

School of Electrical, Computer & Telecommunications Engineering

ECTE250/350 PROJECT FORM

DETAIL:

ECTE 250

ECTE 350

TEAM INFORMATION:

Team Name: _____ Team Number: _____

Designated Purchasers & Workshop Contacts:

Team Members	Members Email	Members Emergency Contact	Emergency Contact Number
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Team Members that will work on items of risk highlighted in Risk Assessment Form:

Team Members	Members Email	Members Emergency Contact	Emergency Contact Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 have you 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: _____

Control Form Needed

Risk Assessment Attached

Budget Attached

Database Updated