



Engineering Project Form

University of Wollongong
Faculty of Engineering

<input type="checkbox"/> Complete	Project No. _____
(Office Use)	Date _____

THE WORK IS REQUIRED FOR: (Tick 1 box only)

- | | |
|--|---|
| <input type="checkbox"/> Civil | <input type="checkbox"/> BlueScope Steel & Metallurgy Centre (BSMC) |
| <input type="checkbox"/> Mining | <input type="checkbox"/> Centre for Medical Radiation Phys (CMRP) |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Defence Materials Technology Centre (DMTC) |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Engineering Materials Institute. (EMI) |
| <input type="checkbox"/> Mechatronics | <input type="checkbox"/> Engineering Manufacturing (Eng Man) |
| <input type="checkbox"/> Materials | <input type="checkbox"/> Bulk Materials Engineering Aus (BMEA) |
| <input type="checkbox"/> Physics | <input type="checkbox"/> CRC Railways (CRCR) |
| <input type="checkbox"/> Faculty | |
| <input type="checkbox"/> Fac of Health & Behavioural Science (HBS) | <input type="checkbox"/> Faculty of Informatics (FOI) |
| | <input type="checkbox"/> Faculty of Science (FOS) |

DETAIL: (Tick 1 box only - * Students fill out details)

- Undergrad Thesis *
- Postgrad Thesis *
- Consulting
- Academic Research
- Teaching Lab/Lab Classes
- Research Labs
- Maintenance

* Student 1 Name: _____ Email: _____ Phone: _____	* Student 2 Name: _____ Email: _____ Phone: _____
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Description of Work or Project Title: (Attach Drawings)

IMPORTANT: Technical Officer to complete the following section after discussing with person(s) requesting project.

- Does this project require a Risk Assessment? (If Yes, attach copy of Risk Assessment.) Yes No
 Eg. If standard manufacturing type project – NO.
 If research project or project requiring use of hazardous substances, dangerous goods, bio hazardous material, radiation, heavy lifting (licensed Dogman or forklift driver), etc.– YES.
- Are there any additional services required for this project? Yes No
 Eg. Compressed air, 415V power, etc.
- Does this project require additional lab space? Yes No
- What is the estimated project or manufacture time? _____ (Approx Hrs)
- What is the required completion date? _____
- Account number for purchase of materials. (If applicable) _____ Estimated cost _____

Tech Staff Name: _____

Requested By (Name) _____ **Signature** _____ **Contact** _____

Authorisation (Supervisor Name) _____ **Signature** _____ **Date** _____