

FunMat 课题组实验仪器设备预约申请表

联系方式

申请者姓名:	
导师姓名、院系:	
Email:	
手机号:	
申请时间: YYYY-MM-DD	

详细的预约仪器说明

预约的仪器的名称 (每台仪器单独一张申请表)	
请列出该仪器中你需要哪一部分 功能?	
您之前是否使用过该类型仪器?	

项目经费来源

该项测试费用的项目经费来源名称	
该经费来源的编号	

仪器使用协议书

本人承诺严格遵守如下协议：

- 测试者将根据实验需要填写风险评估表格和 COSHH 表格，并承担该项测试对本人和实验所造成的所有风险；
- 测试者遵守该实验室的相关安全和管理条例；
- 测试者须填写使用登记记录，如有故障将及时记录并通知实验室人员；
- 测试者本人提供该项测试的所有材料及消耗的化学药品；
- 测试者做完实验后需将实验台面清理整洁并将产生垃圾带走；
- 测试者须支付测试期间仪器设备所产生的费用，如有损坏，等价赔偿；
- 测试者通过此设备测试结果发表或出版的论文、著作、会议论文宣讲中必须对该课题组及设备致谢，根据包括作者挂名、论文结尾致谢部分等。

申请人姓名:

导师姓名:

申请人签名:

导师签名:

日期: 年 月 日

日期: 年 月 日

备注

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仪器操作专业技能评估	临时用户	<input type="checkbox"/>	常规用户	<input type="checkbox"/>	专家级用户	<input type="checkbox"/>
仪器监管人:			批准日期:			
申请批准人:			批准日期:			

REQUEST FOR TRAINING AND ACCESS TO FUNMAT LABORATORY EQUIPMENT

Please complete this form and return to the Facility Manager or Group Chair

Prof Jingping Hu, East 16 Building, School of Environmental Science and Engineering,
Huazhong University of Science and Technology Wuhan, P.R. China

Web: <http://funmat.esse.hust.edu.cn/>

Contact Details

Name :	
Affiliation / Supervisor :	
Email address :	
Mobile phone number:	
Date of request :	

Access Requested

Equipment to be accessed (one piece per form)	
Please detail your requirements: what kind of measurements do you want to make?	
Do you have any experience?	

Funding arrangements

Are there any arrangements to cover running and maintenance costs for the equipment?	
Grant – please provide a cost code	_____
Invoice for work - do you require a quote?	_____

- **I agree to provide risk assessments and COSHH for my experiments**
- **I agree to abide by the rules of the Funmat laboratory**
- **I agree to fill in the equipment log book and report all faults immediately**
- **I agree to provide all consumables and chemicals for my experiments.**
- **I agree to remove all waste material after use of kit.**
- **I agree to cover any consumable costs associated with usage of the equipment and agree to cover any costs for breakages caused by misuse from the user.**
- **I agree to acknowledge the facility and personnel in Funmat Group in any publications/presentations/etc, incl. co-authors, acknowledgement section.**

Applicant

Name:

Signature:

Date:

Supervisor

Name:

Signature:

Date:

Notes

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Level of Competency	Provisional	<input type="checkbox"/>	Approved	<input type="checkbox"/>	Expert	<input type="checkbox"/>
Trained By:					Date	
Approved By:					Date	