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| Request for extended access to **Blackett 111b Cleanroom**Standard clean room hours are 09:00 – 17:00 from Monday until Friday. Access beyond these hours from 07:00 until midnight, including the weekend may be granted. Access between midnight and 07:00 is not permitted. **Lone working is permitted subject to compliance with the cleanroom code of practice.**  |
| **Person requesting access** |
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| ***Name CID or Card Number Status*** |  |
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| **Work details** |
| Department:  |
| Project Title: |
| Principal Investigator/Supervisor in charge: |
| Reasons / justifications for working during extended hours: |
| Access in event of emergency: |
| Date that extended hours will begin (dd/mm/yy): |
| Date that extended hours will end ( dd/mm/yy):  |
| Time period you intend on working (e.g., dd/mm, 10am- 12pm):  |
| Brief description of what is being done in this time (e.g. procedures): |
| Hazardous Materials/Equipment (list the hazardous materials/equipment that are going to be used and provide a brief description of the associated procedures):Chemicals:Gases:Machine tools / hand tools:Other (equipment etc): |
| Special considerations concerning work during extended hours (e.g. buddy system, emergency arrangements and contacts, inform security staff etc.): |
| Action as required in event of emergency: |
| **Emergency contact details** |
| Mobile phone number (designated worker): |
| “Buddy” name:Mobile Phone:  |
| Designated person to call in case of an Emergency: Mobile Phone: |
| Rooms where working: Cleanroom 111b, internal line number 47707Chemlab 111c, internal line number 47582 |
| Imperial College Security contact details: Phone number from any Imperial College landline 4444Phone number from mobile: 0207 589 1000 |
| **Risk Assessment** |
| *I confirm that the procedures or work have been adequately assessed and discussed with my supervisor and a copy of my risk assessment is submitted with this form.* |
| **PI Approval** |
| **Name:** | **Contact Details:****e-mail:****contact phone:** | **Sign:** |
| **Date:** |
| **Please return this completed form to** **Sofia Bekou** **or** **Steve Cussell****.** |
| **Cleanroom Manager Approval** |
| **Name:** | **Sign:** | **Date:** |