

**Request for Use of the Environmental Laboratory Outside 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.....

- |   |   |
|---|---|
| <input type="checkbox"/> 4410/1 Central Instrument Room 1<br>O Oven O Balance O Centrifuge O Fat Extractor      | <input type="checkbox"/> 1301 Environmental Science Laboratory 1301(3 <sup>rd</sup> Floor Budding1) |
| <input type="checkbox"/> 4410/2 Central Instrument Room 2<br>O Refrigerator O Incubator                         | <input type="checkbox"/> 4510 Biology Laboratory 2  |
| <input type="checkbox"/> 4410 Biology Laboratory  | <input type="checkbox"/> 4511 Chemical Laboratory 2   |
| <input type="checkbox"/> 4411 Chemical Laboratory 1 O Vacuum Evaporation  | <input type="checkbox"/> 4514 Environmental Laboratory 4514   |
| <input type="checkbox"/> 4419 Advanced Instrument laboratory<br>O Balance 4 digits (dust paper) O UV/VIS O HPLC | <input type="checkbox"/> 4515 Environmental Laboratory 4515   |
| O Balance 5 digits O Automatic Desiccator O Freeze Dry  | <input type="checkbox"/> 4516 Environmental Laboratory 4516   |
| O 4419/1 AAS O 4419/2 BOMB O 4419/3 TOC   | <input type="checkbox"/> 4517 Environmental Laboratory 4517   |
| O 4419/4 GC Varian / O GC Thermo / O GCMS/MS  | <input type="checkbox"/> 4518 Environmental Laboratory 4518   |
| <input type="checkbox"/> 4420 Environmental Laboratory 4420   | <input type="checkbox"/> 4519 Environmental Laboratory 4519   |
| <input type="checkbox"/> 4421 Environmental Laboratory 4421   | <input type="checkbox"/> 4520 Environmental Laboratory 4520   |
| <input type="checkbox"/> 4422 Environmental Laboratory 4422   | <input type="checkbox"/> 4521 Environmental Laboratory 4521   |
| <input type="checkbox"/> 4423 Environmental Laboratory 4423 O TKN   | <input type="checkbox"/> 4522 Environmental Laboratory 4522   |
|   | <input type="checkbox"/> 4523 Environmental Laboratory 4523   |

**Reason for use**

- Senior 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.....  Mon – Fri (4.30 pm.- 9.00 pm.)

or/and  Vacation O 8.30 pm.- 4.30 pm. / O 4.30 pm.- 9.00 pm. Total duration .....day (not more than 1 month/time)

With co-workers .....person (s) As listed below.....

Signature .....(1)

( )

Position.....

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

Signature .....(2)

( )

Position..... Advisor / Program Director.....

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

**Comments by Head of Environmental Laboratory**

- Approved  Not Approved

Signature .....(3)

(Miss Chutitorn Moothongnoi)

Position..Head of Environmental Laboratory.....

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

**Comments by Deputy Dean or Dean**

- Approved  Not Approved

Signature .....(4)

(Assoc.Prof.Noppol Arunrat )

Position Dututy Dean for Research and Acedemic Services

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