

 Faculty of Natural Sciences	Form for access to laboratories at IKP	Last revision : 05.03.2020
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Department: Chemical Engineering	Revision number: 3.1	

Name	
Department / Company	
Position/Title	
Professional group + supervisor	
Cost centre (<i>K-sted</i>)	
Name of project +Project number	
Start date	
End date	

	Responsible person	Date / Signature
Identification of training needs and responsibilities	Supervisor & engineer	
IKP general HSE training	HSE coordinator	
Risk assessment	Engineer <i>(RA initiated and checked)</i>	
Risk assessment ID:	Supervisor <i>(RA approved)</i>	
Local HSE training and lab tour with HSE focus <i>Lab rules/routines</i>	Engineer/ room responsible	Building and rooms: K5-420/425 Signature:
Confirmation of completed checklist		
Date/signature new employee/student:		
Signature/date Engineer/Supervisor:		

Deliver filled form to engineer