

PQMS3-MCN-FRM-0003-V

# FS 188 MCN AFTER HOURS REQUEST FORM

This form is to be used in accordance with the “MCN Out of Hours Work Policy” which is based on Monash University’s “OHS Procedures for Work and Study during Times when Emergency Response is Limited”.

APPLICANT’S NAME: \_\_\_\_\_

E-MAIL/PHONE NUMBER: \_\_\_\_\_

SUPERVISOR’S NAME: \_\_\_\_\_

MCN AREA/INSTRUMENT MANAGER: \_\_\_\_\_

AFTER HOURS ACTIVITIES REQUEST:

Risk assessment  
completed

List the activities to be performed after hours

- |          |                          |
|----------|--------------------------|
| 1. _____ | <input type="checkbox"/> |
| 2. _____ | <input type="checkbox"/> |
| 3. _____ | <input type="checkbox"/> |
| 4. _____ | <input type="checkbox"/> |
| 5. _____ | <input type="checkbox"/> |

LOCATION OF THE AFTER HOURS ACTIVITY:

\_\_\_\_\_

APPLICANTS MUST:

1. **List** activities (above) or attach SOP
2. Complete this request after reviewing the relevant policies
3. **Attach** completed Risk Assessments for the after hours activities to this request
4. Seek approval from their **supervisor** for this application (signature required)
5. Seek approval from the relevant **MCN** Area/Instrument Manager for the request (signature required)
6. **Submit** this application (complete with signatures and risk assessments) to the MCN Facility/OHS Manager

The completed request will be reviewed by the MCN Facility / OHS Manager who will arrange for your security FOB to be programmed with an after hours access profile if deemed appropriate.

_____	____/____/____	_____	____/____/____
Applicant Signature	Date	MCN Instrument Manager	Date

_____	____/____/____	_____	____/____/____
Supervisor Signature	Date	MCN Facility Manager	Date

Responsible Officer: MCN Safety Manager.