

# ICMS Laboratory Registration Form

<b>Applicant Details</b>	
Name: _____	Student number/Title: _____
Supervisor (full-time (permanent) academic staff): _____	
E-mail: _____	Contact no.: _____
<b>Registration Lab:</b> _____	
<b>Training and Skill***</b>	
<b>Attended ICMS safety training</b>	<b>Did not attend ICMS safety training</b>
1. Safety training exam <input type="checkbox"/> Passed	1. Perusal ICMS lab safety kit <input type="checkbox"/> Yes
2. Lab practice <input type="checkbox"/> Finished	
(For master students, 240 H) <input type="checkbox"/> In progress	
<b>Research Details**</b>	
a. Research topic*/Experiment: _____	
b. Duration*: _____	
<b>Applicant signature :</b> _____ <b>Date :</b> _____	
<input type="checkbox"/> <b>I acknowledge and agree to complete all required lab check-out procedures</b> before my resignation/graduation, including returning the logbook.	
<b><u>For Supervisor (full-time (permanent) academic staff)**</u></b>	
This applicant will be guided by the <b>full lab user</b> to conduct the experiment until they are fully familiar with the operation in the laboratory. (name of <b>full user</b> : _____)	
Special requirements or remark (such as special experimental support, lab safety, dangerous chemicals)	
_____	
_____	
Endorsement & signature: _____ Date: _____	
<b><u>Lab Technician</u></b>	
Remark*: _____	
Signature: _____ Date: _____	

\* If applicable  
\*\* Supervisor and student must notify the laboratory technician in advance when introducing new hazardous chemicals to the lab. The notification should include chemical name, hazard classification, intended use, storage location, preventive measures, etc.  
\*\*\* Fill in the section based on actual circumstances.

**Note:** \_\_\_\_\_