Appendix 1 – Office/ Laboratory Space Acquisition Checklist

Name of Faculty On-board Date		Division				
			Space Involved		☐ Office	☐ Laboratory
	-	Over (complete this section if	applicable	e)		(input unit number)
				Status		
S/N	Item		Yes	No	N.A	Remarks
1.	Office has been in applicable)	renovated as per designed (i	f			
2.	Services such as supply are in wor	lights, air-con, electrical king condition				
3.		desk, chairs, pedestal, shelve working condition without sig				
4.		s granted and/or key(s) issue	ed			
5.	doors, windows (ated components such as if any), flooring, walls, ceiling sfactory condition with no sig				
6.	LAN point, wirele working	ess network are provided and	I			
7.	Laptop issuance with MPS printing	and configuration together g is completed				
8.	Redundant or un from the office	wanted items are removed				
9.	The space is clea	aned and fit for occupancy				
10.	Any other specia	al provisions not listed (if any	y):			
Lab loo	cation(s):	ake Over (complete this sec		store, e	equipmen	(include t room, etc)
S/N	Item		Yes	Status No	N.A	Remarks
1.	Lab has been rer applicable)	novated as per designed (if				
2.		lights, air-con, electrical in working condition				
3.		elves, cabinets, etc) are in ndition without sign of defects	s			

School of Physical and Mathematical Sciences College of Science

4.	Access to the lab is granted and/or key(s) issued								
5.	Infrastructure related components such as doors, windows (if any), flooring, walls, ceiling board are in satisfactory condition with no signs of defects								
6.	LAN point, wireless network are provided and working								
7.	Redundant or unwanted items are removed								
8.	The space is cleaned and fit for occupancy								
9.	Emergency items such as first aid box and chemical spill kit are provided								
10	CCTV installed and working for the lab								
11	Provision for chemical storage in place with storage quantity made known								
12	Fume hoods (if any) tested and in working condition								
13	Emergency eyewash/ shower station provided and tested in working condition								
14	Fire extinguisher(s) provided in the laboratory								
15	Any other special provisions not listed (if any):								
Ack	nowledgement and approval								
1. H	land over by SPMS Facility								
1	Name & Signature:								
2. H	land over by SPMS IT								
1	Name & Signature:								
3. /	3. Acknowledgement by faculty member								
I	acknowledge that the above-mentioned space has b	een ch	ecked a	and fou	nd to be ir	satisfactory co	ndition.		
F	Faculty Name & Signature: Date:								
4. \	Witnessed by (witness should not be in the same Division as the faculty member)								
	Name & Signature: Date:								
5. <i>A</i>	approved by HOD								
١	lame & Signature:					Date:			

Return this completed form to SPMS FISH for record keeping

Appendix 2 – Office/ Laboratory Space Exit Clearance checklist

Date of exit			Division						
			Spac	e Invo	lved	□ Office		☐ Laboratory	
	turning of office s	space (complete this section	n if ap	plicabi	le)			(input unit number)	
					Status				
S/N	Item		F	Yes	No	N.A		Remarks	
1.	Services such as supply are in wor	lights, air-con, electrical king condition							
2.		desk, chairs, pedestal, shelv working condition without sig							
3.	Issued keys retur	ned to the Division							
4.	doors, windows (ated components such as if any), flooring, walls, ceilin sfactory condition with no sign							
5.	Redundant, unwaremoved from the	anted or personal items are e office							
6.	LAN point, wirele condition	ss network are in working							
7.		nent (desktops, laptops or unted for and will return to t sion	he						
8.	Backup of emails and tablets comp	from those desktop, laptop leted	,						
9.	the Division or So	equipment) are returned to chool and properly accounted e listing of asset for clearant	ed						
10.	Any other specia	al provisions not listed (if an	y):						

Note: The office is to be locked and prevent from unauthorized access (security access to be cleared) once the office space is returned to the Division

B. Returning of laboratory space (complete this section if applicable)

Lab location(s):	(include
any other common spaces allocated, e.g. fridge room, chemical store, equipment room, etc)	•

S/N	Item		Status		Remarks
0/14	Kelli	Yes	No	N.A	Kemarks
Items	s to be checked by SPMS Facilities				
1.	Services such as lights, air-con, electrical supply, water are in working condition				
2.	Lab furniture (shelves, cabinets, etc) are in good working condition without sign of defects				
3.	Issued keys returned to the Division				
4.	Infrastructure related components such as doors, windows (if any), flooring, walls, ceiling board are in satisfactory condition with no signs of defects				
5.	Redundant or unwanted items are removed				
6.	CCTV still working for the lab				
7.	Items within the fume hoods are cleared and fume hoods are in working condition				
8.	Emergency eyewash/ shower station in working condition				
9.	Fire extinguisher(s) remain in the laboratory				
10.	Housekeeping for the lab areas carried out and condition satisfactory for exit clearance				
11.	Any other shared or storage location are cleared for exit clearance				
12.	Any other special provisions not listed (if any):				
Items	s to be checked by SPMS IT				
1.	LAN point, wireless network are provided and working				
2.	Issued IT equipment (desktops, laptops or tablets) are accounted for and will return to the School IT or Division				
3.	Backup of emails from those desktop, laptop and tablets completed				
4.	Any other special provisions not listed (if any):				

tei	ms to be checked by SPMS Safety					
1.	Emergency items such as first aid box and chemical spill kit are still around (check for adequacy)					
2.	Biological materials, chemicals, lab samples and consumables are transferred or disposed of from the lab unit					
3.	Statutory equipment registered with MOM are to be de-registered if no longer needed					
4.	Radiation materials/ apparatus are transferred or disposed of from the lab unit					
5.	TLD badges are returned to the designated person-in-charge for return to NEA					
6.	Hazardous wastes (biological or chemical) are disposed of from the lab unit					
7.	Any other special provisions not listed (if any):					
Ot	hers					
1.	Assets management (by SPMS Finance) Asset items (e.g. equipment) are returned to the Division or School and properly accounted (attach a separate listing of asset for clearance with SPMS Finance)					
	e: The Lab is to be locked and prevent from unaut space is returned to the Division	thorize	d acce	ss (sec	curity access to be cleared) o	nce the
	nowledgement and approval					
1. I	Hand over by faculty member					
ı	Name & Signature:			_	Date:	
2. /	Acknowledgement by SPMS FISH & SPMS Finance					
ı	acknowledge that the lab space has been checked a	and fou	nd to be	e in sat	isfactory condition.	
ı	Facility sign-off (Name & Signature):			_	Date:	
I	T sign-off (Name & Signature):	_	Date:			
;	Safety sign-off (Name & Signature):	_	Date:			
I	Finance sign-off (Name & Signature):			_	Date:	
3. \	Witnessed by (witness should not be in the same Divi	ision as	the fac	culty me	ember)	
ı	Name & Signature:	_	Date:			
4. /	Approved by HOD					
ı	Name & Signature:			_	Date:	

Return this completed form to SPMS FISH for record keeping