



UNIT KESELAMATAN DAN KESIHATAN PEKERJAAN
OCCUPATIONAL SAFETY AND HEALTH UNIT

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: _____

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