



FACULTY OF VETERINARY MEDICINE

LABORATORY & KEY AUTHORISATION FORM

Each user (student/researcher) is required to undergo an induction period prior to approval to carry out independent research experiments in the laboratory. The purpose is to impart the users on the general safety rules of the laboratory and to allow the users to appreciate safety requirements relevant to the experiment or laboratory work he/she wishes to carry out. This authorisation form needs to be completed by each laboratory user and need to be endorsed by supervisor, laboratory coordinator and laboratory technician. Please submit the completed form to the laboratory technician. **This form is valid for laboratory authorisation, key authorisation or permission to work after office hour/weekend.**

APPLICANT DETAILS

Name of Applicant: _____

Contact No: _____ E-Mail: _____

Matric No: _____

Programme:

Diploma/Degree/Bachelor Master Ph.D Others Please specify: _____

Department/Faculty: _____

PROJECT DETAILS

Project or Research Title or brief description of work: _____

LABORATORY USAGE

State your purpose for using this specific laboratory (equipment/facilities, chemicals, etc)

Proposed Dates of Lab Usage: (from) _____ (to) _____

TRAINING REQUIRED

Please provide details of any training required for the use of the equipment and the handling of chemicals. If you do not require training, please state why.

LAB USER DECLARATION

It is hereby certified that:

1. I have read and understood the regulations of general laboratory safety and will adhere to them in using the laboratory.
2. I have the necessary Personal Protective Equipment (PPE) and will wear it at all times when in the laboratory.
3. If training is required, I understand that any independent lab work could only be proceed once training has been completed, certified by the laboratory technician and an approval has been obtained.
4. I will work in a responsible manner that does not endanger my safety or other laboratory users.
5. If laboratory key is issued to me, I will report to the lab coordinator/technician/supervisor in the event of lost/theft. I will not lend out or give any issued key to anyone, unless instructed by the lab coordinator/technician. I will also promise not to DUPLICATE THE KEYS.
6. Any accident will be reported to the laboratory technician.
7. I will be responsible for any repair required if the equipment break down due to my negligence/my student's negligence or mishandling during the period of usage/loan.
8. I am willing to pay for the service and contribute to the cost of maintenance of equipment.
9. I will be responsible for the cleanliness and safety of biological/chemicals/equipment/glassware used.
10. All the consumables used will be replaced and all items borrowed will be returned in good condition.
11. I am aware that failure to adhere to the regulations of general laboratory safety and/or specific laboratory guidelines provided by the laboratory technician may lead to suspension of laboratory use.

Applicant's Name: _____ Matric No: _____

Applicant's Signature: _____ Date: _____

Supervisor's Signature and Official Stamp: _____
Date: _____

FOR LABORATORY USE ONLY

Your request for the above mentioned have been approved is not approved

Laboratory key issued: YES NO Date issued: _____

Laboratory Technician's Signature and Official Stamp: _____
Date: _____

Laboratory Coordinator's Signature and Official Stamp: _____
Date: _____

Note: User (student/ supervisor) may take a copy of this signed form, but the original must be filed with the laboratory technician.

Procedures for Laboratory Usage After Office Hours (5pm - 11 pm) and Weekend (Saturday and Sunday)

1. Fill up the **Laboratory Authorisation Form**.
2. The student shall sign the form and agree with the terms of the prescribed biosafety.
3. Obtain the confirmation and signature from research project supervisor.
4. Send the form to the laboratory to obtain permission and confirmation from laboratory coordinator and laboratory technician.
5. The form should be submitted **3 days** before the use of the laboratory.
6. After obtaining permission from the laboratory coordinator and laboratory technician, the student can get the key from the laboratory officer (for students who are not issued keys to the laboratory) and record in the logbook (**Laboratory Key Logbook**).
7. Students are required to record their name, entry time and exit time together with their signature in the logbook (**After Office Hours Logbook**).
8. Students are encouraged to do laboratory work accompanied by colleagues/supervisor or laboratory technician for safety unless it is deemed safe by the supervisor for the students to work alone.
9. The student must return the key to the laboratory officer and record the return date on the logbook. **DO NOT DUPLICATE THE KEY.**
10. Students who violate these conditions intentionally should be strictly prohibited from using the laboratory after office hours or during weekend.

