AFTER HOURS ACCESS AUTHORITY (Issued without alteration)

**Permission**

This is to certify that (First Name) ______________________ (Last Name) ___________________________________ of (School) __________________________ whose signature and student number appear below has permission to be in Building_____ Room/Lab __________ for the period (commencement date) _______________ to (cessation date)__________ □ including weekends □ other □ outside normal hours of ___________________.

**PERMISSION CEASES TO APPLY AFTER THE CESSATION DATE ABOVE**

**After Hours Equipment Use**

- Authorisation of equipment to be used after hours will depend on the Risk Rating of the equipment and level of competency required to operate the equipment.
- Working alone and after hours work guidelines must be followed when using equipment after hours. Refer to relevant laboratory safety manual.
- University Security must be notified when accessing labs after hours (Ext 4555)
- This authority only applies to use of the equipment described below

<table>
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<th>Description of equipment to be used</th>
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| Risk rating | Low | Medium | High |

**Acknowledgement of Authorisation**

The Bearer of this authority is reminded that they must carry this authority with their Student Identification Card otherwise this authority will have no effect. Any authorised person may remove from any University building any person who does not show proper authority as described or who does not have authority to be upon University premises or who is trespassing. An authorised person may apprehend and deliver to the Police any person found committing an offence against the Enclosed Lands Act, 1901, as amended or who is committing a criminal offence.

I have read and understand all of the above conditions.

Bearer's Signature _________________________ Student No. ____________________ Date _______________

**Authorising Officer Details**

**Appropriate Training Officer** - to sign when low, medium or high risk equipment is to be used.

Name _________________________ Phone No. ____________ Signature __________________ Date ___________

**Academic Supervisor** - to sign when low, medium or high risk equipment is to be used.

Name _________________________ Phone No. ____________ Signature __________________ Date ___________

**Head of School** - to sign for entry to office areas and when low, medium or high risk equipment is to be used.

Name _________________________ Phone No. ____________ Signature __________________ Date ___________

**Dean** - to sign when medium or high risk equipment is to be used.

Name _________________________ Phone No. ____________ Signature __________________ Date ___________