



The *FTKA Laboratories* requires users of the facility to conduct a risk assessment of their projects prior to commencing work in the *FTKA Laboratories* in compliance with the University Malaysia Pahang safety policy and in accordance with the Occupational Safety & Health Act (OSHA) promoting safe practices in the workplace.

NOTE: NO LAB WORK CAN COMMENCE WITHOUT THIS PROJECT RISK ASSESSMENT IS APPROVED.

PROJECT RISK ASSESSMENT FORM

You must complete all parts of this form as required. All documents must be forwarded to the *FTKA Laboratory's* committee.

NAME:

ID NO. :

SUPERVISOR:

LOCATION/S:

PROJECT TITLE:

PROJECT SAFETY CLASSIFICATION: LOW
(Project Safety Classifications are defined on HIRADC)

(A) THE RESEARCH PROJECT

Title of research project:

Types of samples

For example, what types of samples will be used? Where will they be prepared? Will they be stored? How will they be safely disposed of in an environmentally protective manner?

Overview of experimental work

For example, how the samples will be prepared? What experimental set-up will be used? How the loading will be applied to the specimens?

(B) REQUIRED TRAINING ACTIVITIES TO SUPPORT RESEARCH AND TEACHING SPECIFIC TASKS

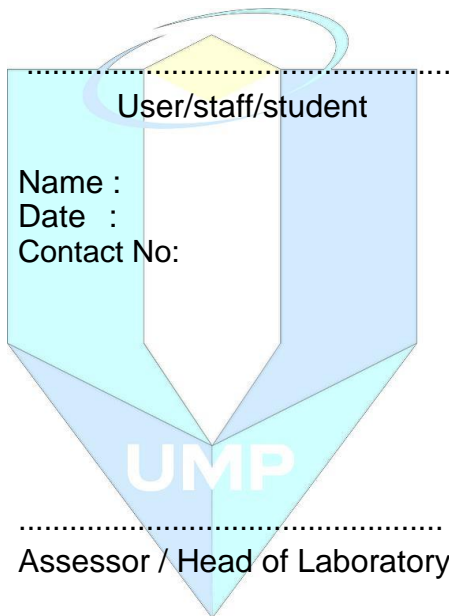
Required training activities	Name of person who provided the training	Signature of the person providing the training	Signature of trained person (<i>with laboratory stamp</i>)	Date of the Training

(C) HAZARDOUS SUBSTANCES & DANGEROUS GOODS (provide yes/no answers for middle columns only)

Area (laboratory name)	Chemicals	MSDS attached	Toxic	Flammable	Carcinogenic	Irritant	Disposal

DECLARATION

I have read and understood the attached MSDS and have completed this form to accurately assess the OSH risks associated with my project at the *FTKA Laboratories*.



.....
User/staff/student

Name :
Date :
Contact No:

.....
Assessor / Head of Laboratory

Name :
Date :
Contact No:

.....
Supervisor
Name :
Date :
Contact No:
Universiti
Malaysia
PAHANG

.....
Safety Representative
Engineering • Technology • Creativity

Name :
Date :
Contact No:

Attach all HIRADC (Compulsory)

Attach all MSDS (If applicable)