

明志科技大學
實驗室研究申請單

一、實驗室名稱：_____

二、申請人：_____ 學號(工號：)：_____

班級：_____ 聯絡電話：_____

三、申請時間：_____年_____月_____日至_____年_____月_____日

四、實驗室位置：_____

五、實驗研究內容簡述(含安全評估)：

六、使用藥品、設備：

七、安全及防護告知(本欄由指導教授填寫，實驗室負責人確認)

指導教授簽名：_____ 申請人簽名：_____

(單位主管)

中心主任簽名：_____ 實驗室負責人簽名：_____

(實驗室直屬主管)

中心辦公室：設定門禁刷卡許可 複製鑰匙 經辦：_____

填寫切結書 填寫申請鑰匙切結書

(申請複製鑰匙時才需填寫)

表號：A090050110

一式一聯：(申請核准後，系所辦公室留存正本，申請人留存影本，正本表單至少留存三年)
教職員申請流程：申請人→單位主管→實驗室負責人→系主任→申請人與系所辦公室各留存一聯
學生申請流程：申請人→指導教授→實驗室負責人→系主任→申請人與系所辦公室各留存一聯

明志科技大學電漿與薄膜科技中心

實驗室鑰匙申請切結書

茲因

研究、實習需要，向電漿與薄膜科技中心辦公室申請複製_____實驗室鑰匙(壹支)，承諾絕不另行複製且善盡保管之責，嚴格遵守實驗室管理辦法相關規定，並於結束使用時交回，如有違反實驗室管理辦法規定，願受校規處分，特立此切結書。

立書人 姓名：

班級名稱：

學號(工號)：

指導教授(計畫主持人)：

實驗室負責人：

中心主任：

中 華 民 國 年 月 日

切 結 書

本人已詳讀「明志科技大學實驗室管理辦法」及「實驗室管理規則」，願遵守其中相關規定，如有違反規定願受校規處分，並負相關之責。

立書人 姓名：

學號(工號)：

指導教授(計畫主持人)：

實驗室負責人：

中心主任：

中 華 民 國 年 月 日

Ming Chi University of Technology
Application for The Lab Research

I. Name of The Lab. _____

II. Applicant: _____ Student (employee) ID No.: _____

Class/Year: _____ Phone: _____

III. Duration: From _____ to _____

IV. The Lab. Location _____

V. Brief Description of Experiment or Research Content (including safety assessment):

VI. Chemicals or Equipment Used:

VII. Safety and Protection Notification (to be completed by advisors and verified by the lab. managers)

Signature of Advisor: _____ Signature of Applicant: _____

(Unit Director)

Signature of Center Director: _____ Signature of the Lab. Manager: _____

(The Lab supervisor)

Department/Institute Office: Set access privilege Reproduce keycard

Fill in the statement of regulation compliance

Fill in the statement of non-reproduction of the lab. key

(Required only for keycard reproduction)

Case Officer: _____

Form: A090050110

One copy: (After application approval, the department/institute office shall keep the original copy and the applicant shall keep the photocopy. The original copy shall be retained for at least three years.)

Process for staff application: Applicant → Unit Director → The Lab Manager → Center Director → Each of the applicant and department/institute office keeps one copy.

Process for student: Applicant → Advisor → The Lab Manager → Center Director → Each of the applicant and department/institute office keeps one copy.

Center for plasma and Thin Film Technologies

Ming Chi University of Technology

Statement of Non-Reproduction of The Lab. Key

Due to

research/internship needs, it is necessary to apply for reproduction of the key (one) of the _____ Lab. from the Center for plasma and Thin Film Technologies. Apart from not reproducing the keycard, I hereby agree to keep the key with due care and strictly follow the provisions in the Regulations for the Lab. Management. I also agree to return the key after use and accept disciplines under the MCUT University Rules for my violation of any provisions of the Regulations for the Lab. Management.

Name of Stipulator:

Class/Year/Department/Institute:

Student (Employee) ID No.:

Advisor (Principal Investigator):

The Lab. Manager:

Center Director:

Date:

Form: A090050210

Statement of Regulation Compliance

I have read through the MCUT Regulations for the Lab. Management and Rules for the Lab. Management. Apart from following the relevant provisions, I also agree to accept disciplinary measures under the MCUT University Rules and take the relevant responsibilities.

Name of Stipulator:
Student (Employee) ID No.:

Advisor (Principal Investigator):
The Lab. Manager:
Signature of Center Director:

Date: