

APPLICATION
FOR
USE OF DARKROOM (EB423) DURING NON-OFFICE HOURS

(I) Applicant

Name _____ (Block letters)

☐ PDP ☐ FYP ☐ Postgrad ☐ Others _____

Lab. affiliated _____

Supervisor _____

Project involved _____

(II) Schedule

Date: _____ Time: Start _____ Stop _____

(III) Supervisor authorization

☐ Approved Signature _____

(IV) Responsibilities

- ☐ I understand the chemicals in the darkroom are hazardous and I agree to handle them carefully.
- ☐ I will use the equipment properly and clean up afterwards.
- ☐ I will observe the safety precautions.
- ☐ I will lock up after use and will not transfer the key to other parties.

Signature _____

Key borrowed on _____ from _____

Key returned on _____ to _____