*University of Southern Denmark*
*Faculty of Engineering*
*Department of Technology and Innovation*

# Permission for working in the laboratory **(room number)** _____ at ITI

- Working in the laboratories needs a signed permission
- Be aware **never** to work alone in the laboratories outside normal opening hours.
- Be aware that you're not allowed to make any copy of any software on ITI's PC
- Always bring your permission and study card with you when in the laboratory.

By signing here you confirm that you have received safety instructions and are familiar with the Contingency Plan which you will receive from the person responsible for the lab.

---------- ----------
Name Study no.

The permission is valid in the following period.

---
From To

---------- ----------
Date Supervisor's name and signature