


Date In :

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Batch No. : UPM/FSAINS/FZ/

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	PHYSICS DEPARTMENT, FACULTY OF SCIENCE
	Application Form For UV Vis Spectrophotometer

SECTION A : APPLICANT			
Name		<i>To be filled by the Supervisor (if applicable)</i>	
Staff/Matric No.		Signature	
Address <small>(Lab/Department/Faculty/Institution)</small>			Official Stamp
Phone No.		Research Vot. No.	
E-mail			

SECTION B : SAMPLE <small>(CIRCLE THE APPROPRIATE)</small>	
Measuring Medium	Absorbance / Transmittance / Reflectance/ Other: _____
Sample Type	Powder / Thin Film / Liquid / Transparent / Opaque
Wavelength range (220-2600nm)	
No of sample	Name of Sample

SECTION C: REGULATION
<ol style="list-style-type: none"> 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:

SECTION G: CONTACT PERSON

- | | |
|---------------------------------|---------------------------|
| 1. Dr. Josephine Liew Ying Chyi | 03-89477231/ 012-8112863 |
| 2. Puan Norliyana Mujaini | 03-97696647/ 011-17623376 |

PART C : DETAILS OF CHARGE (FOR OFFICE USE ONLY)

	UNDERGRADUATE FACULTY SCIENCE <small>(NOT MORE THAN 5 SAMPLES)</small>		INTERNAL UPM /RM200
	INTERNAL (FACULTY SCIENCE)/RM25		EXTERNAL UPM / RM250

*** Per sample

Date Analysis	Date Completed	Remark
UV Vis's analyst signature		