

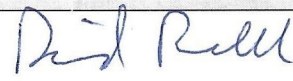


After-Hours Work Approval Form

Duration: Start date 03 FEB 20 End date 31 JUN 2020

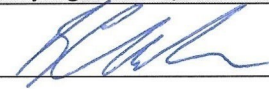
Person(s) Covered by this Approval: In signing below the person agrees to all conditions listed in the activity's risk assessment and the "UNSW Canberra After-Hours Policy and Procedure" and understands that approval may be revoked at any time.

Name (in full):	Signature:	Supervisors Name:	Supervisors Signature:
TRAVIS MCKEE		EDWIN PETERS	
Position and Contact No:	Staff/Student ID:	Lab Supervisors Name (if applicable)	Lab Supervisors Signature
UGRAD 0421 155 955.	25157307	DAVID POWELL	

Please list below the activities to be undertaken after-hours, the locations of the activity, associated Risk Assessments and nominated 'buddy'.

Activity:	Location:			Approved Risk Assessment:	
	Building	Room	Room Type	Title	Number
LOW Power RF Checks (< 23dBm)		307	(i.e office/lab) LAB	Induction c/o with David Powell	

Please list below the buddy who will be present on campus whilst you are working. (Academics/Research Associates – buddy not required for office work)

Name of buddy (in full):	Buddy Mobile number:	Buddy Signature: (I acknowledge I must be present at all times)
BEN CLARK	0414449620	

Nominated person off campus (name in full):	Relationship to person requesting access:	Telephone:
CHRISTINE MCKEE	SPOUSE	0402 485 698

Authorisation of After-hours work:					
Name & Position:	Prof. Chi-King Lee Deputy Head of School	Signature:		Date:	
Telephone:	02-6268-8059	Email:	c.lee@adfa.edu.au		