University of Aberdeen

School of Engineering

Out of Hours – Running Equipment Application Form

User contact details:

Name:

Mobile:

Status: Student / PGR Student / Staff / Visitor

Supervisor contact details:

Name:

Mobile:

Equipment Name:

Location:

Services in use:

 □ – Gas

 □ – Water

 □ – Mains Electricity

 □ – Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action to be taken in an emergency:

Note: This form will be securely destroyed immediately after the data is sent to Campus security

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| OUT OF HOURS RUNNING OF EQUIPMENT |
| SCHOOL - Engineering | LAB |
| DESCRIPTION OF EQUIPMENT |
| USER NAME (Print)\*Do not include telephone no or address. | SERVICES IN USE🞏 Gas (specify) 🞏 Electricity🞏 Water🞏 Other (Specify) |
| SUPERVISOR NAME (print)\*Do not include telephone no or address. |
| ACTION TO BE TAKEN IN AN EMERGENCY |
| Date From:  | Date To: |