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: |