Department of Mechanical Engineering

Thermofluids Division

**REGISTRATION OF EXPERIMENTAL WORK** – valid for a maximum period of 3 years

Room No: \_\_\_\_ Building: \_\_\_\_\_\_\_\_\_\_ Start date: \_\_/ \_\_/ \_\_ End date: \_\_/ \_\_/ \_\_

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1. Brief Description of Project/Activity/Equipment – give relevant practical details:

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1. Individual Project, give Research Worker(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR, if a General Facility, tick box: Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Service to be used: (tick boxes)

Electricity Water Compressed Air Use of Fume Cupboard

1 Phase Mains Steam State whether Class A, B or C

3 Phase Cooling Gas if in doubt ask A N Other

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| --- | --- |
| 4. Hazards: (tick box for each potential hazard) | 6. COSHH risk assessment |
| Electrical  |  Moving Machinery  | Zero  | Low  |
| Radioactivity |  Compressed/liquefied gases | Medium  | High |
| X-rays |  Vacuum systems | Covered by a General assessment? |
| Microwaves |  Pressurised equipment: | YES/NO |
| Flammable chemicalsLaser |  Conforms to pressure Regulations | If NO, then a separate assessment must be completed |

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5. Quantify hazards identified in section 4. (Use separate sheet if necessary).

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7. Will the apparatus be run? (a) unattended? Yes/No (b) overnight? Yes/No

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8. Referee’s recommendations:

 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Departmental Safety Officer’s Recommendations:

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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10. Recommendations noted:

Research Worker(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 11. The student/RA has received or will receive appropriate safety training | 12. Registration entered |
| Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tech Services Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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13. Date inspected \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

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