



JOB NO: FS/FIZ/\_\_\_/\_\_\_

**Laboratory of Measurement Centre 1  
Physics Department  
Faculty of Science  
University Putra Malaysia**

**REQUEST FORM FOR USING LABORATORY FACILITIES  
PHOTOLUMINESCENCE SPECTROMETER (PL)**

**SECTION A: APPLICATION INFORMATION**

Applicant's Name:.....  
Matrix No. :..... Year of Study : ..... Program: BS  MS  PhD   
Faculty: ..... Email : ..... Contact No:.....  
FS Supervisor/Co-Supervisor : YES  NO

**SECTION B: SUPERVISOR INFORMATION**

Supervisor's Name: .....  
Department : .....  
Faculty : .....  
Phone No : .....

**SECTION C: RESEARCH INFORMATION**

Name of Instrument: .....  
Experiment/Work Details:.....  
Type of Sample: .....  
No of Sample : .....

Sample: Powder / Thin Film / Liquid

Excitation Range (nm): ..... Emmission Range (nm): .....

\*Excitation Value/Emmission Value (nm): .....

Excitation slit: ..... Emmission slit: .....

Scan Speed (nm/min): .....

\*\*\* keep blank if do not know the value.

**SECTION D: DETAILS OF CHARGE** (to be filled by non-Faculty Science Student)

Total Charge (RM): .....  
**(Please refer section H for the list of charges based on the type of analysis)**

I agree with the total charges for the above analysis. Payment of the charges can be made using the following information:

Project Title: .....  
Vote No : .....  
Date : .....  
Signature : .....  
(name and official stamp)

**SECTION E: REGULATION**

1. Only person with permission is allowed to use the lab facilities.
2. Applicants must be responsible for any damage items / equipment used.
3. Do not bring any foods or drinks in the lab.
4. Applicant must register in the logbook / form before use the equipment.
5. Applicant must be accompanied with other student if there is no laboratory staff in the lab.
6. List all chemicals and apparatus brought into the lab before using the equipment.

**SECTION F: DECLARATION**

I, as named above, hereby **agree** to follow:

1. Regulations, safety rules and procedures given by the laboratory management.
2. Conduct all experiments in a safe and proper manner in the lab.
3. Do not perform any unauthorized lab procedure that can cause serious accidents/injuries.

Applicant's Signature: ..... Date: .....

Supervisor's Signature: ..... Date: .....

**SECTION G: CONTACT PERSON**

- |                                       |                          |
|---------------------------------------|--------------------------|
| 1. Dr. Josephine Liew Ying Chyi       | -03-89477231/012-8112863 |
| 2. Mr. Muhammad Raznisyafiq bin Razak | -03-89466647/019-3300261 |

**SECTION H: LIST OF CHARGES**

**List of charges based on the instruments and analysis:**

|                 |
|-----------------|
| <b>External</b> |
| RM 200.00       |

\*\*\* Per sample

\*\*\* Additional RM 250.00 for low temperature condition