Department of Mechanical Engineering - Mechanics of Materials Division

Registered User No.:

**REGISTRATION of LAB-ACTIVE WORKERS**ver.6 6/19

# All lab users must have completed RAFT and be authorised by the MoM Safety Officer.

**Supervisor:** It is your responsibility to ensure correct completion of this form, and to ensure the User is adequately trained. Keep a copy for your records.

**User:** Return a copy to the MoM Safety Officer (Alex Toth, room 114, 077140 51498) before you begin any experimental work. Keep a copy for your records as you may be asked to produce a copy of this form by the lab manager or technician before commencing work in a laboratory.

Name of User (Block Capitals): CID:

Department: Phone:

Lab use start date: End date: (maximum duration 3 years)

Supervisor Name: Phone:

User is (please tick) : Undergraduate : MSc student : PhD student

: Research Assistant : Technician : Academic : Other

**MoM laboratories** where User will work (please tick):

|  |  |  |  |
| --- | --- | --- | --- |
|  | 012 | High Temperature Testing |  |
|  | 013 | Thermal Mechanical |  |  | 120 | PAC Testing |
|  | 101 | Batteries group |  |  | 508 | Optical Microscopes |
|  | 103 | Undergraduate Teaching |  |  | 509 | Atomic Force Microscope |
|  | 105A | Department shared area |  |  | 511 | Adhesives |
|  | 105B | Metallurgy |  |  | 512 | Scanning Electron Microscope |
|  | 114/002 | Dynamic Fracture & Forming |  |  | 513 | Soft Solids |

**Hazards:** Supervisor must list all hazards the User is expected to encounter.

|  |  |
| --- | --- |
| Hazard type | Description |
| Chemical |  |
| Mechanical/  Electrical |  |
| Compressed/  Liquefied Gas |  |
| Laser/Other |  |

**Chemical Hazards:** Supervisor must insure that all Assessments reduce risk as is reasonably practicable.

COSHH risk assessment required? YES / NO

Covered by a General Risk assessment? YES / NO COSHH registration/date no.: \_\_\_\_\_\_\_\_\_\_ Process COSHH Risk assessment completed? YES / NO COSHH registration/date no.: \_\_\_\_\_\_\_\_\_\_

**To be completed by the User:**

Have you completed Risk Assessment Foundation Training (RAFT)? YES / NO Date: \_\_\_\_\_\_\_\_\_\_

Raft results should be emailed to the MoM safety officer or attached to this form.

Have you attended the Departmental safety induction lecture? YES / NO Date: \_\_\_\_\_\_\_\_\_\_

Have you been introduced to the technical staff? YES / NO

Have you looked the MoM Safety handbook? YES / NO

<https://www.imperial.ac.uk/media/imperial-college/faculty-of-engineering/mechanical-engineering/internal/safety-eng/MoM-Safety-Handbook-2012-2013.docx>

<https://www.imperial.ac.uk/staff-development/safety-training/safety-courses-/risk-assessment-foundation-training-raft/>

If you answered NO to any of these, have you arranged to do so as soon as possible? YES / NO

Please give brief details: \_\_\_\_\_\_\_\_

Signature of User: Date:

**To be completed by the Supervisor:**

I have checked the above registration and confirm that the information is complete and correct.

I have ensured that the User has received or will receive appropriate safety training.

It is the responsibility of the User and Supervisor to ensure that this form is kept up to date and to inform the MoM safety officer of any changes to the document.

Signature of Supervisor: Date:

**To be completed by the MoM Safety Officer:**

Registration received and checked

Signature of Safety Officer: Date: