UNIVERSITI M A L A Y A	OCCUPATIONAL SAFETY AND HEALTH DECLARATION FORM	
Full Name: (Please use block letters)		Department & Faculty:
NRIC / Passport No.:		Student / Staff Matric No.: (If applicable)
Nationality:		Name of Supervisor:
Position (Tick where applicable) ( ) Staff (Academic / P&P) ( ) Lab and Support Staff ( ) Visiting Professor ( ) Senior Research Fellow ( ) Post-Doc. ( ) Research Fellow ( ) Student (Postgraduate) ( ) Research Assistant ( ) Other: (specify)		
Declaration I, the above named, declare that I have read and understood the safety handbook and will therefore be able to ensure that my work is carried out in a safe manner in a safety conscious environment in compliance with all regulations as laid down by the faculty and the university.		
In the event of any accident which is due to my negligence and/or non-compliance to safety regulations and procedures, I will indemnify the University on all liabilities.		
Signed:		Date:
Witnessed By: Date: (Academic Supervisor/Officer in charge, signed & stamped)		

## IMPORTANT NOTICE:

- All lab users MUST complete and sign this form before they are allowed to work in the laboratories / workshops.
- All students MUST complete 2 copies during registration / enrolment and return the
  forms to the Dean's Office for retention in the student personal file and with the HoD
  Office / Departmental Safety & Health Committee. Failure to do so will render the
  registration / enrolment incomplete and the student will be barred from working in the
  laboratories / workshops.