## Request for Use of the Environmental Laboratory During Working hours

		Faculty of Environmental	and Resource Studies Mahidol	University
Mr. / Mrs. / Miss		Lecturer Student	ID	
E:mail:			Phone	
Requires permission to use the science	e lab. Number of room(s)	)	Keycard number	
$\square$ 4410/1 Central Instrument Room 1		$\square$ 1301 Environmental Science Laboratory 1301(3 <sup>rd</sup> Floor Budding1		
O Oven O Balance O Centrifuge O Fat Extractor		$\Box$ 4510 Biology Laboratory 2		
$\Box$ 4410/2 Central Instrument Room 2		$\Box$ 4511 Chemical Laboratory 2		
O Refrigerator O Incubator		$\square$ 4514 Environmental Science Laboratory 4514		
4410 Biology Laboratory		$\Box$ 4515 Environmental Science Laboratory 4515		
□ 4411 Chemical Laboratory 1 O Vacuum Evaporation		□ 4516 Environmental Science Laboratory 4516		
$\Box$ 4419 Advanced Instrument laboratory		□ 4517 Environmental Science Laboratory 4517		
O Balance 4 digits (dust paper) O UV/VIS O HPLC		4518 Environmental Science Laboratory 4518		
O Balance 5 digits O Automatic Desiccator O Freeze Dry		4519 Environmental Science Laboratory 4519		
O 4419/1 AAS O 4419/2 BOMB O 4419/3 TOC		$\square$ 4520 Environmental Science Laboratory 4520		
O 4419/4 GC Varian / O GC Thermo	o / O GCMS/MS			
$\square$ 4420 Environmental Science Laboratory 4420		$\Box$ 4521 Environmental Science Laboratory 4521		
$\Box$ 4421 Environmental Science Laboratory 4421		□ 4522 Environmental Science Laboratory 4522		
$\Box$ 4422 Environmental Science Laboratory 4422		4523 Environmental Science Laboratory 4523		
4423 Environmental Science Labora	tory 4423 O TKN			
<u>Reason for use</u>				
$\square$ Science project $\square$ Thes	is 🗌 Teaching 🗌 Res	earch 🗌 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				
			(8.30 am. – 4.30 pm. Me	
except vacation) Total duration			·	
As listed below				
Signature	(1)	-		
(	)	(		)
Requester Date//		Advisor / Program Director Date/		
Date///	-	Date	·······/ ·············/ ··············	
	Comments by Head of	Environmental Laborator	У	
	□ Approved	□ Not Approved		
Sig			(3)	
		orn Moothongnoi)		
		onmental Laboratory		
	Date/	/		

Note :1. Please submitted the form at least 3 working days in advance

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