

INHART RESEARCH LABORATORY

Ref. No.

IH-OPE-F01A

Revision No.

0

Effective Date

26/09/2019

Page

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Laboratory Booking Form (Weighing Balance)
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****No. of sample:****Sample name:**
**Please attach reference method from journal/ articles (if applicable)*
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 :

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 :

Sample run by:
Quote No.:
Memo No.:

INHART RESEARCH LABORATORY

Ref. No.	IH-OPE-F01C
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Laboratory Booking Form (Microcentrifuge)

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

- Temperature:
- Rotary Speed:

**Please attach reference method from journal/ articles (if applicable)*

Description of Samples

No. of sample:
Sample name:

Status: Please circle relevant column	Sample received	Sample NOT received
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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 : Name : Date : Signature	Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:
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Remarks**For Office Use Only****Approved by (Science Officer)****Person in Charge (Lab Assistant)**

Name :
Signature :
Stamp :

Name :
Signature & stamp :
Date :

Sample run by:

Quote No.:
Memo No.:

INHART RESEARCH LABORATORY

Ref. No.	IH-OPE-F01E
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Laboratory Booking Form (Lab Vacuum Pump)

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	
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Method of Work/ Parameters**Description of Samples**

<p><i>*Please attach reference method from journal/ articles (if applicable)</i></p>	No. 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 :

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 :

Sample run by:

Quote No.:
Memo No.:

INHART RESEARCH LABORATORY

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Laboratory Booking Form (Refrigerated Centrifuge)

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

- Temperature :
- Rotary Speed:

**Please attach reference method from journal/ articles (if applicable)*

Description of Samples

No. of sample:
Sample name:

Status: Please circle relevant column	Sample received	Sample NOT received
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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 : Name : Date : Signature	Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:
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Remarks**For Office Use Only****Approved by (Science Officer)****Person in Charge (Lab Assistant)**

Name :
Signature :
Stamp :

Name :
Signature & stamp :
Date :

Sample run by:

Quote No.:
Memo No.:

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Laboratory Booking Form (pH Meter)

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	
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Method of Work/ Parameters

Description of Samples

*Please attach reference method from journal/ articles (if applicable)	No. of sample: No. of run: single, duplicates, triplicates Sample name:		
	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 :

Name :
Date :
Signature

Recommendation by (Supervisor/Lecturer):

Name :
Signature:
Stamp:

Remarks

For Office Use Only

Approved by (Science Officer)

Name :
Signature :
Stamp :

Person in Charge (Lab Assistant)

Name :
Signature & stamp :
Date :

Sample run by:

Quote No.:
Memo No.:

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Laboratory Booking Form (Autoclave)

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	
<i>*Please attach reference method from journal/ articles (if applicable)</i>		No. of sample: Sample name:	
		Status: Please circle relevant column	Sample 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 : 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 :	
Sample run by:			

Quote No.:
Memo No.:

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Laboratory Booking Form (Hotplate Stirrer)

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	
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Method of Work/ Parameters**Description of Samples**

- Temperature:
- Time:
- Stirrer Speed:

No. of sample:
No. of run: single, duplicates, triplicates
Sample name:

**Please attach reference method from journal/ articles (if applicable)*

Status: Please circle relevant column	Sample received	Sample NOT received
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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 : Name : Date : Signature	Recommendation by (Supervisor/Lecturer): Name : Signature: Stamp:
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Remarks**For Office Use Only****Approved by (Science Officer)****Person in Charge (Lab Assistant)**

Name :
Signature :
Stamp :

Name :
Signature & stamp :
Date :

Sample run by:

Quote No.:
Memo No.:

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Laboratory Booking Form (Waterbath)

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	
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Method of Work/ Parameters**Description of Samples**

- Temperature:
- Time:
- Function : 1) Sonicate-
2) Normal -

No. of sample:
Sample name:

**Please attach reference method from journal/ articles (if applicable)*

Status: Please circle relevant column	Sample received	Sample NOT received
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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 : 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 :

Sample run by:

Quote No.:
Memo No.:

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Laboratory Booking Form (Microcentrifuge)

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

- Temperature:
- Rotary Speed:

**Please attach reference method from journal/ articles (if applicable)*

Description of Samples

No. of sample:
Sample name:

Status: Please circle relevant column	Sample received	Sample NOT received
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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 :

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 :

Sample run by:

Quote No.:
Memo No.:

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Laboratory Booking Form (Viscosmeter)

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**

- Time:
- Viscosmeter speed:

No. of sample:
Sample name:

**Please attach reference method from journal/ articles (if applicable)*

Status: Please circle relevant column	Sample received	Sample NOT received
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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.: