



LABORATORY RESERVATION FORM FOR FACULTY AND OTHER LABORATORY USERS

Document No. : FM-LM-02-03

Effective Date: November 2, 2021

☐ ILMO Laboratory Room/Facility _____

☐ Apparatus/Equipment/Tools

Name of Applicant:	School/Department:	Date Applied:
Confirmed by Laboratory Technician:	Date and time of use:	
Signature over Printed Name		
Purpose: (Course Code / Thesis/Research Title / Investigatory/Special Project Title)		

	Quantity	Apparatus/Equipment/Tools		Quantity	Apparatus/Equipment/Tools
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

I/We hereby acknowledged that I received the above equipment in good condition. I/We am/are responsible for any damage to and/or loss of equipment or injury to persons arising from its use.

Requested by: Applicant Signature over Printed Name	Approved by: ILMO Director Signature over Printed Name
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