

CHECK LIST OF IVAT LABORATORY DOCUMENTATION

| | | | |
|---------------------|--|---------------------|--|
| Name : | | Location : | |
| Mactric No : | | Supervisor : | |

| No | Items | Copy | Student (/) | Staff (/) | REMARKS |
|----|----------------------------------------------------------------------|------|-------------|-----------|--------------------------|
| 1 | Occupational Safety Compliance Form - (LF-02) | 1 | | | IVAT Assistance Engineer |
| 2 | Application for conducting activities in IVAT Laboratory - (LF-03) | 1 | | | IVAT Assistance Engineer |
| 4 | Safe Operating Procedure (Experiment) | 1 | | | OSHE UTM Website |
| 5 | Job Hazard Analysis (JHA) | 1 | | | OSHE UTM Website |
| 6 | Sticker (PG : 1 Year / UG : 6 Month) - Due date: | N/A | | | IVAT Assistance Engineer |

| If using chemical : | | Copy | Student (/) | Staff (/) | REMARKS |
|---------------------|----------------------------------------------------------------------------------|-------|-------------|-----------|-------------------------------------------|
| 1 | Quotation / Invoice / Receipt (<i>For New Chemical Only</i>) | 1 | | | From supplier |
| 2 | Chemical Handover Form | 1 | | | CMC utm website |
| 3 | Chemical Inventory (CI) | 1 | | | CMC utm website |
| 4 | Chemical Register (CR) | 1 | | | CMC utm website |
| 5 | Chemical Safe Data Sheet (SDS) - <i>for each chemicals</i> | 1 | | | Provide by supplier |
| 6 | SW Labeling Form (<i>If nessesary : to be done before start experiment</i>) | Proof | | | CMC utm website |
| 7 | Container for Waste (<i>If nessesary : to be done before start experiment</i>) | Proof | | | Student / Supervisor provide |
| 8 | Re - Labeling (<i>If nessesary : to be done before start experiment</i>) | Proof | | | CMC utm website /IVAT Assistance Engineer |
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* Please refer Chemical Management Unit at <https://www.utm.my/cmc/> for guideline and form
 * Please refer Chemical Management Unit at <https://www.utm.my/oshe/> for guideline and form

Student Signature : _____ Date : _____

Supervisor Signature : _____ Date : _____

Supervisor Name : _____

Laboratory Stamp : _____ Date : _____