University of Wollongong
Faculty of Engineering &
Information Sciences

PROJECT REQUEST FORM

☐ Project Complete – equipment checked and ready for service.	Project No._____
Sign _____	Date_____
Date	(*Office use only*)

1. DETAILS OF PERSON(S) REQUESTING WORK

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Discipline or Research Group: _____ School: _____

Faculty: *(Tick 1 box only)*

☐ EIS (Engineering & Information Sciences) ☐ SS (Social Sciences) ☐ SMH (Science, Medicine & Health)

2. CATEGORY *(Tick 1 box only)*

☐ Undergrad Thesis ☐ Masters Project ☐ Postgrad Thesis
☐ Academic Research ☐ Teaching Lab/Lab Classes ☐ Consulting
☐ Research Labs ☐ Maintenance ☐ Workplace Health & Safety

3. DESCRIPTION OF WORK OR PROJECT TITLE (*Attach Drawings)*

_____

_____

_____

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4. PROJECT DETAILS *(Technical Officer to complete the following section after discussing with person(s) requesting project)*

4.1 Student/Research projects require an approved Risk Assessment… Has an RA been completed? Yes☐ NA☐

4.2 Are there any additional services required for this project? *E.g Compressed air, 415V power, etc* Yes☐ No☐

Description _____

4.3 Has lab space been considered for this project? *(If applicable)* Yes☐ NA☐

4.4 What is the estimated project or manufacture time? _____ *(Approx Hrs)*

4.5 What is the required completion date? _____

4.6 Account number for purchase of materials. (*If applicable)* _____ Estimated cost _____

Tech Staff Name:_____

5. AUTHORISATION

Supervisor Name: _____ Signature: _____ Date: _____