

ICMS Laboratory Registration Form

Applicant Detail	
Name: _____	Student number/Title: _____
Contact no. _____	Supervisor/Responsible staff: _____
Email: _____	
Registration Lab: _____	
Training and Skill***	
Attended ICMS safety training 1. Safety training exam <input type="checkbox"/> Passed 2. Lab practice <input type="checkbox"/> Finished (For master students, 240 H) <input type="checkbox"/> In progress	Did not attend ICMS safety training 1. Perusal ICMS lab safety kit <input type="checkbox"/> Yes
Research Details**	
a. Research topic*/Experiment: _____	
b. Duration*: _____	
<u>For Supervisor/Responsible Staff Only**</u> This applicant will be guided by the full lab user to conduct the experiment until they are fully familiar with the operation in the laboratory. (name of full lab user : _____) Special requirements or remark (such as experiment special support, lab safety, dangerous chemical) _____ _____	
Endorsement & signature: _____ Date: _____	
<u>Lab Technician</u> 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.

*** Fill in the section based on actual circumstances.

Note: _____