

**CPG Laboratories to Work After-Hours Form (Faculty-Researcher)****Personal Information**

Name: _____ KFUPM ID: _____
Position: _____ Email Address: _____
Mobile Number: _____
Building and Lab Number: _____

Short Description of Work & Reason to Work After-Hours:

Starting date: _____ **To:** _____

Starting time: _____ **To:** _____

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

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 Owner Name and Signature: _____ **Date:** _____

OHS Supervisor Name and Signature: _____ **Date:** _____

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