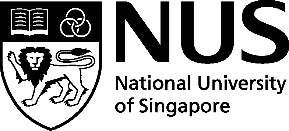
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| **Department of Mechanical Engineering** |
| **Applied Mechanics Group** |



**USER REGISTRATION**

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| **USER PARTICULARS** | | | | | | | | | | | | | | | | |
| Name: | Benjamin Tay | | | | | | | | | Matric No: | | | | A0253404N | |  |
|  |  | | | | | | | | |  | | | |  | | |
| Supervisor(s): | | Lim Hong Wee, Kenneth Neo | | | | | | | | Type of Project: | | | | | FYP |  |
|  | |  | | | | | | | |  | | | | |  | |
| Attachment Period: | | | From: | 18 Oct 2024 | | | | | | To: | 30 May 2025 | | | | |  |
|  | | |  |  | | | | | |  | |  | | | | |
| Contact No: | | 96434375 | | | | Email: | | | E0958992@u.nus.edu | | | | | | |  |
|  | | |  | | | | |  | | | |  | | | | |
| Emergency Contact Information | | | | |  | | |  | | | |  | | | | |
| Name: | Rita Tan | | | | | | Contact No: | | | | 98151532 | | | | |  |
|  | | | | |  | | |  | | | | |  | | | |

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| **PROJECT RISK ASSESSMENT**   1. To be completed by **Project Supervisor**. 2. Attach extra sheets if necessary. | | | | | | | | | | | | | | |
| Project Title: | | IS-410: Fiber Reinforced 3D Prints | | | | | | | | | | | |  |
|  |  | | | | | | | | | |  |  | | |
| Risk Assessment: | | | | | |  | | | | | | | | |
| □ No Risk | | | | | |
| □ Risk [Please tick the risks and indicate Assess Risks and Risks Control below] | | | | | | | | | | | | | | |
| □ Mechanical | | | | □ Electrical | | | | □ Chemical | | □ Biological | | | □ Noise |  |
| □ Others (Please specify): | | | | | | |  | | | | | | |  |
| Assessed Risks: | | |  | | | | | | | | | | |  |
| Risk Controls: | | |  | | | | | | | | | | |  |
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|  | | | Name of Project Supervisor | | | | | |  | | Signature and Date | | |  |
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| **SAFETY VIDEO VIEWING** | |
| Safety Video Title | Date of Viewing |
| (<https://www.nus.edu.sg/canvas/login/>)  (Shortcut guide to Canvas: shorturl.at/ntwz4)  OSHGEN01 Lab Safety Induction Training  OSHGEN02 Introduction to Laboratory Safety and Health – Policy, Principles and Practice. | 18-Oct-2024 |
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| **GUIDELINES FOR APPROPRIATE USE OF LABORATORY FACILITIES** |
| 1. Be responsible for your own safety and proper handling of your project setup. Think of the impact on others as a result of your action. 2. Wear proper attire in the laboratory. **No sandals**, **slippers** or any **open-toed shoes** are allowed. Observe additional safety measures required at other areas. 3. **Do not work alone in the laboratory after office hour**. 4. **Strictly NO FOOD is allowed in the laboratory**.  No Visitors are allowed in the laboratory without permission from the laboratory management/Head of Department.  1. Dispose wastes (e.g. chemicals and biologicals) in accordance to safety guidelines where appropriate. 2. Sign your attendance on the **LOG BOOK** when accessing the laboratory after office hours. 3. No operation of machines/equipment is allowed before any briefing on respective safe machine operation procedure. Follow the Standard Operating Procedures (SOPs). Report any unsafe practices and/or malfunctioned equipment to the laboratory staff. 4. **Report any incident or accident immediately to the laboratory staff during office hours and to the campus security officer/faculty safety officer after office hours. Check safety notice board for the contact numbers.** 5. All claims for approved purchased, are to be submitted to lab/office within 2 months from the invoice date. Claims submitted after 2 months of invoice date will not be entertained. |

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| **DECLARATION** | | | | |
| □ I agree to abide by the above Guidelines for Appropriate Use of Laboratory Facilities.  □ I shall not hold the University responsible or liable in the event of death, injury, disability or any mishaps while participating in the laboratory activities.  □ I have read, understood and hereby acknowledged receipt of an exact copy of this Registration form. | | | | |
|  |  |  |  |  |
|  | Name |  | Signature and Date |  |