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 about people working on the experiment:

Name (contact person)			Office:	
Phone number:			Email:	
Project title/Group no.:				
Student:	Staff:	Research assistant:	PostDoc	: PhD:
Standard laboratory:		Spec	cial laboratory	/:

Full name	AAU card number	Signature
Admission for the laboratory period	: Start: End	1:
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:

Date:

Signature:

Infor r a)	mation about the experiment: Description of the experiment
b)	Identification of potential hazards
c)	Operating procedures
d)	Cleaning and removing of experimental setup
The de	escription must be updated regularly according to progress in the project.
Annro	oved for laboratory access:
	ratory responsible and supervisor confirms hereby that permission is given for access to the experimental setup but not

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

Information abou	it people v	vorking on the experiment:				
Name (contact p	erson)	c	Office:			
Phone number:		E	mail:			
Project title/Gro	up no.:					
Student:	Staff:	Research assistant:	Post	Doc:	PhD:	
Standard laborat	ory:	Special I	laboratory:			

Full name	AAU card number	Signature
Admission for the laboratory period:	Start: End	1:
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:	
Name of laboratory responsible of supervisor.	

Date:

Signature: