

INHART LABORATORY	Ref. No.	IH-OPE-F07A
	Revision No.	0
Laboratory Booking Form (DSC)	Effective Date	26/09/2019
	Page	1 of 1

Booking No:
IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> • Temperature range (-30 to 500°C): • Gas used: • Gas flow rate (ml/min): <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		<p>No. of sample:</p> <p>No. of run: single, duplicates, triplicates</p> <p>Sample name:</p> <p>Sample weight range:</p>	
		Status: Please circle relevant column	Sample received
			Sample NOT received
<p>Notes:</p> <p><i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i></p> <p><i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i></p> <p>I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible on any equipment used and lab security during my presence.</p>			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
Sample run by:			

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07B
	Revision No.	0
Laboratory Booking Form (FTIR)	Effective Date	26/09/2019
	Page	2 of 1

Booking No: IH-LBF-

Applicant Information

Name:	Staff/Matric No:
Study level/ Position:	Contact No:
Dept./Company/Institute:	Email address:

Booking Information

Booking Date (to be determined by Officer)	
From	To
Date	
Time	

Information on Equipment (fill if any identification number i.e. serial number etc.)
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1	
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Method of Work/ Parameters	Description of Samples
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<ul style="list-style-type: none"> Spectral range (cm⁻¹): Spectral resolution (cm⁻¹): Result in (please tick) : <input type="checkbox"/> Absorbance <input type="checkbox"/> Transmittance Any comparison graph?: (Yes / No) if yes, please state: _____ If liquid sample, what solvent/ background used? _____ <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>	<p>No. of sample:</p> <p>No. of run: single, duplicates, triplicates</p> <p>Sample name:</p> <p>Type of sample:</p>			
	<table border="1"> <tr> <td>Status: Please circle relevant column</td> <td>Sample received</td> <td>Sample NOT received</td> </tr> </table>	Status: Please circle relevant column	Sample received	Sample NOT received
Status: Please circle relevant column	Sample received	Sample NOT received		

Notes:

**All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.*

**Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.*

I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible on any equipment used and lab security during my presence.

Requested by :	Recommendation by (Supervisor/Lecturer):
Name :	Name :
Date :	Signature:
Signature	Stamp:

Remarks

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For Office Use Only

Approved by (Science Officer)	Person in Charge (Lab Assistant)
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Name : Signature : Stamp :	Name : Signature & stamp : Date :
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Sample run by:

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07C
	Revision No.	0
Laboratory Booking Form (GC-TOF/MS)	Effective Date	26/09/2019
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Booking No: IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
2			
Method of Work/ Parameters		Description of Samples:	
Solvent delay: Initial temperature: 1) 2) 3) 4) Total run time: <i>*Please attach reference method from journal/ articles (if applicable)</i>		No. of sample: No. of run: single, duplicates, triplicates	
		Status: Please circle relevant column	Sample received
			Sample NOT received
Notes: <i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i> <i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i>			
I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.			
Requested by : Name : Date : Signature		Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name : Signature : Stamp :		Name : Signature & stamp : Date :	

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07D
	Revision No.	0
Laboratory Booking Form (GENERAL EQUIPMENT)	Effective Date	26/09/2019
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Booking No:
IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
2			
Method of Work/ Parameters		Description of Samples:	
<i>*Please attach reference method from journal/ articles (if applicable)</i>		No. of sample: No. of run: single, duplicates, triplicates	
		Status: Please circle relevant column	Sample received
Notes: <i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i> <i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i>			
I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.			
Requested by :	Recommendation by (Supervisor/Lecturer):		
Name :	Name :		
Date :	Signature:		
Signature	Stamp:		
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :	Name :		
Signature :	Signature & stamp :		
Stamp :	Date :		

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07E
	Revision No.	0
Laboratory Booking Form (RAMAN)	Effective Date	26/09/2019
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Booking No: IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> Laser power (%): Raman shift range (cm⁻¹): Exposure time (s): <p><i>Laser Wavelength Available : 785nm edge</i></p> <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		No. of sample: No. of run: single, duplicates, triplicates Sample name: Type of sample:	
		Status: Please circle relevant column	Sample received
			Sample NOT received
Notes: *All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested. *Analysed samples must be collected by the customer within 3 days after receiving the result , if not, the samples will be disposed.			
I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
Sample run by:			

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07F
	Revision No.	0
Laboratory Booking Form (SFE)	Effective Date	26/09/2019
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Booking No: IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> • Temperature (30-80°C): • Co-solvent (10-40 %) : • Co-solvent flow rate (g/min or %): *total flow rate is 20 g/min • Pressure (100-350mbar): <i>*Please attach reference method from journal/ articles (if applicable)</i>		No. of sample: No. of run: single, duplicates, triplicates Sample/s name: <i>*Sample/s must be ready to run</i> <i>*Co-solvent and tubes for extract collection should be provided by customer</i>	
		Status: Please circle relevant column	Sample received
			Sample NOT received
Notes: <i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i> <i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i>			
I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
Sample run by:			

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F07G
	Revision No.	0
Laboratory Booking Form (TEXTURE ANALYZER)	Effective Date	26/09/2019
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Booking No:
IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> • Distance (mm): • Test speed (mm): • Pre-test speed (mm): • Return speed (mm): • Trigger force (g): • How many cycles?: <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		<p>No. of sample:</p> <p>No. of run: single, duplicates, triplicates</p> <p>Sample/s name:</p>	
		Status: Please circle relevant column	Sample received
			Sample NOT received
<p>Notes:</p> <p><i>*All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested.</i></p> <p><i>*Analysed samples must be collected by the customer within 3 days after receiving the result, if not, the samples will be disposed.</i></p> <p>I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.</p>			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
Sample run by:			

Quote No.:
Memo No.:

INHART LABORATORY	Ref. No.	IH-OPE-F071
	Revision No.	0
Laboratory Booking Form (ROTARY EVAPORATOR)	Effective Date	26/09/2019
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Booking No:
IH-LBF-

Applicant Information			
Name:	Staff/Matric No:		
Study level/ Position:	Contact No:		
Dept./Company/Institute:	Email address:		
Booking Information			
Booking Date (to be determined by Officer)			
	From	To	
Date			
Time			
Information on Equipment (fill if any identification number i.e. serial number etc.)			
1			
Method of Work/ Parameters		Description of Samples	
<ul style="list-style-type: none"> • Rotation speed (rpm): • Vacuum (mbar): • Water bath temperature (°C): • Sample final volume (ml): <p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>		No. of sample: No. of run: single, duplicates, triplicates Sample/s name: Sample type:	
		Status: Please circle relevant column	Sample received
			Sample NOT received
Notes: *All applications for booking must be reach the INHART Lab at least 3 days prior to the date requested. *Analysed samples must be collected by the customer within 3 days after receiving the result , if not, the samples will be disposed.			
I have read, understand and will abide the laboratory rules and safety regulations and shall be responsible for any equipment used and lab security during my presence.			
Requested by :		Recommendation by (Supervisor/Lecturer):	
Name :		Name :	
Date :		Signature:	
Signature		Stamp:	
Remarks			
For Office Use Only			
Approved by (Science Officer)		Person in Charge (Lab Assistant)	
Name :		Name :	
Signature :		Signature & stamp :	
Stamp :		Date :	
Sample run by:			

Quote No.:
Memo No.: