

REQUEST FOR LABORATORY USE (RLU-Form)

Student Name : _____
ID Number : _____

Date Prepared : _____
 Undergraduate Student
 Graduate Student

Project : _____
Faculty Adviser : _____
Term/SY: _____ (Valid for 1 term period)
Start Date : _____ Start Time : _____
End Date : _____ End Time : _____

Purpose : *Tick as applicable*
 Use of the laboratory/computer room:
 Biochemical Instrumentation
 Catalysis Library/Consultation Room
 ChE Research Process Control Instructional
 ChE Chemistry Process Control Research
 Energy Simulation and Computing
 Environmental Unit Operations
 Use of the laboratory equipment/instruments (list items on the table provided)
 Use and transfer of laboratory equipment/instruments (with prior written approval by concerned laboratory heads)

Note:

- Undergraduate students, working outside regular working hours (after 5:00 PM) should be accompanied by their adviser or a research technician or a graduate student.
- Graduate students can work beyond regular working hours provided he/she is accompanied by another graduate student or research assistant.
- The university overnight form should be accomplished for working overnight (after 10:00 PM).
A copy of this form should be provided to the concerned laboratory head

Instructions:

- This form applies to both undergraduate and graduate students who will be using the facilities of the ChE laboratories for research purposes as stipulated in the ChE Department laboratory policies. Only students who have certified completion of the safety seminar are allowed to use the ChE laboratories.
- This form shall be accomplished in quadruplicate and must be submitted for approval at least one day before start of laboratory work.
- The laboratory technician's copy (green) should be posted inside each laboratory.

Materials/Equipment Required:

| No. | Item Description | Quantity | ChE Laboratory/Location | Remarks |
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*Use separate sheet as necessary

I accept all the terms and conditions stated above. I understand and accept the ChE Department Laboratory Policies and Procedures and that I will comply with all the rules and regulations.

Requested by: _____
Signature over Printed Student's Name / Date

Noted by: _____
Signature over Printed Faculty Adviser's Name / Date

Approved by: _____
Signature over Printed Laboratory Head's Name / Date

Received by: _____
Signature over Printed Laboratory Technician's Name / Date

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|----------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Biochemical | <input type="checkbox"/> Instrumentation |
| <input type="checkbox"/> Catalysis | <input type="checkbox"/> Library/Consultation Room |
| <input type="checkbox"/> ChE Research | <input type="checkbox"/> Process Control Instructional |
| <input type="checkbox"/> ChE Chemistry | <input type="checkbox"/> Process Control Research |
| <input type="checkbox"/> Energy | <input type="checkbox"/> Simulation and Computing |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Unit Operations |

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