



***CCEB Nanyang Drive
Central Equipment Training Request Form***

Section I – User Information

Requester Name: _____ **Status (PG,RA,RF, Others):** _____

School/Institution: _____ **Email:** _____

Supervisor/PI Name: _____ **Date of Request:** _____

Section II – Equipment & Intended Use (One equipment per request form)

**Equipment name/
Model:** _____ **Basic Knowledge / Skills
of the above Equipment:** ☐ Yes ☐ No

Frequency of Usage: ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly
☐ Others, pls specify: _____

Characterisation objective:

*Describe your instrument usage objective and material to be characterized. Attach reference literature for us to advise further.

**Sample Nature (Solid /
Liquid / Biological / others):** _____ **Is the sample
hazardous?** ☐ Yes ☐ No
(Attach SDS if yes)

Section III – Safety & Licensing Compliance

- | | | |
|--|------------------------------|-----------------------------|
| i) NTU Core and Chemical Safety Courses Completed: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ii) Fully Understand CCEB Central Equipment Usage Rules: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iii) N3 License (Laser Equipment) (Attach copy of valid license)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| iv) R1 License (X-ray Equipment) (Attach copy of valid license)* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| v) Have You ever Been Banned from Using any Equipment in NTU? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes to v), pls specify: _____

*For equipment requiring iii or iv, please attach safety e-learning transcript with completion of OHS2NIR01 Working with Non-Ionising Radiation or OHS2IR01 Working with Ionising Radiation.

I have read and understood the rules of the usage of CCEB central facilities. I have attended relevant safety courses, and I understand that I am responsible for the risk assessment of my sample, especially for sample handling.

Signature of Requester: _____ **Date:** _____

Section IV - To be completed by PI

I support the request and will be responsible for charges incurred from equipment usage by the user. I will also undertake the necessary responsibilities for any damage of the equipment during use and will bear the cost of any service charges involved in repairing the equipment.

Signature of PI : _____ **Date:** _____

Section V – To be completed by the Instrument Manager

Training Schedule: _____

Conducted by: _____ **Signature of Instrument Manager:** _____

Remarks: _____

Please use the [link](#) to apply for lab security access after completing training.