NERI/MGT-02/F01

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**NERI T-LAb ACCESS Request Form**

*Access will be granted only upon successful completion of the following NERI Safety Requirements: NERI Safety Orientation, NERI Safety Test, Submission of OSHE Chemical Safety Training and Risk Management Training Certificates. Laboratory Safety Induction Training certificate will have to be submitted for new staff who joined after 3rd August 2015.*

Please enter in BLOCK LETTERS *(to be completed by staff/student and endorsed by supervisor)*

|  |
| --- |
| Name : |
| Designation/ Position:  | Staff / Student ID number: |
| NUSNET User ID: | NUS Email: |
| Contact Number (Handphone):  | Emergency Contact Name & Number: |
| **For Staff only: For Honours students/ Postgraduates only:**\*Duration of contract of staff (dd/mm/yy): \*Duration of course of study for student (dd/mm/yy):From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\** ***Access issued will be based on the above duration of contract/course of study ONLY****. Extension of access validity is subjected to proof of renewal of contract/extension of course of study.**\* Access will be removed upon end of contract/ resignation or change of department.* |
| **Access request to:**(Please tick and specify research activity/ equipment of interest at each level)□ **Level 2** ; *#*Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ **Level 6** ; *#*Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_□ **Level 8** ; *#*Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*#mandatory* |

**Important: Please read the following information**

**Section 1**

**Users** must ensure that:

Risk assessments and Semi-quantitative risk assessments must be submitted prior to any work performed in NERI.

**Section 2**

**Supervisor/ Principal Investigators (PIs)** must ensure that:

1. For safety reasons, only postgraduate students (PGs) and full-time researchers will be granted access to the laboratory after office hours. **Undergraduates Students (UGs) will not be granted access into the laboratory after office hours.**
2. **All users (UGs, PGs and full time researchers) must not work alone in the laboratory.** He / She have to **work in the presence of another laboratory personnel** with the Supervisor’s/ PI’s full knowledge of the nature of work performed.
3. The users are familiar with the emergency telephone numbers

Campus Security: 6874 1616

Medical Assistance Service: 6776 1631/ 6516 2880

Faculty Safety & Health Officer: Zhou Qian: 6601 2524

Fire / Ambulance: 995

Police: 999

**I have read the above terms and conditions and acknowledge that the information submitted in this
 form is true and complete.**

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| --- | --- |
| Requestor name: | Signature & Date: |

***PI is to read and understand the contents listed in Section 2 and agree to abide before completing the section below.***

|  |  |
| --- | --- |
| PI Name: | PI Signature & Date: |

**FOR NERI OFFICE USE ONLY**

1. Card access granted for:

□ Level 2: □ Office Hours (Mon-Thurs: 8.30am-6.00pm, Fri: 8.30am-5.30pm) □ 24 Hours

□ Level 6: □ Office Hours (Mon-Thurs: 8.30am-6.00pm, Fri: 8.30am-5.30pm) □ 24 Hours

□ Level 8: □ Office Hours (Mon-Thurs: 8.30am-6.00pm, Fri: 8.30am-5.30pm) □ 24 Hours

1. Locker no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requestor Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized by:

|  |  |
| --- | --- |
| Name:  | Signature & Date:  |