

School of Engineering Activity Request Form

(Please submit your request at least 2 weeks prior to the activity)

I. CONTACT INFORMATION:	
Requesters Name:	Date:
Phone:	Email:
Organizers Name: (if different from above)	Date:
Phone:	Email:
II. DATE & TIME OF ACTIVITY:	
III. ACTIVITY DESCRIPTION:	
(Please identify scope of work or demonstrations. Are the visitors spectators or hands on? What are the hazards and risks associated with the activities?)	
IV. NUMBER OF VISITORS:	
V. SPACE REQUESTED:	
(Identify locations of activities)	
VI. RESEARCHERS IMPACTED:	
(Indicate if other research activities will be impacted due to shared space, resources, etc.)	
VII. OTHER RESOURCE REQUIREMENTS:	
(Indicated what equipment will be required, including any technician support & times. Please provide a schedule.)	
VIII. PPE Requirements	
(List PPE requirements for the planned activities and PPE requirements of the space. Indicate if resources are required.)	
IX. REQUEST AUTHORIZATION SIGNATURES	
Approval to proceed with this request outlined above.	
Associate Dean or Equivalent:	Date:
Forward completed form via email to: Alec Smith alec.smith@ubc.ca and Francois Miros francois.miros@ubc.ca (250) 807-8535	OFFICE USE ONLY Date request received: _____

All Requests to be Reviewed & Archived by the SoE Safety Committee