

Intended start date of the experiment (dd/mm/yyyy):

Contact information

Please, provide the contact information (of at least of two people in case of multiple people):

Full Name(s) / Email(s) / Phone nr.(s) / Course Code / Student Team (if any)

Location(s) info

Please, tick the boxes to indicate the location(s) of your experiment:

☐ Heavy Assembly (Ma 1.100)☐ Light Assembly (Ma 1.260)☐ Student Clean Workshop (Ma 0.203)☐ Student Mechanical Workshop (Ma 0.200)☐ Student Modelling Workshop (Ma 0.202)☐ Momentum☐ Other:

Emergency steps and measures

Specify what needs to be done and who needs to be contacted in case something goes wrong with the experiment:

How to deal in case of calamities

Specify what measures can be taken when an incident occurs and who can be contacted in case something goes wrong:

Details about experiment

Please, describe briefly the experiment:

Characteristics

Tick when relevant:

☐ Electrical power. If so, specify Voltage and Amperage: ☐ Batteries. If so, specify capacity: ☐ Chemicals. If so, specify type and amount: ☐ Radiation. If so, specify type and intensity: ☐ Liquids. If so, specify type of fluid: ☐ Temperature. If so, high/low, involves heating/cooling: ☐ Other potential risk factors:

Tools or equipment needed:

Materials needed:

Do you require IT/Software/data management?

Do you have waste material that needs special handling? ☐ No ☐ Yes. Please, specify what:

Setup

Please, provide a figure or drawing that shows the setup of your experiment. Include dimensions and all relevant data:

