COMPUTER AND COMMUNICATION SYSTEMS ENGINEERING
FACULTY OF ENGINEERING, UNIVERSITI PUTRA MALAYSIA

ATTENTION									
<p>A. Applicant must abide by all the laboratory rules and responsible for the cleanliness and safety of the equipment.</p> <p>B. Application from other Department/Faculty must be supported by the respective Head of Department/Dean.</p> <p>C. For Application to Borrow Lab Equipment, applicant should fill-up Borang Kebenaran Pelepasan Peralatan (SOK/PYG/BR15)</p>									
A. APPLICANT DETAILS									
Name						Matric No.			
Email Address						Phone No.			
Academic Year	20____ / 20____					No. of Semester			
Project Title									
Supervisor									
Faculty / Department	<input type="checkbox"/> Department of Computer and Communication Systems Engineering				<input type="checkbox"/> Others Faculty: _____ Dept.: _____				
Activity	Teaching / Research / Bachelor Project *								
Designation	Staff / PhD / Post Doc. / MSc / Bachelor / Research Assistant *								
Laboratory	<input type="checkbox"/> Photonic Systems Engineering Lab. <input type="checkbox"/> Information Engineering and Robotics Lab. <input type="checkbox"/> Communication and Network Engineering Lab. <input type="checkbox"/> Multimedia System Engineering Lab. <input type="checkbox"/> Computer and Communication Systems Engineering Workshop				<input type="checkbox"/> Electronic Communication Engineering Lab. I <input type="checkbox"/> Electronic Communication Engineering Lab. II <input type="checkbox"/> Computer and Embedded System Engineering Lab. <input type="checkbox"/> Intelligent System Engineering Lab. <input type="checkbox"/> Wireless Communication System Engineering Lab.				
B. WORK EXPERIMENT DETAIL									
Equipment to be Used						Type of Testing			
Work Schedule	Date								
	Time								
<i>Note: Please confirm the available time with Laboratory Staff</i>									
C. RISK ASSESSMENT									
<p><i>This Risk Assessment must be completed by a lab user and checked by a competent assessor/supervisor for any procedure of work carried out before an attempt is made at the procedure of work.</i></p>									
Name of Experiment									
Describe Work Procedures									
Expected Hazard						Risk of Injury and its Severity			

Who is at Risk?		Measures to be Taken	
Emergency Action		Reference (if any)	
D. PERMISSION FOR WORKING OUTSIDE OFFICE HOURS (if related)			
<i>Any laboratory activity/experiment in the lab outside office hour must be supported by Supervisor and get approval from Head of Department (Part G)</i>			
Reason for Working Outside Office Hours			
Accompany's Name	<input type="checkbox"/> Postgraduate <input type="checkbox"/> Undegraduate <input type="checkbox"/> Staff		Matric / Staff No.
E. SAFETY DECLARATION			
1. I have read and agreed to comply with the Department's Laboratory Safety Handbook & Laboratory Safety Notes. 2. I have received basic training in the use of the listed equipment in Part B (including Safety Equipment, SOP), Emergency Procedures, and First Aid Kits. 3. I have completed the Risk Assessment (in Part C) of my work. 4. "I hereby declare that I will be responsible for all incidents, any damage and loss of the equipment in the corresponding laboratory. The Department of Computer and Communication Systems Engineering shall not deem liable for any accidents occur due to safety negligence during and after working hours."			
APPLICANT'S SIGNATURE		SUPPORTED BY SUPERVISOR	
Signature:		Remark:	
Date:		Signature & Stamp:	
Date:		Date:	
F. VERIFICATION			
(To be filled in by ASSISTANT ENGINEER of Laboratory)		(To be filled in by HEAD OF LABORATORY)	
Remark:		Remark:	
Signature & Stamp:		Signature & Stamp:	
Date:		Date:	
G. HEAD OF DEPARTMENT APPROVAL (FOR OFFICE USE)			
** Required if the applicant apply to work outside office hour			
<input type="checkbox"/> Approved		<input type="checkbox"/> Not Approved	
		Comment: _____	
Signature & Stamp:			
Date:			

DEPARTMENT OF COMPUTER AND COMMUNICATION SYSTEMS ENGINEERING**LABORATORY SAFETY NOTES****GENERAL INSTRUCTION :**

1. YOU ARE RESPONSIBLE NOT ONLY FOR YOUR OWN SAFETY BUT ALSO FOR THE SAFETY OF OTHERS !”
2. AS POSTGRADUATES YOU WILL BE EXPECTED TO SHOW A GREATER UNDERSTANDING FOR AND ADHERENCETO, ALL NATIONAL AND LOCAL SAFETY RULES AND REGULATIONS.

Please comply with the following:-

1. Laboratory times : 9.00am–5.00pm. Working in a laboratory alone out of hours is not permitted.
2. Although you may be admitted into a laboratory you are not allowed to commence work unless authorised to do so by a supervisor/assistant engineer.
3. Ensure the cleanliness of the equipment is always maintained. Attired all the time
4. You must wear proper personal protection equipment (PPES) that needed and suitable with your lab works.
5. Make sure the PPE storage location and method of use, i.e. *Fire Extinguishers, Eyewash Bottles, and First Aid Kits*.
6. Familiarise yourself with the layout of the building and its fire escapes.
7. Do not eat, drink, or smoke in the laboratory.
8. In the event of an accident, it is essential that any injury be reported to an assistant engineer as soon as possible. A report of the accident will then be forwarded to the departmental safety representative.
9. Report all accident/spillages to a supervisor/ assistant engineer.
10. Do not dispose of unknown chemicals down the laboratory sink. Refer supervisor/ assistant engineer for advice.
11. Follow the instruction from time to time by Laboratory/Department/University.

ALWAYS REMEMBER

DO NOT USE ANY EQUIPMENT, UNLESS YOU ARE ABSOLUTELY CERTAIN OF ITS CORRECT METHOD OF OPERATION & DO NOT HESITATE OR FEEL EMBARRASSED ABOUT ASKING FOR HELP.

“BE SAFE NOT SORRY”

