



# INSTITUT SEL FUEL

# LABORATORY SAFETY FORM

### Designation (Please tick the relevant)

1.	PhD/Post Doc.			
2.	Master			
3.	Undergraduate	Laboratory		Research Project
4.	Research Assistant			

### I have read and understood (Please tick the box)

1.	Safety Regulations for Workshop/Laboratory	
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### I have completed (Please tick the box)

2.	The Risk Assessment for my research	
3.	Attached MSDS for any chemical involved (refer MSDS file in the laboratory)	
4.	The form ( <i>Surat Aku Janji Pelajar</i> ) form have been signed by my supervisor and Director of SELFUEL	

1.	Work Area		Period of study		Month	Year
			From			
			To			
2.	Name					
3.	Matrix no.					
4.	H/P no.					
5.	Email Address					
6.	Sign					
7.	Supervisor (Sign & Cop)					