CPG Laboratories to Work After-Hours Form (Faculty/Researcher)

SECTION 1 – Personal Information

Name: KFUPM ID:

Position/Title: Email Address:

Mobile Number:

Building & Lab Number:

Short Description of Work and Justification for After-Hours Access:

Starting date: **To:**

Starting time: 4:00 PM **To:**

After hour work days (circle one or more days): ☐ Sun ☐Mon ☐ Tues ☐ Wed ☐ Thurs ■ Fri ☐ Sat

SECTION 2 – Safety and Work Alone Confirmation

Have you completed all necessary safety training for the laboratory?

☐ Yes

☐ No

Will you be working alone?

☐ Yes

☐ No (If no, please provide the name and contact information of the person(s) who will be working with you.)

Name: **Contact#:**

Emergency Contact Name:

Emergency Contact Phone Number:

Lab Responsible Person(s) (Name & Signature) **Date:**

Mr. Eassa Abdullah, Director – CPG Laboratories Signature: **Date:**

EHS Representative (Name & Signature) **Date:**

- ***Note:*** *The latest allowed time for working in the labs is* ***8:30 PM****. All laboratories must be closed after this time.*
- ***Note:*** *This form is valid for the current semester only and must be renewed each semester for continued after-hours access.*
- ***Note:*** *Saturday Working hours:* ***7:30 AM to 4:00 PM.***