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

- Civil
- Mining
- Environmental
- Mechanical
- Mechatronics
- Materials
- Physics
- Faculty
- Health and Behavioural Science (HBS)
- BlueScope Steel & Metallurgy Centre (BSMC)
- Centre for Medical Radiation Phys (CMRP)
- Institute for Supercon. & Electrical Mat. (ISEM)
- Sustainable Water & Earth Research Cent (SWERG)
- Engineering Manufacturing (Eng Man)
- Bulk Materials Engineering Aus (BMEA)
- Eng. Innovation & Education Centre (Coniston)
- CRC Railways (CRCR)

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: __________________________

Description of Work or Project Title: (Attach Drawings)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

IMPORTANT – Please discuss and answer the following questions with Tech Staff.

Tech Staff Name:________________________________

1. Does this Project require a Risk Assessment? If Yes, please attach risk assessment. Yes ☐ No ☐
2. Are there any handling issues? (Physical size, awkward shape, weight, special license required etc.) Yes ☐ No ☐
3. Are there enough staff to complete the project within the time frame? Yes ☐ No ☐
4. Have you considered electrical requirements? NA ☐ Yes ☐ No ☐
5. Is there enough laboratory space for this project? Yes ☐ No ☐
6. Does this project require the use of Hazardous substances, Dangerous goods, Bio Hazardous material or Radiation? If Yes, this must be addressed in the risk assessment. Yes ☐ No ☐
7. Will this project involve research on or with human or animal subjects. Does it require Ethics Approval? Yes ☐ No ☐
8. What is the estimated project or manufacture time? ________________ (Approx Hrs)
9. What is the estimated completion date? (If required) ________________
10. Account number to be used for purchase of materials __________________________ Estimated cost ___________

Other Comments: ____________________________________________________________

Requested By (Name) __________________________ Signature __________________________ Contact ______________

Authorisation (Supervisor Name) __________________________ Signature __________________________ Date __________