

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 (CWB) 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 : (HSEO)

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Remark:

Signature : _____ Date : _____