



PROJECT REQUEST FORM

Project Complete – equipment checked and ready for service.	Project No: _____
Sign: _____	Date: _____
Date: _____	(Office use only)

1. DETAILS OF PERSON(S) REQUESTING WORK

Name:  Email:  Phone:  Staff/Student Number

Name:  Email:  Phone:  Staff/Student Number

Discipline or Research Group:  School:

Faculty: (Tick 1 box only)

EIS (Engineering & Information Sciences)

ASSH (Arts, Social Sciences & Humanities)

SMAH (Science, Medicine & Health)

2. CATEGORY (Tick 1 box only)

Undergrad Thesis  
 Academic Research  
 Research Labs  
 Externally Funded Research

Masters Project  
 Teaching Lab/Lab Classes  
 Maintenance

Postgrad Thesis  
 Consulting  
 Workplace Health & Safety

3. DESCRIPTION OF WORK OR PROJECT TITLE (Attach Drawings)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. PROJECT DETAILS (Technical Officer to complete the following section after discussing with person(s) requesting project)

- 4.1 Student/Research projects require an approved Risk Assessment... Has an RA been completed? Yes NA
- 4.2 Are there any additional services required for this project? E.g Compressed air, 415V power, etc Yes No
- Description \_\_\_\_\_
- 4.3 Has lab space been considered for this project? (If applicable) Yes NA
- 4.4 What is the estimated project or manufacture time? \_\_\_\_\_ (Approx. Hrs)
- 4.5 What is the required completion date? \_\_\_\_\_

Tech Staff Name: \_\_\_\_\_

5. AUTHORISATION

Project ID for project costs:

Supervisor Name:  Signature:  Date: