

Work Place Permit (WPP)

The WPP is compulsory for **students, PhD students, employees and guests** for getting access and working in the laboratories. Violation of the safety rules will lead to immediate dismissal from the laboratories and withdrawal of the work place permit.

Procedure overview:

1. WPP to be filled in by the project group including description of test set-up and experimental procedures.
2. WPP must be approved (signed) by the supervisor and the lab. responsible for access.
3. When the set-up is established the WPP must be approved for experimental work.
4. Major changes to the experimental setup needs a new WPP
5. The WPP must be visible at the laboratory set-up.
6. Latest after project examination, the lab responsible must approve the laboratory workspace in terms of tidiness and returned equipment.

Information about people working on the experiment:

Name (contact person)	<input type="text"/>	Office:	<input type="text"/>
Phone number:	<input type="text"/>	Email:	<input type="text"/>
Project title/Group no.:	<input type="text"/>		
Student:	Staff:	Research assistant:	PostDoc:
			PhD:
Standard laboratory:	Special laboratory:		

Full name	AAU card number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Digital signatures are not allowed. Please sign with a blue pen.

Admission for the laboratory period: Start: End:

Laboratory building: room: lab. table:

Chemical risk evaluation needed: Yes (info here) No risk

Dual-use risk evaluation needed: Yes (info here) No risk

The laboratory responsible or supervisor confirms hereby that the correct safety information and instructions are given to ALL the above mentioned individuals.

Name of laboratory responsible or supervisor:

Date: Signature:

Digital signatures are not allowed. Please sign with a blue pen.

Information about the experiment:

a) Description of the experiment

b) Identification of potential hazards

c) Operating procedures

d) Cleaning and removing of experimental setup

The description must be updated regularly according to progress in the project.

Approved for laboratory access:

The laboratory responsible and supervisor confirms hereby that permission is given for access to the experimental setup but not for experimental work.

Date_____
Supervisor_____
Date_____
Laboratory personnel**Setup approved for experimental work:**

The laboratory responsible and supervisor confirms hereby that the experimental setup is safe for starting experiments.

Date_____
Supervisor_____
Date_____
Laboratory personnel

Digital signatures are not allowed. Please sign with a blue pen.

Work Place Permit (one page carbon-copy for lab. personnel)

Information about people working on the experiment:

Name (contact person)	<input type="text"/>	Office:	<input type="text"/>
Phone number:	<input type="text"/>	Email:	<input type="text"/>
Project title/Group no.:	<input type="text"/>		
Student:	Staff:	Research assistant:	PostDoc:
			PhD:
Standard laboratory:	Special laboratory:		

Full name	AAU card number	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Digital signatures are not allowed. Please sign with a blue pen.

Admission for the laboratory period: Start: End:

Laboratory building: room: lab. table:

Chemical risk evaluation needed: Yes (form is attached) No risk

Dual-use risk evaluation needed: Yes (form is attached) No risk

The laboratory responsible or supervisor confirms hereby that the correct safety information and instructions are given to ALL the above mentioned individuals.

Name of laboratory responsible or supervisor:

Date: Signature:

Digital signatures are not allowed. Please sign with a blue pen.