



REQUEST FORM FOR TESTBED USE

EXPERIMENT INFORMATION

Reference Number: **TBEXP-XX-0001**

Experiment Title: Enter title	
Department: Select Department	Experiment Period*: (dd/mm/yy) –(dd/mm/yy), Please Indicate Timing
User	Submission Date*: Select Date
Enter name	
Email	
Phone no	
Checked by Supervisor: Enter name	
Approved by Lab Manager (signature): Enter name	Approved Date: Select Date

* Require 4 weeks in advance notice for major configuration change and IT/software integration request.

1. Experiment Details

<This section describes the details of the experiment to be conducted in the laboratory in terms of hardware and software requirements. Any experiment which involve high structural loading or high electrical voltage, please consult with the safety officer first>

- 1.1 Please include scientific and technical objectives
- 1.2 Block diagrams (figures, illustrations, schematics) of the experiment
- 1.3 Detailed explanation of the experiment
- 1.4 Sensors (physical parameters measured) and Data Acquisition methodology

2. Activity List

<List all activities related to the experiment in chronological order>

3. List of Equipment/Machine & Personal Protective Equipment (PPE)

<List all equipment or machines related to the experiment>

4. IT Integration Requirements

<Indicate the need for any custom IT requirements such as a customised software to store logged data>

5. Experiment Time Line and Members contact information

<provide your experiment time line in Gantt chart form and list of researchers involve in the experiment altogether with their contact information>

6. Risk Assessment

<Evaluate the potential risk and hazard for each item in the Activity List using the table below>

BEARS RISK ASSESSMENT FORM

Department:	SinBerBEST	RA Leader: Enter name	Approved by Name Signature: Designation: Date:	Reference Number TBEXP-16-0001
Experiment Title/Process:		RA Member 1: Enter name		
Process/Activity Location:		RA Member 2: Enter name		
Original Assessment date: (dd/mm/year)		RA Member 3: Enter name		
Last review date: (dd/mm/year)		RA Member 4: Enter name		
Next review date: (dd/mm/year)		RA Member 5: Enter name		

HAZARD IDENTIFICATION				RISK EVALUATION				RISK CONTROL						
Ref	Work Activity List	Hazard	Possible injury/ill-health	Existing Risk Controls	S	L	Risk / RPN	Additional Controls	S	L	Risk / RPN	Implementation Person	Due Date	Remarks
1														
2														
3														
4														
5														
6														
7														
8														
9														
10														
11														
12														
13														

BEARS RISK ASSESSMENT FORM

HAZARD IDENTIFICATION				RISK EVALUATION				RISK CONTROL						
Ref	Work Activity List	Hazard	Possible injury/ill-health	Existing Risk Controls	S	L	Risk / RPN	Additional Controls	S	L	Risk / RPN	Implementation Person	Due Date	Remarks
14														
15														
16														
17														
18														
19														
20														
21														
22														
23														

REFERENCES:

5x5 Risk Matrices

Likelihood (L) \ Severity (S)	Rare (1)	Remote (2)	Occasional (3)	Frequent (4)	Almost Certain (5)
Catastrophic (5)	5	10	15	20	25
Major (4)	4	8	12	16	20
Moderate (3)	3	6	9	12	15
Minor (2)	2	4	6	8	10
Negligible (1)	1	2	3	4	5

*** Risk Prioritization Number (RPN) formula $\rightarrow RPN = S \times L$ ***

RPN score	Color	Risk	Action
1-3	Green	Low / acceptable	<ul style="list-style-type: none"> Further risk reduction and frequent review is advisable for this category especially if there will be changes in procedures or handling of materials
4-6	Yellow	Medium	<ul style="list-style-type: none"> Proceed with care Additional risk control measure must be implemented
8-12	Orange	Warning	<ul style="list-style-type: none"> Proceed with extreme caution Review within 7 days Emergency risk control measure must be in place Additional risk control measure must be implemented immediately.
15-25	Red	High	<ul style="list-style-type: none"> Reject / Abort the proposed activity or operation Further review and explore the possibility of reducing and/or eliminating the risk.