No.....

Request for Use of the Environmental Laboratory During Working hours

Faculty of Environmental and Resource Studies Mahidol University

I Mr. / Mrs. / Miss..... ☐ Lecturer ☐ Student ID.....

E:mail: .....Phone.....

Requires permission to use the science lab. Number of room(s) .....Keycard number.....

☐ 4410/1 Central Instrument Room 1

O Oven O Balance O Centrifuge O Fat Extractor

☐ 4410/2 Central Instrument Room 2

O Refrigerator O Incubator

☐ 4410 Biology Laboratory

☐ 4411 Chemical Laboratory 1 O Vacuum Evaporation

☐ 4419 Advanced Instrument laboratory

O Balance 4 digits (dust paper) O UV/VIS O HPLC

O Balance 5 digits O Automatic Desiccator O Freeze Dry

O 4419/1 AAS O 4419/2 BOMB O 4419/3 TOC

O 4419/4 GC Varian / O GC Thermo / O GCMS/MS

☐ 4420 Environmental Science Laboratory 4420

☐ 4421 Environmental Science Laboratory 4421

☐ 4422 Environmental Science Laboratory 4422

☐ 4423 Environmental Science Laboratory 4423 O TKN

☐ 1301 Environmental Science Laboratory 1301(3rd Floor Budding1)

☐ 4510 Biology Laboratory 2

☐ 4511 Chemical Laboratory 2

☐ 4514 Environmental Science Laboratory 4514

☐ 4515 Environmental Science Laboratory 4515

☐ 4516 Environmental Science Laboratory 4516

☐ 4517 Environmental Science Laboratory 4517

☐ 4518 Environmental Science Laboratory 4518

☐ 4519 Environmental Science Laboratory 4519

☐ 4520 Environmental Science Laboratory 4520

☐ 4521 Environmental Science Laboratory 4521

☐ 4522 Environmental Science Laboratory 4522

☐ 4523 Environmental Science Laboratory 4523

Reason for use

☐ Science project ☐ Thesis ☐ Teaching ☐ Research ☐ Other

Subject : .....

Application Request Details

- Experimental Equipment

  O Fume Hood O Fat Extractor O Furnace O Biosafety Cabinet O Microwave Digestion Unit

  O Others include.....

- Chemical used in the experiment .....

From...../..... /.....To...../..... /..... Time..... (8.30 am. – 4.30 pm. Mon. – Fri. except vacation) Total duration.....day (not more than 1 month/time) With co-workers .....person (s)

As listed below.....

Signature.....(1)

( )

Requester

Date...../..... /.....

Signature .....(2)

( )

Advisor / Program Director

Date...../..... /.....

Comments by Head of Environmental Laboratory

☐ Approved ☐ Not Approved

Signature .....(3)

(Miss Chutitorn Moothongnoi)

Head of Environmental Laboratory

Date...../..... /.....

Note :1. Please submitted the form at least 3 working days in advance **01/09/2021**

2. Forms submitted with incomplete information will not be proceeded.