Application for Security Access  
Division of Chemistry and Biological Chemistry  
School of Physical and Mathematical Sciences, NTU

This form is to be used by OTHERS ONLY

**Applicant Section:**

Name: ____________________________  
Contact No: _______________________  Email: ____________________________  
Designation*: ____________________  Research / Non-research  (Please circle accordingly)  
Lab Location:  SPMS - CBC - ________ - ________  or  Others: ____________________________  
Supervisor / Person-in-Charge: ____________________________  
Duration of Lab Work (DD/MM/YY)  Start Date: ____________  End Date: ____________  
Purpose of Lab Work / Non Lab Work: ____________________________  (PhD, Masters, Exchange etc.)

*I acknowledge that I will submit my risk assessment via the WRAS through my Supervisor or Safety Leaders.*

*I acknowledge that I have read through the safety information online and attempted the SPMS online safety quiz. I agree to abide by the safety rules and regulations.*

*I acknowledge that I have read the SPMS Laboratory Safety Manual and signed on the Acknowledgement Form.*

*I agree that the security access granted to me will only be for my own use only. The card with security access will not be passed on to any other party (within or outside of NTU) to access the building premises.*

*I agree to inform the management immediately should I be ending my tenure in the lab earlier than the mentioned end date.*

*I understand that failure to comply with any of the above will result in disciplinary action against me.*

________________________  ________________________  
Signature of Applicant  Date

**Supervisor Section:**

*I affirm that I have briefed the applicant on all the safety risks, rules and legislation involved in chemistry work within NTU and will take reasonable practicable measures to ensure the applicant's safety within the laboratory.*

*I approve / reject*  the applicants access to my laboratory.

Comments: ____________________________

________________________  ________________________  ________________________  ________________________  
Signature of Supervisor  Name of Supervisor  Date

**For Administration Staff - Official Use only:**

CBC Safety Quiz checked:  
Safety Acknowledgement Form checked:  
WRAS checked:  

________________________  ________________________  
Coordinator  Date