School of Electrical, Computer & Telecommunications Engineering

ECTE250/350 PROJECT FORM

TEAM INFORMATION:

ECTE 250 [ ]
ECTE 350 [ ]

Team Name: ____________________
Team Number: ________

Designated Purchasers & Workshop Contacts:

<table>
<thead>
<tr>
<th>Team Members</th>
<th>Members Email</th>
<th>Members Emergency Contact</th>
<th>Emergency Contact Number</th>
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Team Members that will work on items of risk highlighted in Risk Assessment Form:

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<th>Members Emergency Contact</th>
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Description of Work or Project Title: (Attach Drawings & other info)

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Equipment to be used

_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Special Laboratory Access Required

☐ 35.132  ☐ 35.136  ☐ 35.137  ☐ Other________

Reason for Lab Access: __________________________

Checklist:

☐ Before filling in this form our team has discussed the project with the workshop staff in a meeting.
☐ Attached is a Risk Assessment for the project.
☐ Attached is a budget of all equipment that is needed to be purchased.

For the project you have considered:

Are there any handling issues? (Physical size, awkward shape, weight, liquids, special license required) Yes No
Have you considered electrical requirements? Yes No
Is there enough laboratory space for this project? Yes No
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
Will this project involve research on or with humans or animal subjects? Does it require Ethics Approval? Yes No
How this project can be demonstrated at the Trade Fair? Yes No

Requested By (Name) ____________________ Signature ___________ Date ___________

Authorization (Supervisor Name) ____________________ Signature ___________ Date ___________

Office Use Only: Project Number: ___________ Date: ___________

☐ Risk Assessment Attached  ☐ Budget Attached  ☐ Control Form Needed
☐ Database Updated