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 _______________________

__________________________

__________________________