

REQUEST FOR EXEMPTION from NUS EYE PROTECTION Policy

Instructions

1. The request must be completed by the Principal Investigator or Academic Laboratory Supervisor and submitted to the Head of Department/Director for endorsement.
2. Once the request is endorsed, the HOD/Director should forward a copy to safety@nus.edu.sg for approval by the Institutional Biosafety Committee (IBC)/Institutional Laboratory Safety Committee (ILSC).
3. Head of Department and PI will be notified of the request outcome.

REF NUMBER: OSHE/EWAV/___

GENERAL INFORMATION

Name of Requestor (Principal Investigator / Academic Laboratory Supervisor)	
Department / Research Centre or Institute where activities are conducted	

Location / Activity for Eye Protection Exemption

	Laboratory / Workspace Location:	Activity / Process: <small>(Provide details of the activity/process in which eye protection exemption is requested)</small>	Justification for Exemption <small>(Provide the reasons why eye protection cannot be worn and the additional measures which will be implemented. Attach Supporting Documents such as risk assessment, Safety Data Sheets, photographs etc. where applicable)</small>
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DECLARATION BY REQUESTER

- 1) *I have conducted the risk assessment for the above stated activities / locations and the risk level is low for these areas where eye protection exemption is requested.*
- 2) *I shall communicate the outcome of the risk assessment to all affected staff and students. They shall adopt and follow the required control measures and safe practices at all times.*
- 3) *I shall inform the Department/Research Centre or Institute and OSHE in writing if there are any changes to these activities / locations after approval for eye protection exemption had been granted. I understand that the approval for eye protection exemption will be reviewed following these changes.*

Name and Signature of Requester

Date

HEAD OF DEPARTMENT / DIRECTOR ENDORSEMENT

- 1) *I have verified that the justification for eye protection exemption is reasonable and will not result in a higher risk level when not using this personal protective equipment.*

Exemption request supported

Exemption request NOT supported

Remarks (where applicable): _____

Name and Signature of HOD / Director

Date

IBC / ILSC EVALUATION AND APPROVAL

Exemption request approved

Exemption request NOT approved

Exemption expiry period (*if necessary*) _____

Remarks (*where applicable*): _____

Name and Signature of Approver

Date