

De La Salle University

Gokongwei College of Engineering

Chemical Engineering Department

REQUEST FOR LABORATORY USE (RLU-Form)

Group N	/lember's Name / Contact No.	Date Prepared:				
1.		Term/AY: Start Date:				
2.						
3		End Date:				
Project 1	Title:	Start Time:				
Student:	Undergraduate (BS)	Graduate (MS/PhD)	End Time:			
Purpose	e: Tick as applicable					
Ĺ	Jse of the laboratory/computer room					
Biochemical Process(STRC216)		Catalysis (STRC107C)	ChE Research (V411/V412)			
Energy (STRC107A&B)		Unit Operations (V102)	Environmental (STRC219A&B)			
Process Control Laboratory (V101)		Instrumentation (STRC215)	Simulation and Computing STRC214)			
U	lse of the laboratory equipment/instruments	(list items on the table provided)				
U	Use and transfer of laboratory equipment/instruments (with prior written approval by concerned Laboratory Heads)					
Note:						
	ndergraduate students, working outside regu dviser or a research technician or a graduate		ipm to 10pm) should be accompanied by their			

2. Graduate students can work beyond regular working hours (Monday to Saturday, 5pm to 10pm) provided he/she is accompanied by another graduate student or research assistant.

3. The university 24/7 permit form should be accomplished for working overnight (Monday to Saturday, 10pm to 6am, on Sundays and/on Holidays) A copy of this permit 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.

2. This form shall be accomplished in quadruplicate and must be submitted for approval at least one day before start of laboratory work.

3. The laboratory technician's copy should be posted inside each laboratory.

Equipment/Instruments Required:

No.	Item Description	Quantity	ChE laboratory /Location	Remarks

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:

Noted by:

Signature over Printed Student's Name / Date

Approved by:

Signature over Printed Laboratory Head's Name / Date

Signature over Printed Thesis Adviser's Name / Date

Received by:

Signature over Printed Laboratory Technician's Name / Date