

LAB AUTHORIZATION FORM

SECTION A (TO BE COMPLETED BY USER)

NAME : _____

COURSE : _____ MATRIC NO : _____

UNIVERSITY/ORGANIZATION/INSTITUTE/SCHOOL: _____

PROJECT : Research / Master / PHD / FYP / Consultation

PROJECT TITLE _____

LAB ACCESS DURATION FROM _____ TO _____

CONTACT : _____ E-MAIL: _____

SUPERVISOR'S NAME : _____ & SIGNATURE : _____

CO-SUPERVISOR: _____ & SIGNATURE : _____

EQUIPMENT : 1. _____ Certified (YES/NO)
2. _____ Certified (YES/NO)
3. _____ Certified (YES/NO)

Any extra please attach separately.

I hereby will be duly responsible for the safety and the condition of the equipment/facility to be used.

Date : _____ Signature : _____

Remark:

- 1-Need Lab personnel assistant YES/NO (I'm a certified User)
- 2-Need access to chemical storage YES/NO
- 3-Please surrender your Matric Card after logging in the Log Book.
- 4-Please submit your experiment draft for the approval process.

Approved by :

INSAT Director Signature : _____ Date: _____

SECTION B (TO BE COMPLETED BY LAB MANAGEMENT)

Name : _____

Designation : _____

I hereby acknowledge and authorize/not authorize the applicant is permitted to use the laboratory equipment mentioned.

Reason for not being authorized (if applicable): _____

Date : _____ Signature : _____