



DEPARTMENT OF ENGINEERING SCIENCE
COLLEGE OF ENGINEERING AND AGRO-INDUSTRIAL TECHNOLOGY
UNIVERSITY OF THE PHILIPPINES LOS BAÑOS



DES-ILFAC Form 4 Off-Hours Laboratory Work Permit
version 1 – February 2024

OFF-HOURS LABORATORY WORK PERMIT

DATE: _____

USERS:

List all the users of the laboratory during the request time. Attach additional sheets if necessary.

Student Conformance: I/We hereby acknowledge that I/we have read, understood, and agree to comply with the rules, regulations, and safety protocols outlined in the Laboratory Manual of the Department of Engineering Science.

NAME OF USERS with SIGNATURE	UNIT/OFFICE/AFFILIATION/ORGANIZATION	CONTACT NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

TYPE OF USERS:

- ☐ BS MatE Student
☐ CEAT Student
☐ Faculty Member/Project Staff/ REPS
☐ UP Student
☐ Visitor
☐ Others (specify): _____

START:

DATE

TIME

END:

DATE

TIME

_____ to _____
_____ to _____
_____ to _____

TITLE OF ACTIVITY/EXPERIMENT/PROJECT/CLASS:

LABORATORY ACTIVITY CLASSIFICATION

- ☐ Type 1: Class laboratory experiment/activity
☐ Type 2: Research project experiments
☐ Type 3: Special class activities, thesis experiments, others

EQUIPMENT/GLASSWARE TO OPERATE/USE OR SPECIAL REQUEST:

REASON FOR OVERTIME:

REQUESTED BY:

Name and Signature of
Representative

SUPERVISING PERSONNEL:

Conformance: I, _____, a UP employee, will serve as the supervising personnel for the requesting party. I will monitor their activities to ensure compliance with the protocols outlined in the Laboratory Manual of the Department of Engineering Science. I will report any incidents or negligence in use and take appropriate action within my capacity in case of an emergency. I commit to upholding these standards to maintain a safe and productive environment within the laboratory facilities

Name and Signature of FIC/Adviser/ Immediate Supervisor

Unit:

Contact Number:

**RECOMMENDING
APPROVAL/DISAPPROVAL:**

JESHA FAYE T. LIBREA

Chair, Instructional Laboratory & Facilities
Committee

REMARKS:

**RECOMMENDING
APPROVAL/DISAPPROVAL:**

DES Building Administrator

REMARKS:

APPROVED/DISAPPROVED:

CHRISTIAN C. VASO

Chair, DES

REMARKS: