



Engineering Project Form

University of Wollongong
Faculty of Engineering

<input type="checkbox"/> Complete <i>(Office Use)</i>	Project No. _____
	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"/> Institute for Supercon. & Electrical Mat. (ISEM) |
| <input type="checkbox"/> Mechanical | <input type="checkbox"/> Sustainable Water & Earth Research Cent (SWERG) |
| <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"/> Eng. Innovation & Education Centre (Coniston) |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> CRC Railways (CRCR) |
| <input type="checkbox"/> Health and Behavioural Science (HBS) | <input type="checkbox"/> Other _____ |

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

<input type="checkbox"/> Undergrad Thesis * <input type="checkbox"/> Postgrad Thesis * <input type="checkbox"/> Consulting <input type="checkbox"/> Academic Research <input type="checkbox"/> Teaching Lab/Lab Classes <input type="checkbox"/> Research Labs <input type="checkbox"/> Maintenance	* Student 1	* Student 2
	Name: _____	Name: _____
	Email: _____	Email: _____
	Phone: _____	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? <i>If Yes, please attach risk assessment.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. Are there any handling issues? (Physical size, awkward shape, weight, special license required etc.) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. Are there enough staff to complete the project within the time frame? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. Have you considered electrical requirements? | NA | <input type="checkbox"/> | Yes | <input type="checkbox"/> |
| 5. Is there enough laboratory space for this project? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. Does this project require the use of Hazardous substances, Dangerous goods, Bio Hazardous material or Radiation? <i>If Yes, this must be addressed in the risk assessment.</i> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. Will this project involve research on or with human or animal subjects.
Does it require Ethics Approval? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. What is the estimated project or manufacture time? _____ (Approx Hrs) | | | | |
| 9. What is the estimated completion date? <i>(If required)</i> _____ | | | | |
| 10. Account number to be used for purchase of materials _____ Estimated cost _____ | | | | |

Other Comments: _____

Requested By (Name) _____ Signature _____ Contact _____

Authorisation (Supervisor Name) _____ Signature _____ Date _____