

Worcester Polytechnic Institute

Combustion Laboratory

Experiment Request Form

Name of Experiment:

Name of Project:

Proposed Start Date:

Proposed End Date:

Planned Frequency: Daily

Weekly

Other

Supervisor:

	Name	Phone Number	Email
Researchers: 1)			
2)			
3)			
4)			
5)			
6)			

Description of Experiment (provide details):

Experimental Setup Sketch:

Worcester Polytechnic Institute

Combustion Laboratory

Yes

No

Will this experiment require the use of hazardous materials?

If yes, please specify:

If yes, please provide estimate of how much hazardous waste will be generated:

Will the following be required to perform experiment (please check all that apply):

Yes

No

Large Fume Hood (Main Lab)

Large Fume Hood (Dust Room)

Chemical Hood

Cone Calorimeter

Compressed Gas

If yes, please specify:

Please provide additional list of equipment needed:

Yes

No

Is additional training required to perform experiment?

If yes, please specify:

Yes

No

Will this experiment require any special accommodation?

If yes, please specify:

Physical Hazards (please check all that apply):

Open Flame

Electrical Hazard

Heating Apparatus

Power Tools

Toxic Gas

Personal Protective Equipment to be Used:

Gloves

Protective Clothing

Eye Protection

Respirator/Mask

Other

Worcester Polytechnic Institute

Combustion Laboratory

Possible Scenarios Requiring Experiment Shutdown (provide at least two):

Emergency Shutdown Procedure:

List clean up/waste disposal procedure:

Additional Information:

Approval	
Supervisor: _____ Signature	Lab Manager: _____ Signature
Date: _____	Date: _____