Department of Aerospace Engineering
Faculty of Engineering
LABORATORY APPLICATION FORM

ATTENTION

1.The applicant MUST fill in below list forms together with these form:
- **Laboratory Safety Form**
- **Risk Assessment Form**

2. Application must be verified by Supervisor and Assisstant Engineer.
3. Application must be endorsed by Department Safety Office.
4. Application must be approved by Head of Laboratory and Head of Department.

Laboratory Working Hours
- Office hours Monday to Thursday (8.00 am to 1.00 pm and 2.00 pm to 5.00 pm)
  Friday (8.00 am to 12.15 pm and 2.45 pm to 5.00 pm)
- Outside office hours (5.00 pm until no later than 10.00 pm)

A Activity & Designation

Activity: Please ☑ for any selection
- ☐ Teaching
- ☐ Research
- ☐ Service
- ☐ Consultation
- ☐ Others (Please Mention) _____

Status: Please ☑ for any selection
- ☐ UPM Staff (Non Dept./ Non Faculty/Institute)
- ☐ Research Assistant
- ☐ Postgraduate Student (PhD/ Post-Doc./Msc/Msc without Thesis)
- ☐ Undergraduate Student (Laboratory/Project)
- ☐ Others (Please Mention)_____

B Applicant

Name :_____
Dept./Faculty/Institute :_____
Matric No. :_____
Mobile No. :_____
Email Address :_____

Application Signature & Date:
_____

Laboratory :_____
Name of Equipment :_____

Work Schedule
(Date/Time needed)

Date									
Time									

(Work schedule must be finalized by Assistant Engineer & Supervisor. Make an attachment if necessary)

Payment (If Related) ***RM*** _____
Vot No. _____

C Verification

Supervisor
(sign, stamp & date) _____

Assistant Engineer
(sign, stamp & date) _____

D Safety Endorsement

Dept. Safety Officer/
Development Coordinator
(sign, stamp & date) _____
or
Dept. Employer Rep. JKKP
(sign, stamp & date) _____

FOR OFFICE USE

☐ **Approved** ☐ **Not Approved** **Comment :** _____

Head of Laboratory
(sign, stamp & date) _____

Head of Department
(sign, stamp & date) _____

Issue No. : 01
Effective Date : 22-Mac-2016