**General Guidelines for Conducting Overtime / Overnight Experiments in the Laboratory**

Safety and diligence are paramount in conducting laboratory work outside normal working hours. The following guidelines are designed to ensure the safety of individuals and the integrity of experiments conducted during overtime or overnight periods.

**Overtime Work (After 5:20 PM to 10:00 PM on Mondays to Fridays; 12:00 nn to 10:00 PM on Saturdays and 08:30 AM to 10:00 PM on Sundays)**

***General Guidelines***

**Responsibilities:** The individual conducting the experiment must ensure that all safety protocols are adhered to during overtime work.

**Safety Checks:** Conduct a comprehensive hazard assessment and risk mitigation review before beginning overtime work.

**Notification:**The Technician and the Project Supervisor must be informed before the start of any overtime work.

**Check-ins:** For extended overtime periods, arrangements should be made for periodic checks by designated individuals or security guards.

**Emergency Procedures:** Update and make accessible all emergency contacts and understand safety equipment operation

**Authority of Supervisors and Technicians**: Supervisors and technicians possess the authority to immediately halt the user's access to the laboratories during the overtime period.

**Overnight Work (Between 10:00 PM to the next day 8:30 AM)**

Overnight work will follow the same general guidelines for conducting overtime work listed above, as well as additional guidelines as the following:

***General Guidelines***

**Approval:** Authorization for overnight work requires the signatures of the user, the Project Supervisor, and the Head of Department on the provided Overnight Work Authorization Form.

**Utility Interruptions:** Be prepared for potential interruptions to utilities such as electricity, water, and gas, and have a contingency plan in place.

**Security Measures:** Notify Campus Security Control Center.

Emergency: 2948 8000

Security hotline: 2948 8002

**Submission of Forms**

**Overtime Work Authorization Form:** The formmust be submitted on a **monthly basis** and include the signatures of the user and the Project Supervisor.

**Overnight Work Authorization Form:** The formmust be submitted for **every overnight** with the signatures of the user, the project supervisor, and the Head of the Department.

**Additional Requirements**

**Location:** Display the authorization form near the experimental setup.

**Reporting:** Report incidents immediately to the Technicians and Project Supervisor.

**Note**

These guidelines must be strictly followed to ensure the safety and security of all laboratory personnel and facilities. Non-compliance may result in the revocation of the privilege to conduct overtime or overnight experiments.

**Name of Applicant:**

**Student/Staff I.D.:**

**Program/Course:**

**Emergency Contact/Mobile no.:**

**Experiment Setup Location/Room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Experiment Description:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Key Reagents, Solvents and Scale/Volume:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Specific Hazards & Emergency Procedures:**

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**Type of Work (Please tick the appropriate box):**

**□Overtime working hours**

*(After 5:20 PM to 10:00 PM on Mon-Fri, and 8:30 AM to 10:00 PM on Sat and Sun)*

**Experiment Duration (Maximum of 1 month)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Overtime Work Details:*

*Submission Frequency: Monthly for Overtime working;*

*Approval Required: User and Supervisor signatures*

**□Overnight working hours(\*)**

*(Between 10:00 PM to the next day 8:30 AM in the following day)*

**Experiment Duration (By daily basis)**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_ (next day)**

*Overnight Work Details:*

*Submission Frequency:* ***Every time*** *for overnight working*

*Approval Required: User, Supervisor, and Head of Department signatures\**

* **List any reactive or hazard material(s) used in the experiment and any associated safety measures.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Will any electrical equipment be used? NO / YES (If yes, please state)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Will any analytical instruments be used? NO / YES (If yes, please state)**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **Instrument reserved in Booking System? NO / YES (If applicable)**
* **Does the experiment involve biohazards? NO / YES (If yes, provide details below)**

 **□Microorganism □Virus □Toxin □Medical waste**

 **□Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signatures by User:**

**Approved & Signed by Project Supervisor:**

**Checked & Signed by Technician: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(For Overnight Work Only) Approved and Signed by Head of Department (H.o.D):**

Notes:

1. This form must be submitted to the Departmental Safety Coordinator before experiments start.
2. Display this form in a visible location near the experimental setups, such as on the fume hood cover or bench.