Version 1.0

**Work Site Permit (WSP)**

PowerLabDK, DTU Risø Campus

**The WSP must at all-time be filled out and signed in accordance with *“Safety regulations and safety procedures for PowerLabDK”*. The WSP shall *always* be kept in the binder in the Administrative Coordinator main office after being signed.**

**Registration of activity (Part 1)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Identification of activity, Title:** | | |  | | | |
| **CEE project, number:** | | |  | | | |
| **Brief description of the activity utilizing PLDK facility** | | | | | | |
|  | | | | | | |
| **Responsible for the test setup:**  *By my signature I declare to have read and will follow the “Safety regulations and safety procedures for PowerLabDK”.* | | | | | *The person responsible for the test setup has the overall responsibility for the design of the test setup.* | |
| Name | |  | | |  | |
| Phone No | |  | | |
| E-mail | |  | | |
| **In case of a host or other contact person:** | | | | | *Contact person at PowerLabDK/DTU* | |
| Name | |  | | | Date and signature | |
| Phone No | |  | | |
| E-mail | |  | | |
| **Project period:**  Max. 6 months validity | | | | Start date | 20[18 - 01 - 01] | |
| End date | 20[18 - 01 - 01] | |
|  | | | |  |  | |
|  |  | |
|  |  | |
| **Allocated equipment:** | | | | EV Battery | Bay 1 (90kW) □ Bay 2 (30kW) □ | |
| **Allocated equipment:** | | | | PV Units | PV 117 (AC) □ PV 319 (AC) □ PV 715 (AC) □ | |
| **Allocated equipment:** | | | | Wind turbines | Gaia (AC) □ Aircon (DC) □ | |
| **Allocated equipment:** | | | | Diesel generator | Yes □ / No □ | |
| **Allocated equipment:** | | | | Dumpload | Yes □ / No □ | |
| **Allocated equipment:** | | | | B2B converter | Yes □ / No □ | |
| **Allocated equipment:** | | | | PowerFlexHouse | PFH 1 □ PFH 2 □ PFH 3 □ | |
| **Allocated equipment:** | | | | Vanadium Battery | Yes □ / No □ | |
| **Allocated equipment:** | | | | Nevic | Yes □ / No □ | |
| **Allocated equipment:** | | | | Cables and special requirement | No specific cables required □  A1 □ / A2 □B1 □ / B2 □  C1 □ / C2 □  D1 □ / D2 □  E1 □ / E2 □  F1 □  Labspace:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Equipment:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Activity information:** | | | | Activity type(s):  Set [x] | Research (incl. PhD-projects) |  |
| Education (Courses & student projects) |  |
| Commercial |  |
| Other: |  | |
| In cooperation with external partner? | Yes □ / No □  [name of partner] | |
| **Authorized responsible for the laboratory/facility:** | | | | | *The authorized person responsible for the laboratory approves that the laboratory space is allocated to the activity described above in the mentioned period of time, and that the installation can begin accordingly by the person responsible for the test setup.* | |
| Name |  | | | | Signature | |
| Date |  | | | |
| **WSP No.**  *To be added by ADM controller* | | | | | 20[yy-NN] | |
| **Administrative controller:** | | | | | *Registration confirmed.* | |
| Name |  | | | | Signature | |
| Date |  | | | |
| Comment |  | | | | | |

Logo**Approval of the test setup, safety assessment (Part 2)**

**EXCEPTION: Remote controlled test setup. You do not need to fill in this section if the test setup exclusively includes remotely access to the Breakers and Units and all connected devices are SYSLAB-units or CE marked units. I.a. a test without use of any other equipment and without any physical activity in the lab.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **setup exclusively includes remotely access to the Breakers and Units and all connected devices are SYSLAB-units or CE marked units.** | | | | Yes □ / No □  If Yes, skip safety assessment and sign part 2 | | | |
| **Equipment in use:** When >1500VDC or >1000VAC the separate rules ‘Safety Regulations’ regarding’ work in the High Voltage Laboratory, DTU Elektro, Bldg. 329’ have to be followed. | | | | | | | |
| Equipment under test  Voltage level Set [x] | < 60VDC  < 25VAC |  | | > 60VDC  > 25VAC |  | >1500VDC  >1000VAC |  |
| Equipment under test  Protected current level Set [x] | <10A |  | | > 10A  < 63A |  | > 63A  or no fuse |  |
| Energy storage [kWh/MJ] |  | | | Pressure/flow systems | | Yes □ / No □ | |
| Rotating machines | Yes □ / No □ | | | Gas | | Yes □ / No □ | |
| Combustion machines | Yes □ / No □ | | | Laser | | Yes □ / No □ | |
| Other equipment |  | | |  | |  | |
| **The test setup is remote controlled and warning signs are placed clearly and visible:** | | | | Yes □ / No □ | | | |
| **Hazard classification of the materials** **in use** (flammable, toxic, corrosive etc.)**:** | | | | | | | |
| Requirement of workplace instructions (Arbejdspladsbrugsanvisninger, APB) at the laboratory space | | | | | | Yes □ / No □ | |
| Hazard(s) Description of the material(s) | | | | | | | |
| **Technical requirements:** | | | | | | | |
| Fume hood | Yes □ / No □ | | Avoid open fire | | | Yes □ / No □ | |
| Local exhaust ventilation | Yes □ / No □ | | Detectors | | | Yes □ / No □ | |
| Special work room | Yes □ / No □ | | Other | | |  | |
| **Requirements to safety equipment:** | | | | | | | |
| Firefighting equipment | Yes □ / No □ | | Shielding equipment | | | Yes □ / No □ | |
| Emergency stop for gas etc. | Yes □ / No □ | | Other | | |  | |
| **Requirements to personal safety equipment:** | | | | | | | |
| Safety glasses | Yes □ / No □ | | Helmet | | | Yes □ / No □ | |
| Earmuffs | Yes □ / No □ | | Face shield | | | Yes □ / No □ | |
| Gloves | Yes □ / No □ | | Dust filter mask | | | Yes □ / No □ | |
| Safety shoes | Yes □ / No □ | | Other | | |  | |
| **Requirements to special first aid equipment:** | | | | | | | |
| Eyewash bottles | Yes □ / No □ | | Running water | | | Yes □ / No □ | |
| Emergency shower | Yes □ / No □ | | Other | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Responsible for the test setup:** | | *The responsible for the test setup confirms that the test setup is reviewed and made to meet the ”Safety rules and safety procedures for PowerLabDK”* | |
| Name |  | | Signature |
| Date |  | |
| Comment |  | | |
| **Authorized expert:** | | *The authorized expert confirms that the test setup is reviewed and made to meet the ”Safety rules and safety procedures for PowerLabDK”* | |
| Name |  | | Signature |
| Date |  | |
| Comment |  | | |

**Dismantling of the test setup (Part 3)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Statement of completion:** | | | |
| Any defect equipment has to be reported to the authorized responsible for thelaboratory or a laboratory technician.  Equipment OK? | Yes □ / No □ | Waste disposed of? | Yes □ / No □ |
| Work space cleared and ready for the next user?  Breakers in initial position? | Yes □ / No □  Yes □ / No □ | Other |  |
| **Responsible for the test setup** | | Date | |
| Signature | |
| **Statement of completion accepted:** | | | |
| **Authorized responsible for the laboratory** | | Date | |
| Signature | |
| ***Registration confirmed.*** | | | |
| **Administrative controller:** | | Date | |
| Signature | |

***Logbook for activities in PowerLabDK, DTU Risø Campus***

**You do not need to fill in this section if the test setup exclusively includes remotely access to the Breakers and Units and all connected devices are SYSLAB-units or CE marked units. I.a. a test without use of any other equipment and without any physical activity in the lab.**

The logbook shall always be kept updated and available at the test setup. Additional pages can be added to the WSP as needed. If more test sites are involved, a logbook must be kept at each testsite.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Identification of test setup:** | | Title  Test site |  | | |
| Correlating WSP no: |  | | |
| **Test period (for the specific test run):** | | | | Start date | 20 - - T : |
| End date | 20 - - T : |
| **Responsible for the test:** | | | | *The person responsible for the test is an authorized expert or instructed person and familiar with “Safety regulations and safety procedures for PowerLabDK”*. | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| **Test participant(s):** | | | | *The persons are authorized experts or instructed persons and familiar with “Safety regulations and safety procedures for PowerLabDK”*. | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
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| Phone No. |  | | |
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| Phone No. |  | | |
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| Phone No. |  | | |
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| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| **Safety guard:** | | | | *The person is Safety guard and familiar with “Safety regulations and safety procedures for PowerLabDK”*. | |
| Name |  | | | Date and signature | |
| Phone No. |  | | |
| E-mail |  | | |
| **Comments (additional comments in separate sheet):** | | | | | |

**Comments:**