



PROJECT REQUEST FORM

<input type="checkbox"/> 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: []

Name: [] Email: [] Phone: []

Discipline or Research Group: [] School: []

Faculty: (Tick 1 box only)

EIS (Engineering & Information Sciences) SS (Social Sciences) SMH (Science, Medicine & Health)

2. CATEGORY (Tick 1 box only)

<input type="checkbox"/> Undergrad Thesis	<input type="checkbox"/> Masters Project	<input type="checkbox"/> Postgrad Thesis
<input type="checkbox"/> Academic Research	<input type="checkbox"/> Teaching Lab/Lab Classes	<input type="checkbox"/> Consulting
<input type="checkbox"/> Research Labs	<input type="checkbox"/> Maintenance	<input type="checkbox"/> 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

Account number for project costs: [] [] [] [] [] [] [] [] [] []

Supervisor Name: [] Signature: [] Date: []