### INSTRUMENT USAGE REGISTRATION FORM

#### INSTRUMENT BOOKING PROCEDURE

Please read the information below before completing the application form.

# 1. Maximum Number of Samples

Only **THREE (3)** maximum samples per booking per instrument will be approved except for the Microscopy Instruments such **LVSEM(4)**, **FESEM(3)** and **TEM(2)**. Note: **XRD**, **TEM (powder type only)** 

# 2. Booking

- a. Complete the application form including valid research vot number (if available\*\*)
- b. The application form is valid only for ONE (1) type of analysis equipment. Use other form for other analysis instrument.
- c. A completed application form must be submitted to the CSNano Administration Office together with the proof of the payment. CSNano has the right to reject any incomplete application form.
- d. All booking schedule can be updated on the next working Monday based on the received date by email.
- e. Intended new booking of the same instrument for the same applicant is only available AFTER the current analysis is being completed.
- f. Additional samples are not allowed for every analysis session.

\*\*Note: If valid research vot. Number is not available; kindly attach official letter requesting for the analysis from your respective head of department. The amount will be charged onto respective department/faculty vot.

## 3. Sample condition and preparation

- a. Details of the sample should be informed in this application form including samples description, expected result and instrument to be used for the analysis.
- b. All samples should be in ready to analyse condition when submitted to the CSNano. All preparation needs must be supplied by the applicant. All preparation and it needs for analysis prepared by CSNano will be charge accordingly.
- c. CSNano has every right to cancel any analysis if the sample is suspected to have high risks on the safety of the operator or can cause damage to the instrument during the analysis.
- d. All inquiries regarding sample preparation, its needs and analysis should be forwarded to the Staff In-charge **BEFORE** submit the application form:

Mrs. Nur Azleena Kasiran – XRD / NMR / TGA-SDTA / Glove Box

Mrs. Nur Hidayah Azmi - TEM

Mrs Nurul Adhah Saini - FESEM / ESR

Mrs Wan Aklim Norsalafiany Wan Ahmad – SEM / Physics

### 4. General Rules

- a. All information provided should be true.
- b. Users need to attend the related training when deemed necessary.
- c. Users should obey all rules and regulations regarding safety and laboratory requirements at CSNano.
- d. Users should inform the CSNano administration office if there are any changes in their vot number or expiry date of their research projects.

# **INSTRUMENT USAGE REGISTRATION FORM**

# Reference No.:

APPLICANT DETAILS									
NAME:	_ ID NO:								
DEPARTMENT/ FACULTY:									
E-MAIL:	_ PHONE NO:								
RESEARCH TITLE:									
RESEARCH PROJECT LEADER:(Name/Signature/Stamp)	_ Date:								
PAYMENT METHOD									
RESEARCH GRANT									
Vot Number: Vot Expiry Date	): :								
Balance of V29000: RM (Please provide a c									
I hereby agree to transfer RM from VOT No									
NO: 260900/69252 for the measurement/characterization service supplied to the	plied CSNano.								
MONEY ORDER: Pay to BENDAHARI UTM, RM									
(UTMFIN REF. NO.:	)								
O CASH: RM									
REQUIREMENTS									
INSTRUMENT REQUESTED:									
TEM FE-SEM XRD  Imaging Only Imaging Only Spectrum Anal Matching Anal Both  NMR	TGA  alysis Powder  lysis Temperature required:  Others:								
1D-¹H <b>SEM</b>									
Others: ESR									
OTHERS(Please state the equipment required):									
QUANTITY OF SAMPLE(S):									
MEASUREMENT CONDITION OR REQUIREMENT:									
EXPECTED RESULT:									
I have read and accept the Instrument Booking Procedure Policy.									
Applicant Signature: Date:									

# **REMARKS**

- For payment by **Research Grant**, please follow the following procedures:

  o Please fill out this form completely and return it to the CSNano Administration Office
  - CSNano will issue the invoice within 1-2 working days

  - Applicant should take the invoice and submit to RMC for payment matter Once RMC completed processing the invoice, RMC will issue the "Slip Penerimaan Dokumen"
  - The slip must be attached at the application form including financial statement from your supervisor
  - Laboratory Department will send you a notification email for further action

		FOR OFFICE US				
a)	CSNano Administration Office	<del>)</del>				
,	Application Form Received Information from User:					
	Signature:	Date: _				
<b>L</b> \	CCN and Laboratory Management	ant Chairman				
<ul> <li>CSNano Laboratory Management Chairman</li> <li>Application Form Received Information from Administration Office:</li> </ul>						
	Application Form Received lines					
	Signature:	Date: _				
	Application Status: A			] Rejected		
	<ul> <li>If Rejected, Remarks:</li> </ul>					
c)	CSNano Administration Office	<b>;</b>				
	Application Form Received Infor	mation from Laborate	ory Manage	ment Chairm	nan:	
	Signature:	Date: _				
d)	•	Date: _				
d)	Signature:  Laboratory Department  Application Form Received Information					
d)	Laboratory Department					
d)	Laboratory Department	rmation from Adminis		e:		
d)	Laboratory Department Application Form Received Information Signature:	rmation from Adminis	tration Office	e:		
d)	Laboratory Department Application Form Received Information Signature:  Decision for Measurment:	rmation from Adminis Date: _	tration Office	e:		
d)	Laboratory Department Application Form Received Information Signature:	rmation from Adminis	tration Office	e:		
d)	Laboratory Department Application Form Received Information Signature:  Decision for Measurment:  Date / Time of Slot:	rmation from Adminis Date: _	tration Office	e:		
d)	Laboratory Department Application Form Received Inform Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date Remark:	rmation from Adminis  Date:  te:	tration Office	e:		
d)	Laboratory Department  Application Form Received Inform  Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date  Remark:  Analysis Completed Date:	rmation from Adminis Date: _	tration Office	e:		
d)	Laboratory Department Application Form Received Inform Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date Remark:	rmation from Adminis Date: _	tration Office	e:		
d) e)	Laboratory Department  Application Form Received Inform  Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date  Remark:  Analysis Completed Date:	rmation from Adminis Date: _	tration Office	e:		
,	Laboratory Department  Application Form Received Inform  Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date  Remark:  Analysis Completed Date:  Remark:	rmation from Adminis  Date:  te:	tration Office	e:		
,	Laboratory Department Application Form Received Inform Signature:  Decision for Measurment:  Date / Time of Slot:  Email Notification Date Remark:  Analysis Completed Date:  Remark:  User Signature	rmation from Adminis  Date:  te:	tration Office	e:		