



External Testing Approval for Projects

Project Details

Project Name: _____

Faculty/Staff Advisor(s) (if applicable): _____

Project Contact (preferably Team Lead): _____

Contact E-mail: _____ Contact Ph. No.: (____) _____ - _____

Test Supervisor (should be FIT Staff or Faculty): _____

Test Time

Test Date: _____ Test Start Time: _____ Expected Test Duration: _____

Test Location

Location Name: _____

Location Street Address: _____

Authorized Representative (if any): _____

Testing and Safety Procedures

Please describe all the tests that you are going to be performing during this event. Also include any safety measures taken for each test as well as global safety measures (like those for transportation). Include all the PPE required. Attach any additional sheets if required. Put the project name and test date on any additional sheets or documents

Approvals (Can be e-mails sent to the Director of Student Projects)

Location Representative: _____ Date: _____

Test Supervisor: _____ Date: _____

Project Faculty Advisor: _____ Date: _____

Director of Compliance: _____ Date: _____

Director of Student Projects: _____ Date: _____