

Department of Mechanical Engineering

NDE Laboratory

Health & Safety Rules and Laboratory active worker registration

All lab users must be authorised by the Head of Division or Technical Head of Division

Name of User (Block Capitals): _____ CID: _____

Department: _____ Lab use start date: _____ End date: _____

User is (circle): Undergraduate, Postgraduate, Research staff, Technician, Academic, Other

The purpose of this document is to set out very brief and simple operating rules for the NDE laboratory (room 223) so that all laboratory members and their visitors can work in a safe environment. Any breaches of these rules will be taken seriously and may result in individuals being banned from the facilities. The NDE Laboratory is an unsupervised research laboratory, so before you gain access to it you should be aware of the safety provisions. A full NDT Lab safety handbook is available on the intranet site (<http://www3.imperial.ac.uk/mechanicalengineering/intranet/safety>) as is the departmental code of practice. This form should be signed by you and your supervisor and a record of it will be kept with the Group Administrator (Nina Hancock in room 460a).

Please acknowledge that you have read and will adhere to the following simple rules:

	Rule	Initial
1	Eating and drinking is not allowed in the laboratory apart from the section near the sink and coffee machine.	
2	Anyone using the electronics bench and the workshop area needs to have completed the departmental workshop course and will need to wear the appropriate personal protective equipment (PPE) that is provided.	
3	Anyone using the Lasers will need to have completed the college laser safety training course.	
4	If you bring chemicals, epoxies or other substances into the laboratory, you will discuss this with the appropriate laboratory managers (Dr. F.Cegla or Mr. G.Gubicza), provide a MSDS sheet for the substance and fill in a risk assessment form where necessary.	
5	If you are building/ using a rig that you or our supervisor consider dangerous you will discuss this with your supervisor, carry out a risk assessment and write up a standard operating procedure for that rig/piece of equipment.	
6	If in doubt about any safety aspects, ask! Your supervisor and the laboratory team are there to help.	

Emergency Contact Numbers

Security – Fire – First Aid – Police Emergency (24hours) ext 4444
General (24 hours) Internal ext 48910 or 58920

If you cannot get to an internal phone, please contact SECURITY at South Kensington Campus on: 020 7589 1000

Health Centre Contact number 0207 584 6301 (incl. out of hours)
Clinic Location 40 Princes Gardens
Opening Hours 8.00 am - 6.00 pm Mon/Wed/Thur/Fri
8.00am – 1.00pm Tues

Nearest Accident & Emergency Hospital St Mary's Hospital, Praed St, London W2 1NY

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Supervisor/Line Manager: _____ Phone: _____ CID: _____

Supervisor/Line Manager: It is your responsibility to ensure completion of this form, and to ensure that the user is adequately trained. Keep a copy for your records and return a copy to the Technician Head of Division (THoD – Phil Wilson) before the user begins experimental work.

Dynamics & NDE laboratories where the user will work (please tick):

Room number	Laboratory Name	Tick to indicate
101	Dynamics & Vibration	
211	NDE Laboratory	

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

Hazard type	Description
Chemical	
Laser	
Compressed/liquefied gas	
Other	

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

COSHH risk assessment required	Yes / No
Covered by General assessment?	Yes / No COSHH registration no:
Individual COSHH assessment completed?	Yes / No COSHH registration no:

To be completed by the User:

Have you received a copy of the Dyn & NDE Safety	Yes / No
Have you been introduced to the technical staff and THoD?	Yes / No
Have you attended the Departmental safety introduction?	Yes / No Date:
Have you attended the Departmental workshop course?	Yes / No Date:
Have you attended the College Laser safety course?	Yes / No Date:

If you have answered No to any of these, have you arranged to do so as soon as possible? Yes/No
Please give brief details:

Signature User: _____ Date: _____

To be completed by Supervisor/Line Manager:

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

Signature Supervisor: _____ Date: _____

To be completed by Technical Head of Division:

Registration received and checked

Signature of THoD: _____ Date: _____

This registration will be reviewed annually by the THoD. It is the responsibility of the User and Supervisor to ensure that it is kept up to date.

Review due date				
Review complete date				
User Signature				
Reviewer Signature				