

ICMS Laboratory Registration Form

Full User

Re:001

Applicant detail

Name: _____ Student number/ Title : _____
 Contact no. _____ Supervisor/ Responsible staff: _____
 E-mail. : _____

Registration Lab: _____

Training and skill

- 1) ICMS safety training **passed**
 2) ICMS Equipment training **passed**
 3) Lab practice **passed**
 4) Other lab certification or trainings **Please provide supporting**

Experiment and support facilities**

- a) Research topic* / Experiment : _____
 b) Duration*: _____
 c) Expected instruments: _____
 d) Dangerous goods*: _____
 e) Safety evaluation*: _____

For supervisor/responsible staff only**

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: _____

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: _____
