

Ref.:

ICMS Laboratory Registration Form Temporary User

Applicant detail

Name: _____

Title: _____

Local contact no. _____

Permanent contact no. _____

E-mail. : _____

Supervisor/ Responsible staff: _____

Registration Lab: _____

Experiment and support facilities**

a) Duration*: _____

b) Research topic* / Experiment : _____

c) Expected instruments: _____

d) Dangerous goods*: _____

e) Safety evaluation*: _____

Lab Training and skill

1) Perusal ICMS Lab Safety Kit ☐ Yes ☐ Not

2) _____

3) _____

Confirm by applicant:

For supervisor/responsible staff only**

This applicant will be guided by the **full lab user** to conduct the experiment in the laboratory.

(name of **full lab user**: _____)

Special requirements or remark (such as experiment special support , lab safety, dangerous chemical)

Endorsement & signature: _____

Date: _____

Laboratory Technician

Remark*: _____

Signature: _____

Date: _____

* if applicable

** The supervisor/student is requested to inform the laboratory technician about the usage of new hazardous chemicals and the related preventive measures in time.

Noted: _____
