



## Application for Using FHS Equipment by Non-FHS Members

Application No.: \_\_\_\_\_

Date: \_\_\_\_\_

<b>1. REQUESTOR information</b>			
Name:		Staff/ Student ID or BIR no.:	
Phone:		Email:	
Wechat:		Whatsapp:	
Supervisor/ P.I. : <i>(if applicable)</i>			
Faculty/ Institute / Department/ Unit:			
Has documented collaboration with FHS:		YES / NO <i>(If yes, please attach collaboration info. )</i>	

<b>2. EQUIPMENT Requested for Use (Refer to <a href="https://equipment.um.edu.mo">https://equipment.um.edu.mo</a> )</b>			
Name of equipment:			
Brand:		Model:	
Location:		Person in charge:	

<b>3. REASON for requesting to use the equipment</b>
<input type="checkbox"/> My own unit does not have this type of equipment. <input type="checkbox"/> Same type of equipment is available in my own unit, but too busy for booking due to high demand. <input type="checkbox"/> Same type of equipment is available in my own unit, but out of order since _____

<b>4. EXPERIMENT to be conducted with the equipment</b>	
Brief description of the experiment with clear indication of organism/ tissues/ materials to be used:	
Tentative schedule/ Expected frequency of usage of the equipment:	From ____/____/____ to ____/____/____ , or ____ hours/week

Signature of Requestor	Signature of Supervisor/ P.I. of requestor <i>(if applicable)</i>	Signature of Associate Dean/ Director of requestor <i>(if applicable)</i>

**Important Notes:**

- *The application is subjected to a pre-approval in order to ensure safety of the users, proper operation of the equipment and no disturbance to other FHS users.*
- *If the application is approved, the requestor is required to complete successfully official training(s) provided by FHS before using of the equipment.*
- *Requestor is required to follow the "Guidelines that Govern the Use and Management of Equipment in FHS" (Doc. no.: FHS\_Guideline\_029).*





**Note:**

- Please submit the filled form to FHS equipment team in either office N22-3044 or E12-3067.
- For inquiries, please feel free to contact the FHS equipment team by phone 8822-4404 or email LHLam@um.edu.mo.

**-- For Office Use Only --**

<b>a. RECOMMENDATION by the Person In-Charge</b> ( i.e.: Individual PI / Core OM / Faculty Equipment Team, depending on the ownership classification of the equipment)			
Opinion:		Approval/ Endorsement:	
Signature:		Date:	
<b>b. ENDORSEMENT by ESMC</b> (Part b. or Part c. is <b>not</b> required if the requestor is an <b>UM</b> member (e.g.: FST, IAPME, ICI, ICMS, IME, IOTSC, etc.))			
Opinion:		Approval/ Endorsement:	
Signature:		Date:	
<b>c. APPROVAL by Dean or his delegate</b> (Part b. and Part c. are <b>required</b> if the requestor is a <b>non-UM</b> member who <b>does not</b> have a documented collaboration with FHS.)			
Opinion:		Approval/ Endorsement:	
Signature:		Date:	