SAFETY ASSESSMENT ON USER REQUESTED PROCESS

**Purpose**: To ensure that potentially hazardous experiments/operations have been reviewed and all equipment inspected from a safety aspect by other knowledgeable individuals.

**Potential Hazard Classification (delete non-applicable items)**:

- Fire / Explosive / Toxic / Corrosive / Electrical / Pressure / Thermal / Radiation / Others: ______________________

**Module Involved**: Photo / Wet Processing & CMP / Diffusion & Implantation / Thin Film & Sputtering / Others: ________________

**Part I**: (FILLED BY APPLICANT)

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User Name: __________________________ Project number: _______________

Supervisor: ___________________________

Title: UG / PG / VS / Research Assistant / Research Associate / Others: ________________

Department: __________________________

Office location, Room: __________________

Contact number: ______________________ Email address: ___________________

**Part II**: (FILLED BY APPLICANT)

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1. Reason(s) for application:

2. Samples / substance material involved:

3. Chemical / Gas Involved (process temperature):
4. Usages / Qty Involved:

5. Period of operation: From: To:

6. Equipment Involved (for new setup, please attach drawing):

7. Attach a copy of processing flow diagram and MSDS (Materials Safety Data Sheets) for all chemicals and gases used.

8. Hazard control plan / other preventive actions for potential hazard identified above:

9. Emergency actions for potential hazard identified above:

10. Waste disposal procedure:

Project supervisor signature: __________________________ Date: ________________
Part III: (NFF USE ONLY)

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Remark from process integrator:

Assessed by: ___________________________

Signature: _____________________________ Date: _____________________________

Endorsed by DSO/DDSO: ______________________

Signature: _____________________________ Date: _____________________________

Approved by: __________________________

Signature: _____________________________ Date: _____________________________

Part IV: (SEPO)

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Remark:

Signature: _____________________________ Date: _____________________________