

Pharmaceutics Laboratory Use Application Form

Student detail

Name: _____ Student number: _____

Supervisor: _____

Research topic (If applicable): _____

Safety training

Please choose one of the following:

- I have passed the laboratory safety training in year _____ ;
- I have not passed the laboratory safety training. For the purpose of laboratory safety, I will

Experiment and equipments

I will conduct the experiment with the following equipments. The application date will be from _____ to _____ ;

<input type="checkbox"/>	High Pressure Homogenizer	<input type="checkbox"/>	Dissolution Tester	<input type="checkbox"/>	Particle size analysis system	<input type="checkbox"/>	Pulverizer
<input type="checkbox"/>	Mini Spray Dryer	<input type="checkbox"/>	Single punch Tablet press	<input type="checkbox"/>	Chinese Medicine Slicing Machine	<input type="checkbox"/>	Chinese Medicine Pulverizer
<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____

For supervisor/responsible staff only

This student will be guided by the senior student _____ to conduct the experiment until they are fully familiar with the operation in the laboratory.

Remark: (Special requirements for the laboratory safety, the experiment or the chemical is dangerous)

Signature: _____ Date: _____

The responsible academic staff of Pharmaceutics laboratory

Signature: _____ Date: _____

Laboratory Technician

Remark:

Signature: _____ Date: _____

Remark : The supervisor /student is requested to inform the laboratory technician about the usage of new hazardous chemicals and the related preventive measures in time.