



LABORATORY AUTHORISATION

Each user is required to undergo an induction period prior to obtaining a work permit to carry out independent research experiments in the lab. The purpose is to impart to the user the general safety rules of the lab and to allow the user to appreciate the safety requirements relevant to the experiment or work he/she wishes to carry out in the lab. This authorization form needs to be completed by every person wishing to use a laboratory, and be signed off by the user, supervisor, laboratory manager and laboratory technician/person in charge. The completed form should be handed to the technician/person in charge of the laboratory.

Important: This 2-page form must be printed double-side on a single A4 sheet when submitting.

Name of Applicant: _____
Email Address: _____
Lab/Room Number: _____

PROJECT DETAILS

Project or Research Title or brief description of work:

LABORATORY USAGE

State your purpose for using this specific laboratory (equipment, chemicals etc)

Proposed Dates of Lab Usage (from) _____ (to) _____

TRAINING REQUIRED

Please provide details of any training required for the use of the equipment and the handling of chemicals. If you do not require training please state why.

LAB USER DECLARATION

- 1) I have read and understood the general **Safe Methods of Use** (SMOU 2, 3& 19) and will adhere to them in using the laboratory.
- 2) I have the necessary PPE and will wear it at all times when in the laboratory.
- 3) If training is required I understand that any independent lab work can only proceed once training has been completed, certified by the Lab Technician, and a work permit has been obtained.
- 4) I will work in a responsible manner that does not endanger the safety of either me or other laboratory users.
- 5) Any accident will be reported to the Technician/Person in Charge, no matter how minor.
- 6) I am aware that not following the SMOU and any other information provided by the Technician/Person in Charge, or failing to comply with the above may lead to a suspension of laboratory use.

Applicant's Name _____

Applicant's Signature _____ Date _____

SUPPORTING SIGNATURES

SUPERVISOR/HOST

Name/Signed _____ Date _____

LAB MANAGER

Name/Signed _____ Date _____

LAB TECHNICIAN/PERSON IN CHARGE

Name/Signed _____ Date _____

Note: User (student/researcher) may take a copy of this signed form, but the original must be filed with the lab technician/person in charge.