

Electronic & Electrical Engineering Dept.

Compressed Gas Permit Form - Microelectronics Technology Laboratory

This form must be completed and countersigned by the MTL Supervisor *before* the commencement of any experiment that requires the use of a cylinder of compressed gas within any laboratory in the SNIAM building.

Your attention is drawn to the mandatory conditions relating to the use of cylinders of compressed gases within laboratories that are set out in the Dept Safety Statement.

What gas do you propose to use?

Where do you propose to use it?

When will your experiment (a) start?

(b) Finish

Provide an outline of your experimental set-up:

DO NOT FORGET TO COMPLETE THE NORMAL RISK ASSESSEMENT FORM AND ATTACH COPY TO THIS DOCUMENT

Signed:

Student Date.....

Supervisor Date.....

Safety Officer Date.....