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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** | | | | | |
|  | | | | | |
| ***Name CID or Card Number Status*** | | | | |  |
|  |  | |  | |  |
|  | | | | | |
| **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 47707  Chemlab 111c, internal line number 47582 | | | | | |
| Imperial College Security contact details:  Phone number from any Imperial College landline 4444  Phone 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**](mailto:s.Bekou@imperial.ac.uk) **or** [**Steve Cussell**](mailto:s.cussell@imperial.ac.uk)**.** | | | | | |
| **Cleanroom Manager Approval** | | | | | |
| **Name:** | | **Sign:** | | **Date:** | |