## **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. The WPP must be visible at the laboratory set-up.
- 5. Latest after project examination, the lab responsible must approve the laboratory workspace in terms of tidiness and returned equipment.

Information abou	ıt people w	orking on the ex	kperiment:	_		
Name (contact person)				Office	:	
Phone number:				Email:		
Project title/Grou	ıp no.:					
Student:	Staff:	Research as	earch assistant:		:Doc:	PhD:
Standard labora		Special laboratory:				
Full name	AAU ca	rd number		Signature		
Admission for the	laboratory	period: Start:		End:		
Laboratory buildir	ng:	room	:		lab. table:	
					_	
The laboratory re	acnonciblo	or cuporvicor co	nfirms har	oby +b >+ +	ha carract	cafaty information
·	•	•		•		safety information
and instructions	_			a inaiviau	ais.	
Name of laborato	ory respons					
Date:		Signatu	re:			

I <b>nfo</b> rn a)	nation about the experiment:  Description of the experiment		
a)	Description of the experiment		
b)	Identification of potential hazards		
c)	Operating procedures		
d)	Cleaning and removing of experim	ental setup	
		•	
he de	scription must be updated regularly	according to progre	ss in the project.
	ved for laboratory access:		
	atory responsible and supervisor confirms hereby the mental work.	at permission is given for ac	cess to the experimental setup but not
Dat	e Supervisor	Date	Laboratory personnel
etup	approved for experimental work	<b>(:</b>	
ne labor kperime	atory responsible and supervisor confirms hereby thnts.	at the experimental setup is	safe for starting
Dat	e Supervisor	 Date	Laboratory personnel

## **Work Place Permit** (one page carbon-copy for lab. personnel) Information about people working on the experiment: Name (contact person) Office: Phone number: Email: Project title/Group no.: Research assistant: PhD: Student: Staff: PostDoc: Standard laboratory: Special laboratory: Full name AAU card number Signature Admission for the laboratory period: Start: End: Laboratory building: room: lab. table: 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:

Signature:

Date: