# Research student/worker completion form (MME\_Res1)

**Researcher Name: Date:**

**Laboratory room number/s used:**

This form can be obtained from the school office/chief technical officer and should be completed by the postgraduate research student and signed by the relevant people below and a copy submitted to the School Secretary and the School Safety Advisor. The laboratory/room and facilities used should be left clean, tidy and safe on completion of research work within the School of Mechanical and Manufacturing Engineering.

PLEASE TICK RELEVANT BOX BELOW:

|  |  |  |
| --- | --- | --- |
| **RESEARCHER CHECKLIST** | **Yes** | **No** |
| Is the bench-space clean, cleared and left in a safe manner? |  |  |
| Have the under-bench units been cleaned and left in a safe manner? |  |  |
| Have the drawers been cleared and cleaned and left in a safe manner? |  |  |
| Donate any remaining chemicals/biomaterials to your colleagues/supervisor? |  |  |
| Have you removed and disposed of your chemical waste in the correct manner? |  |  |
| Have you tidied your fumehood workspace in a safe and correct Manner? |  |  |
| Have you returned your PC and software? |  |  |
| Have you cleared data stored on instruments/computers etc.? |  |  |
| Have you cleaned equipment used in these areas? |  |  |
| Have you returned keys/swipe cards for the building, laboratory, lockers  etc.? |  |  |
| Have you removed books, papers and manuals? |  |  |
| **Request to remain for three months**  (Please explain the reason for your request – this will require approval of the Head of School) |  |  |

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**Researcher Name: Date:**

**Request to remain for three months to the Head of School (**Please explain the reason for your request, the nature of work been conducted and location/facilities required)**:**

Have you completed the HR Visitors Form (Required to permit the extension)? Yes No

I understand that the forms relating to the examination of my thesis will not be presented to the appropriate Faculty Board for Research degrees, until such time as this form is signed by ALL persons indicated below, in the order given.

**Researcher: Signature:**

**Supervisor: Signature:**

**School Safety Advisor: Signature:**

**Chief Technical Officer: Signature:**

**N.B. Signatures signify that all procedures required have been fully complied with.**

A copy of this completed form should be given to the school safety advisor AND TO THE SCHOOL OFFICE

**NO RESEARCHER WILL BE ALLOWED GRADUATE WITHOUT FIRST COMPLETING THIS FORM.**