



**APPROVAL FORM FOR WORKING IN THE
 LABORATORY/WORKSHOP AFTER OFFICE HOURS**
 (Each Form Can Only Be Used For One Student Only)

A. DETAILS OF APPLICATION

1. Name of Applicant: _____
2. Matric No.: _____
3. School/Department: _____
4. Year of Study: _____
5. Course: _____
6. Name & No. of Laboratory/Workshop: _____
7. Building No.: _____
8. Brief description of experiment or work to be carried out: _____

9. Name of colleague/companion nearby during work [REGULATION 3.5]

10. I hereby agree to abide to the rules of working in the laboratory/workshop after office hours and also the laboratory/workshop safety rules:

Signature: _____ Date: _____

B. DETAILS OF APPROVAL BY SUPERVISOR OR LECTURER

1. I hereby approve the above applicant/student to work in the laboratory/workshop after office hours starting from date _____ until _____ . [Not more than 6 months – REGULATION 3.4]
2. Please contact me at the following address in the event of an emergency:
 - a) Address after office hours: _____

 - b) Tel. no. after office hours: _____
 - c) Remarks (if any): _____

Signature: _____ Date: _____

Name and Official Stamp: _____

INSTRUCTIONS FOR STUDENT :

- 1) Please keep this approval form for inspection purposes by the University's authorities
- 2) Duplicate copies must be made for;
 - (i) Submission to Occupational Safety and Health Unit (UKKP)
 - (ii) School/Department's filing record