
Central Equipment Training Request Form

Section I – To be completed by the Requester

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

School/Institution: _____ Contact No.: _____

Email: _____ Date of Request: _____

Name of Equipment (One equipment Only): _____

Basic Knowledge / Skills of the above Equipment: Yes No

Frequency of Usage: Daily Weekly Bi-weekly Monthly

Others, pls specify: _____

Sample Information: _____

i) Risk Assessment Form Attached: Yes No

ii) Safety Induction Courses Completed: Yes No

iii) Fully Understand CCEB Central Equipment Usage Rules: Yes No

iv) Have You ever Been Banned from Using any Equipment in NTU? Yes No

If Yes to iv), pls specify: _____

N3 License Expiry Date, pls attach a copy of valid license (required for Raman, Confocal, TIRF etc. class 3b & above laser):

R1 License Expiry Date, pls attach a copy of valid license (required for XRD):

Acknowledgement

I have read and understood the rules of the usage of CCEB central facilities. I have attended relevant safety courses and understood the Risk Assessment and Safe Work Procedure for the equipment above.

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

Section II - 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.

Project Title : _____

Name of PI : _____

WBS/Cost Centre : _____

Expiry Date of WBS: _____

Signature of PI : _____

Section III – To be completed by the Instrument Manager

Training Schedule : _____

Conducted by : _____

Signature of Instrument Manager : _____

Remarks : _____