



## **LAB USER DECLARATION FORM**

Full Name:	Department & Faculty:
(Please use block letters)	
NRIC / Passport No.:	Student / Staff Matric No.:
·	(If applicable)
	Name of Companies
Nationality:	Name of Supervisor:
Position (Tick where applicable)	L
	I Support Staff
	Research Fellow
( ) Post-Doc. ( ) Research Fellow ( ) Student (Postgraduate) ( ) Research Assistant	
( ) Student (Postgraduate) ( ) Research Assistant ( ) Student (Undergraduate) ( ) Other: (specify)	
( ) Clausin (Cinasi graduats)	5,500.,77
Declaration	
I, the above named, declared that I have read and understood the UM safety handbook and shall carry out my	
work in a safety conscious environment in compliance with all regulations as laid down by Universiti Malaya.	
https://www.um.edu.my/docs/default-source/office-of-safety-and-health/um-safety-handbook.pdf https://www.um.edu.my/about-um/administration/registrar-s-office/occupational-safety-health-unit	
nttps://www.um.edu.my/about-um/administration/registrar-s-onice/occupational-salety-nealth-unit	
In the event of an accident which is due to my negligence and/or non-compliance with Universiti Malaya safety	
regulations and procedures, I will indemnify the Universiti Malaya on all liabilities.	
Signed: Date:	
Olyfied	
With LD	
Witnessed By: Date: Date:	
(Academic Supervisor/Head of PTj, signed & stamped)	
IMPORTANT NOTICE:	

- All lab users MUST complete and sign this form before they are allowed to work in the laboratories / workshops.
   All users MUST complete 2 copies during registration / enrolment and return the forms to the Institute of Research Management & Services's Office (IPPP) for retention in respective lab file and with the Quality Management System Committee. Failure to do so will render the registration incomplete and the user will be barred from working in the laboratories / workshops.