



UNATTENDED OPERATION OF EXPERIMENTS

Will the equipment be run unattended after hours? "yes" or "no"

Has an **APPROVED HAZOP** been performed with special reference to unattended operation and is it available in the Lab Folder

YES NO

Are contact details **AND** emergency shutdown procedure available next to the experiment?

YES NO

Name of student / researcher : _____

Contact phone no. (user **MUST** be able to be contacted on this number during the experiment period) _____ mobile: _____

After hours contact address: _____

Type/name of apparatus/rig : _____

Laboratory : Room number: _____ Building No. _____ Level _____

Name of supervisor: _____

Contact phone no. _____ mobile: _____

Inspection :

Equipment is safe to run unattended for a period of _____ hours.

If changes or modifications are made, the equipment needs to be re-inspected.

Inspected by _____ Date of inspection : _____

Signature : _____

Comments (if any) : _____

Permission :

Name: _____ Signature _____ Date _____
(Supervisor)

Name: _____ Signature _____ Date _____
(Lab Manager or HOD

Name: _____ Signature _____ Date _____
(Chief Technician)

UNATTENDED OPERATION
(THIS FORM MUST BE IN A PROMINENT LOCATION NEXT TO THE EXPERIMENT)

NATURE OF EXPERIMENT _____

_____:

PERIOD OF OPERATION;

Date: _____

Time: _____ from _____ am/pm to _____ am/pm

USER: _____

CONTACT DETAILS DURING OPERATION

User: _____ Tel: _____

Email: _____

Supervisor: _____ Tel: _____

Email: _____

EMERGENCY SHUTDOWN PROCEDURE

(IF THE EXPERIMENT CANNOT BE SAFELY SHUTDOWN IN 3 STEPS THEN IT NEEDS TO BE RE-DESIGNED)

1. _____

2. _____

3. _____

