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| Project Title |
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| --- | --- | --- | --- | --- |
| Project Periode | Begins: |  | Ends: |  |

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| --- | --- |
| Semester, |  |
| group no.: |  |
| Room No.: |  |
| Supervisor: |  |

### Approval

|  |  |
| --- | --- |
| Supervisor/superior approval | Date: \_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### Documentation / Certificates

In case of special requirements, due to legal or otherwise, documentation and any certificates must be attached to this Document

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description of personnel | | | | |
| Name | AAU Card no. | Email | Insurance | Signature |
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1. Outside normal working hours (At least 2 students must be present at all times for safety reasons)

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| Describe necessity of working outside normal working hours |
| Supervisor:  Date: \_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

### At project termination

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Equipment OK |  | Clearing up OK |  | Waste handling OK |  |
| Laboratory technician / supervisor  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

### Description of experiment:

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### Procedures: (please attach detailed procedures)

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### Necessary Instructions to carry out experiment

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| Work with Chemicals |  |
| Work with hot materials |  |
| Work with rotation machinery |  |
| Work with analytical instruments |  |
| Cutting equipment |  |
| Electric equipment |  |
| Flow/pressure systems |  |
| Laser equipment |  |
| Gas systems |  |

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| Risk evaluation of Experiment |
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### In Case of Emergency

### Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Waste management |
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