

WORKING AFTER OFFICE HOUR



After office hours are defined as follows:

Day	Time
Monday – Wednesday	6:00 PM – 10:00 PM
Thursday	4:00 PM – 10:00 PM
Weekends & Public Holidays	8:00 AM – 10:00 PM



ENFORCEMENT AND PENALTY

Failure to comply with any of the above rules will result in actions being taken against the laboratory users. The categories and actions for violations of safety regulations when working outside office hours will depend on the severity of the violation

REGULATION

1

Obtain **written permission** in advance from both the supervisor and the laboratory manager. Only those with this approval are allowed access.

2

Do **not work alone**. Ensure that at least two individuals are present at all times or accompanied by another person (companion / colleague)

3

Follow all access restrictions for high-risk areas or equipment after office hours.

- The instruments which are **PROHIBITED to be used WITHOUT the presence of CSL staff**:
 - Liquid nitrogen tank
 - Autoclave
 - Tissue processor (Microtome, Hard Tissue Cutter)
- The instrument which are **ALLOWED** to be used once a user deemed **COMPETENT**
 - Stereo Microscope
 - Fluorescence Microscope
 - Mirax Scanner
 - Real Time PCR (qPCR)
 - Real Time Turbidimeter
 - Gel Image Analyzer

4

Always wear appropriate **Personal Protective Equipment (PPE)** and any additional equipment required for specific tasks.

5

Follow strict protocols for **handling chemicals**. Ensure that all containers are correctly labeled and refer to Safety Data Sheets (SDS) as needed. Dispose of chemical waste according to the prescribed procedures.

6

Adhere to **standard operating procedures when using equipment**. Check that equipment is functioning properly before use, and report any malfunctions immediately.

7

Keep the laboratory **clean and tidy** at all times. Disinfect all work surfaces and ensure that equipment is properly stored after use.

8

Report any accidents, spills, or unusual incidents immediately to the laboratory coordinator and laboratory manager, regardless of the time they occur.

9

Lock laboratory doors when the laboratory is not in use. Make sure all lights and non-essential equipment are turned off before leaving.

PROCEDURE

**RENEW FORMS
BEFORE EXPIRED**



1

GETTING WRITTEN APPROVAL

1. Approval form Working in The Laboratory/Workshop After Office Hours UKKP, USM
2. After Office Hours Laboratory Usage Agreement Form CSL

2

AFTER OFFICE HOUR ONLINE BOOKING

Making reservations for CSL after office hours or during weekends / public holidays using Google Sheets

Consider checking other people's requests for the same date and time

Your paragraph text



<https://docs.google.com/spreadsheets/d/12OO5jztGNqLkV-VHVjjLSve6zQzI11oWylbd2c8K5Mw/edit#gid=1820233279>



3

ATTENDANCE REGISTRATION

Register your and your colleagues' attendance at the PSG security post upon entering and exiting the facility in the:

"After Office Hours Laboratory Usage Record Book For The Craniofacial Science Laboratory"

4

USAGE RECORD BOOK

Register your and your colleagues' attendance at the:

"Laboratory Usage Record Book At The Main Entrance Of The Craniofacial Science Laboratory"



NOT ALLOWED to bring the public or students from other faculties into the laboratory. Disciplinary action will be taken to students who allowed unauthorized person entering the laboratory.

INQUIRIES / CLARIFICATION

- In case of **emergency**, please contact on-duty security guard (24 hours) at 09-7671369.
- Please contact the laboratory, Laboratory Manager or Safety Officer if further clarification is needed (09-7675781/5780)

FORM

APPROVAL FORM WORKING IN THE LABORATORY / WORKSHOP AFTER OFFICE HOURS UKKP, USM

01. APPROVAL

- 1 Form 1 Student
- Obtain sign from supervisor and laboratory manager.
- Fill in two (2) copies

02. VALIDITY

- Approval period NOT EXCEED 6 months

03. FORM

- Original copy : Bring when performing lab work after office hours
- Copy form: Submit to the laboratory

AFTER OFFICE HOURS LABORATORY USAGE AGREEMENT FORM CSL



APPROVAL FORM FOR WORKING IN THE LABORATORY/WORKSHOP AFTER OFFICE HOURS (Each Form Can Only Be Used For One Student Only)

A. DETAILS OF APPLICATION

1. Name of Applicant: _____
2. Matric No.: _____
3. School/Department: _____
4. Year of Study: _____
5. Course: _____
6. Name & No. of Laboratory/Workshop: _____
7. Building No.: _____
8. Brief description of experiment or work to be carried out: _____

9. Name of colleague/companion nearby during work [REGULATION 3.5] _____
10. I hereby agree to abide to the rules of working in the laboratory/workshop after office hours and also the laboratory/workshop safety rules:

Signature: _____ Date: _____

B. DETAILS OF APPROVAL BY SUPERVISOR OR LECTURER

1. I hereby approve the above applicant/student to work in the laboratory/workshop after office hours starting from date _____ until _____ [Not more than 6 months – REGULATION 3.4]
2. Please contact me at the following address in the event of an emergency:
 - a) Address after office hours: _____
 - b) Tel. no. after office hours: _____
 - c) Remarks (if any): _____
 Signature: _____ Date: _____
Name and Official Stamp: _____

INSTRUCTIONS FOR STUDENT :

- 1) Please keep this approval form for inspection purposes by the University's authorities
- 2) Duplicate copies must be made for;
 - (i) Submission to Occupational Safety and Health Unit (UKKP)
 - (ii) School/Department's filing record



WORKING AFTER OFFICE HOURS LABORATORY USAGE AGREEMENT FORM

Day	Time
Monday – Wednesday	6:00 PM – 10:00 PM
Thursday	4:00 PM – 10:00 PM
Weekends & Public Holidays	8:00 AM – 10:00 PM

Laboratory Unit	Cell Culture	Microbiology	Molecular	Histology
Program	Post Doc	PhD/Master	Undergraduate	Research Assistant
	Research Project	FYP/Mini Project		

INSTRUCTIONS TO LABORATORY USERS:

1. Obtain written permission from both your supervisors or lecturers and the laboratory manager.
 - a) Complete form in duplicate (2 copies).
 - b) Renew form at least every 6 months from the date approved by laboratory.
 - c) Submit one copy to laboratory staff
 - d) Always carry the original copy of the form with you when attending laboratory after office hours
2. Working ALONE in the laboratory after office hours is PROHIBITED
3. Disciplinary action will be taken against laboratory users who allowed unauthorized individuals to enter the laboratory.
4. Make online reservations for CSL after office hours:
 - a) Check other laboratory user's reservation for the same date and time to ensure that at least two laboratory users present and working together at all times
 - b) If the reservation does not meet the requirement of having at least two laboratory users, ensure compliance by following the buddy system.
5. Register your and your buddy's attendance upon entering and exiting the facility at the:
 - a) PPSG security post in the "After Office Hours Laboratory Usage Record Book" for the Craniofacial Science Laboratory" and
 - b) Main entrance of the Craniofacial Science Laboratory in the "Laboratory Usage Record Book"

I, _____ (Users' Name),
ID No: _____ hereby agree to abide by
all the rules and conditions stated above while using
the laboratory after office hours

I acknowledge that violating any of the above rules
and conditions may result in disciplinary action,
including the loss of privileges to use the laboratory
after office hours

Users' Signature: _____
(Date: _____)
HP No: _____

Supervisor Signature: _____
(Date: _____)
HP No: _____

ENFORCEMENT AND PENALTIES:
Failure to comply with any of the above rules
will result in actions being taken against the
laboratory users. The categories and actions
for violations of safety regulations when
working outside office hours will depend on the
severity of the violation

For Lab Management Office Use	
Confirmation of Approval	Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>

Signature & Official Stamp
Date of Approval: _____

In case of emergency, contact the on-duty security guard (available 24 hours) at 09-7671368.

CSL Laboratory : 09-7675780/5781
Laboratory Manager : Wan Nor Azimah Wan Zainulddin (09-7675856)
Safety Officer : Che Suhailah A. Rahman (09-7675754)

Version 2; Effective Date: 01 September 2024

PENALTIES

Categories and Actions for Violations of Safety Regulations When Working Outside Office Hours

BIL.	CATEGORY	ACTIONS
1	First Offense (1) (VERBAL AND WRITTEN WARNING)	1. A verbal warning is issued, followed by a formal warning letter and a pledge of commitment from the involved user. 2. Notification to the main supervisor to implement further warnings and monitoring. 3. A reminder that stricter actions will be imposed if the same violation is repeated.
2.	Second Offense (2) (SUSPENSION)	For a repeated second offense, the user's access to laboratory facilities after office hours will be suspended for one (1) month.
3.	Third Offense (3) (TERMINATION)	For a repeated third offense, the user's access to laboratory facilities after office hours will be permanently revoked. No further after-hours lab access will be granted to the student for the remainder of their study period.
4.	Fourth Offense (4) (COMPLETE TERMINATION)	For a repeated fourth offense, all access to research laboratory facilities—both during office hours and after office hours—will be completely revoked.

Borang Maklumbalas dan Akuan Pemuatan Peraturan Keselamatan Makmal Penyelidikan Pusat Pengajian Sains Pergigian

Nama pelajar <i>Student's Name</i>	
Tarikh surat peringatan bertulis diterima <i>Date received of the reminder letter</i>	
Kategori Kesalahan <i>Category of misconduct</i>	1 / 2 / 3 / 4 (sila gariskan yang berkaitan) First / Second / Third / Fourth (please underline the relevant one)
Jenis kesalahan yang dinyatakan (sila nyatakan) <i>Type of misconduct stated (please specify):</i>	
<p>Saya mengesahkan bahawa saya telah menerima surat peringatan untuk pemuatan peraturan keselamatan makmal sains kraniofasial ketika bekerja di dalam waktu pejabat, mahupun luar waktu pejabat. Saya berjanji akan mematuhi semua peraturan keselamatan yang telah ditetapkan sebagai langkah untuk mengurangkan risiko kecederaan dan mengekalkan penjagaan kesihatan yang baik ketika bekerja.</p> <p><i>I hereby confirm that I have received the reminder letter regarding compliance with the safety regulations of the Craniofacial Science Laboratory when working during office hours or outside office hours. I pledge to comply with all the safety regulations established as measures to minimize the risk of injury and maintain good healthcare while working.</i></p>	
Tandatangan pelajar <i>Student's Signature:</i> Tarikh <i>Date:</i>	
Disahkan oleh: <i>Approved by:</i> Supervisor : Penyelia: Tarikh: Date:	