

## Work Place Permit (WPP)

The WPP is compulsory for **students, PhD students, employees and guests** working in the laboratories in the Pontoppidanstræde area. 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. 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: \_\_\_\_\_ Guest: \_\_\_\_\_

Standard laboratory: \_\_\_\_\_ Special laboratory: \_\_\_\_\_

All persons working on this setup confirm that they have been part of personal instruction to work in the specific laboratory and they have participated on the general safety course given at the Department of Energy Technology or have seen the safety instruction video.

Full name	AAU card number	Signature
<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	_____
<input type="text"/>	<input type="text"/>	_____
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Admission for the laboratory period: Start:  End:

Laboratory building:  room:  lab. table:

Dispensation: Yes No

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: \_\_\_\_\_

**Information about the experiment:**

a) Description of the experiment

b) Identification of potential hazards

c) Operating procedures

d) Cleaning and removing of experimental setup

The description must be updated regularly according to progress in the project.

**Approved for laboratory access:**

The laboratory responsible or supervisor confirms hereby that permission is given for access to the experimental setup but not for experimental work.

\_\_\_\_\_   
Date

\_\_\_\_\_   
Supervisor

\_\_\_\_\_   
Date

\_\_\_\_\_   
Laboratory personnel

**Approved for experimental work:**

The laboratory responsible or supervisor confirms hereby that the experimental setup is safe for starting experiments..

\_\_\_\_\_   
Date

\_\_\_\_\_   
Supervisor

\_\_\_\_\_   
Date

\_\_\_\_\_   
Laboratory personnel

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

Information about people working on the experiment:

Name (contact person)	<input type="text"/>	Office:	<input type="text"/>
Phone number:	<input type="text"/>	Email:	<input type="text"/>
Project title/Group no.:	<input type="text"/>		

Student: \_\_\_\_\_ Staff: \_\_\_\_\_ Guest: \_\_\_\_\_

Standard laboratory: \_\_\_\_\_ Special laboratory: \_\_\_\_\_

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Admission for the laboratory period: Start:  End:

Laboratory building:  room:  lab. table:

Dispensation: Yes No

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: \_\_\_\_\_