



***Central Equipment Training Request Form***

**Section I – To be completed by the Requestor**

**Requestor** : \_\_\_\_\_ **Status (PG, RA, RF, Others)** : \_\_\_\_\_

**School/Institution** : \_\_\_\_\_ **Contact No** : \_\_\_\_\_

**Email** : \_\_\_\_\_ **Date of Request** : \_\_\_\_\_

**Name of Equipment** : \_\_\_\_\_

**Basic Knowledge of the above Equipment:**             Yes             No

**Frequency of Usage** :     Daily         Weekly         Bi-Weekly     Monthly

**Others, pls specify** : \_\_\_\_\_

**Sample Information** : \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safety Induction Courses Completed** :             Yes             No

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

**If Yes, 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 SCBE central facilities. I have attended relevant safety courses and understood the Risk Assessment and Safe Work Procedure for the equipment above.

**Signature of Requestor :** \_\_\_\_\_ **Date :** \_\_\_\_\_

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**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 Center** : \_\_\_\_\_

**Expiry Date of WBS** : \_\_\_\_\_

**Signature of PI** : \_\_\_\_\_

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**Section III – To be completed by the Instrument Manager**

**Training Schedule** : \_\_\_\_\_

**Conducted by** : \_\_\_\_\_

**Signature of Instrument Manager** : \_\_\_\_\_

**Remarks** : \_\_\_\_\_