



BOOKING FORM

Tel : 03- 5543 7803 Fax: 03-5544 3870

Polymer Composite Research Laboratory (PoCre)

Institute of Science, Universiti Teknologi MARA

PoCre/IOS/UiTM/Booking/01/2011



Please submit ONE (1) form for each machine to be used OR for maximum of 6 (SIX) samples.

ALL items in this section must be filled.

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

APPLICANT'S I.D.:..... E_MAIL:..... MOBILE:.....

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

BILLING ADDRESS:.....

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

*Fatigue test (50kN dynamic & 75kN static) [RM100/sample/day]	Control mode: load/stroke Frequency (Hz): Test mode: (tension-tension)/ (tension compression) Cycle:	*DSC (max 600°C) [RM100/sample]	Start temperature: End temperature: Heating rate: Gas flow rate: Programme (please specify):
*Tensile/ 3-P bending test (20kN & 50kN load cell) [RM100/5 pcs of sample]	Please provide sample thickness & width Gauge length (mm): or Support span (mm): Test speed (mm/min): Requirement: until fracture or others (please specify)	*TGA (max 1000°C) [RM80/sample]	Start temperature: End temperature: Heating rate: Gas flow rate: Programme (please specify):
*Dart drop test [RM100/5 pcs of sample]	Please provide sample thickness Control mode: Energy/ Height/ Speed Specify value:	*Desktop SEM (5kVe) [RM50/sample]	Sample type: Conducting/ Non-conducting Special care (please specify): Thermal sensitivity: Yes/ No
*Metallurgical microscope [RM20/sample]	Mode: Transmitted/ Reflected/Polar/DIC Sample: Wet/ Dry	*Humidity analyzer [RM30/sample]	Final weight required (%):
Environmental chamber		Density meter [RM20/sample]	
Hot Press (own mould)		Pulveriser	
Cold Press (own mould)		Precision sample cutter	
High temperature mini press (own mould) max: 350°C		Temp data char sys – max 100°C [RM50/sample/day]	

* Marked items will be run by the officer in charged and no booking date requires. Please make sure the samples are properly labelled.

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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•	•
•	•

DESCRIPTION OF THE TEST REQUIREMENTS:

DECLARATION (MUST BE FILL):

I hereby declared that the materials to be use with the machines/ equipments have the **PHYSICAL AND CHEMICAL** property(s) as mention below. I and my supervisor will be held fully responsible for the damaged to the machine due to false declaration(s).

APPLICANT'S SIGNATURE

SUPERVISOR'S SIGNATURE & OFFICIAL STAMP

.....

OFFICE USE

LAB MANAGER	OPERATOR
ACCEPT/ REJECT COMMENTS:	DATE COMPLETED: COMMENTS:
SIGNATURE & STAMP:	SIGNATURE & STAMP:
TOTAL CHARGE	RM: