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**FOR STUDENT**

**UNIVERSITI BRUNEI DARUSSALAM**

**OUTSIDE OFFICE HOURS (OOH) ACCESS TO FACULTY OF SCIENCE APPLICATION FORM FOR LABORATORY/WORKSHOP ACTIVITIES**

(*The form should be submitted to the Faculty Office* ***at least 5 working days******prior to*** **STARTING DATE**)

(Full Programme must be attached with this form for submission of ONE semester, complete with Risk Assessment)

**Section 1: Details of Applicant (*To be completed by STUDENT)***

|  |  |
| --- | --- |
| Student Name: |  |
| Student Registration (ID) No.: |  |
| Program / Course: |  |
| Faculty/Institute/Centre: |  |
| Year / Semester: |  |
| Student ID or  Passport No. *(For International Student):* |  |
| Student Contact Number: | (HP) (Home) |
| Medical Condition (State *N/A* if none): |  |
| FOR EMERGENCY PURPOSE | |
| Next of Kin Full Name (relationship): |  |
| Next of Kin(s) Contact No.: | (HP) (Home) |

**Section 2: Project Details (*To be completed by STUDENT)***

|  |  |
| --- | --- |
| **FOR LAB WORK / WORKSHOP/OFFICE** | |
| Project / Research / Experiment Title: |  |
| Date / Time / Duration  (Up to **ONE semester** only): |  |
| Lab name /Room No. |  |
| Brief description of work (Nature of work &  Justification why MUST the work be done after office hours) – *please submit attachment if not enough space* |  |
| Type of Activity (Mark with X) | **Low Risk ( ) Medium Risk ( ) High Risk ( )** |
| ***Student Declaration***  *I have read the “After Office Hours (AOH) Access To Faculty Of Science Building Guidelines” and agree to abide by the restrictions. I take full responsibility for using the lab/workshop equipment / instruments / glassware / chemicals with care and will follow lab/workshop safety manual / guidelines. I will also not let anyone else enter and use the lab/workshop unless I am sure that they have also obtained permission to work after office hours.*  *Under no conditions will I work alone “after office hours’ in the lab/workshop. In addition, I have received training in the proper experimental and emergency procedures and understand those procedures for the work I am authorized to do after office hours. I am fully aware of the emergency procedures and will immediately notify the relevant parties for any in relation to safety, health and security incidents.*  **Student Signature: Date:**  **Name of Companion:**  **IC No.: Designation:**  **Contact No.:**  **Companion Signature:** | |

**Section 3: Faculty/Program Verification *(To be completed by the SUPERVISOR)***

|  |
| --- |
| Supervisor Details  Full Name:  Post:  Contact number: (O) (HP) (Home) |
| Remarks / Recommendations: |
| *The student has been briefed and trained on the faculty safety rules and regulations and on the use of equipment, materials as well as the emergency procedures for the work to be performed after office hours and, understands the requirements of the “After Office Hours Access To Faculty of Science Building Guidelines” including any restrictions on work that can be done after office hours without faculty supervision.*  *I verify that the student had undergone the faculty/lab/workshop safety and health induction program and given proper instructions.*  *I have NO OBJECTION for the student to work after office hours for the following date and time below:*  **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Signature: Date:** |

**Section 4: Approval from Program Leader**

|  |  |
| --- | --- |
| Full Name: |  |
| Programme: |  |
| Remarks:  (any restrictions / instructions) |  |
| Signature: Date: | |

**Section 5: Recommendation from the Dean of Science**

|  |  |
| --- | --- |
| Full Name: |  |
| Remarks  (any restrictions / instructions) |  |
| Signature: Date:  *cc. Head, OSHE*  \**The scanned copies of the approved form are to be emailed to Supervisor, PL, Dean and* [*office.oshe@ubd.edu.bn*](mailto:office.oshe@ubd.edu.bn) | |

Notes:

* The original copy of the approved form MUST be kept and made available by the student for security check purposes.
* Students shall be liable for any damage of laboratory properties or loss of his / her personal belongings due to individual negligence.
* Damage or missing equipment (s) must be reported to the lab staff / supervisor immediately. A written report to be made to the lab staff in charge and attached to this form.
* **NEVER WORK ALONE IN THE LAB** (advisable in a group of 3).
* Never bring any unregistered student or public / visitor.
* Any display of inappropriate behavior is prohibited and disciplinary action will be taken.

*Updated February 2024*