

Equipment Training Records

To be completed by the applicant

Full Name (in English): _____ Staff/Student Library No: _____ Department: _____ Phone: _____ Email: _____ Signature: _____

			To be completed by the trainer				To be completed by the trainer
Equipment	Trainer name	Training date	Trainer signature	Equipment	Trainer name	Training date	Trainer signature
1. BRUKER_Scanning Electrochemical Microscopy	_____	_____	_____	12. SHIMADZU_UV-VIS 2550	_____	_____	_____
2. HORIBA_Raman	_____	_____	_____	13. ZAHNER_CIMPS	_____	_____	_____
3. BRUKER_FTIR	_____	_____	_____	14. JS VACUUM_E-beam system	_____	_____	_____
4. EDINBURGH_PL	_____	_____	_____	15. WITEC_Confocal Raman	_____	_____	_____
5. QUANTUM_PPMS	_____	_____	_____	16. PERKIN ELMER_UV-VIS-NIR	_____	_____	_____
6. NT-MDT_SNOM & TERS	_____	_____	_____	17. RHK_Low Temp. Scanning Tunneling Microscope	_____	_____	_____
7. COHERENT_Excimer Laser	_____	_____	_____	18. MICROMERITICS_ASAP 2020 (AP only)	_____	_____	_____
8. NEWPORT_Solar simulator	_____	_____	_____	19. ANGSTROM_Nexdep org. deposition system (AP only)	_____	_____	_____
9. HORIBA_Ellipsometer	_____	_____	_____	20. SOLARTON_Electrochem. workstation (AP only)	_____	_____	_____
10. LAKSHORE_VSM	_____	_____	_____	21. ARBIN_Battery testing system (AP only)	_____	_____	_____
11. LAKESHORE_LTIV	_____	_____	_____	22.	_____	_____	_____

Declaration by the applicant <<Please tick the box after read the below notes>>

- We have read the notes below and agree to comply with the policies and regulations.**
- Only registered and trained personnel is allowed to book and use above equipment. The applicant understands the operating procedures and any hazards of the equipment.
 - Formal operating training of the equipment is delivered by the authorized trainer and he/she reserve the right to cancel or suspend your usage right.
 - Book the equipment in advance via online equipment booking system. Present your PolyU smart card to start or stop using the equipment.
 - Reset equipment to its original configuration and tidy up the working area after use. For any damages, carelessness, the repair cost will be charged to the user.
 - This form should be completed with signatures and sent softcopy to Henrietta HO (at room FJ705) for account activation.

For office use only (Activated date: _____)

Remark: _____