



BOOKING FORM

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Ionics, Colour & Coating Research Lab (ICC)
Institute of Science, Universiti Teknologi MARA

Please submit ONE (1) form for all machine to be used.

ALL items in this section must be filled.

APPLICATION DATE:..... APPLICANT'S NAME:.....

APPLICANT'S I.D.:..... E_MAIL:..... MOBILE No.:.....

SUPERVISOR'S NAME:..... E_MAIL:.....

CONTACT ADDRESS:.....

PLEASE TICK (v) INTENDED MACHINES/ EQUIPMENTS TO BE USED & TEST REQUIREMENT(S):

* NANOTECH Laser Particel Sizer <input type="checkbox"/>	Sample type: Liquid/Powder Sample Material: Sample Size Classes(range):.....µm * Data save in CD-R	ELECTROCHEMICAL IMPEDANCE SPECTROSCOPY (EIS)- HIOKI -with chamber <input type="checkbox"/>	Sample: Film/ Pellet/..... Start temperature: End temperature: Humidity rate: Sample holder type: Teflon / Cast Iron * Data save in CD only
*SOLATRON IMPEDENCE <input type="checkbox"/>	Please provide sample thickness:mm Sample: Film/ Pellet/..... Mode: Room temperature/ Glove box * Data save in CD-R	ELECTROCHEMICAL IMPEDANCE SPECTROSCOPY (EIS)- HIOKI -Room Temperature <input type="checkbox"/>	Sample: Film/ Pellet/..... Sample holder type: * Data save in CD only
*GLOVE BOX (PURE LAB) <input type="checkbox"/>	Sample: Film/ Pellet/..... Sample type: Conducting/ Non-conducting Gas type: Nitrogen/ Argon/ Helium Gas flow rate: Usage Period :(day/week)	*CONTACT ANGLE ANALYZER (PHEONIC) <input type="checkbox"/>	Sample viscosity: Quantity : 2-3ml/ sample * Data save in CD-R Sample type: Liquid only

* Marked items will be run by the officer in charge. Please make sure that samples are properly labelled.

*ALL DATA ARE TO BE COPIED IN CD, CD-R, CD-RW, DVD, DVD-R, AND DVD-RW ONLY DEPENDS ON MACHINE.

*All CD Is not provided.

BOOKING DATE(S) & HOUR(S):

Booking date(s) shall be NOT MORE than 3 times per week. **Booking time:** Monday - Friday from 8:30a.m till 5:30p.m only.

DATE (DD/MM/YYYY)	TIME (START – END)
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* Booking date must be a week earlier.

DESCRIPTION OF THE TEST REQUIREMENTS:

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DECLARATION (MUST BE FILLED):

*I hereby declare that the materials to be used with the machines/ equipments have the **PHYSICAL AND CHEMICAL** property(s) as mentioned below. My supervisor and I will be held fully responsible for the damage to the machine due to false declaration(s).*

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APPLICANT'S SIGNATURE

SUPERVISOR'S SIGNATURE & OFFICIAL STAMP

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OFFICE USE

OPERATOR (Person In Charges)
DATE COMPLETED: COMMENTS:
SIGNATUE & STAMP: