User’s Form

**EQUIPMENT AND/OR APPARATUSES**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Laboratory/Room: |  |  |  | Experiment Title: |  |  |
| Subject: |  |  |  | Instructor: |  |  |
| Schedule: |  |  |  | Date of Actual Use: |  |  |

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| --- | --- | --- | --- |
| Quantity | Description | Purpose | Remarks of Laboratory Technician |
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| --- | --- | --- | --- | --- |
| Name(s) and Signature(s) of Group Member(s): (may  |  | Noted by: |  |  |
| be continued at the back) |  |  |  |  |
|  |  |  |  |  |
|  |  | Signature over Printed Name |  | Signature over Printed Name |
|  |  | of Instructor |  | of Laboratory Technician |