

| | | |
|---------------------------------------|----------------|-------------|
| INHART LABORATORY | Ref. No. | IH-OPE-F07B |
| | Revision No. | 1 |
| Laboratory Booking Form (FTIR) | Effective Date | 08/09/2021 |
| | Page | 1 of 1 |

Booking No:
IH-LBF-

| Applicant Information | | | |
|---|-------------|--|----------------------------|
| Supervisor Name: | | | |
| Student 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"> 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> | | 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 on 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.: