

# EXPERIMENTAL APPROVAL FORM: MSE TEACHING LABORATORIES

Department of Materials Science and Engineering General Equipment Use

MSE Faculty Supervisor: \_\_\_\_\_

1. Experimenter Name: \_\_\_\_\_

2. Anticipated Period of Work: \_\_\_\_\_

3. Title of Project: \_\_\_\_\_

4. Others Involved: \_\_\_\_\_

5. Emergency Name and Phone: \_\_\_\_\_

6. Chemicals (attach MSDS for all chemicals): \_\_\_\_\_

\_\_\_\_\_

7. Equipment Involved: \_\_\_\_\_

8. Building and Room Number: \_\_\_\_\_

9. Description of Work (including experimental conditions, time required, physical or chemical changes anticipated, number of trials, and other relevant details): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Potential Dangers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Ways to Minimize Dangers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. **APPROVALS:**

**Faculty Supervisor Reviewed (print):** \_\_\_\_\_

**Office and Cell Phone:** \_\_\_\_\_

**Faculty Supervisor Signature:** \_\_\_\_\_

**Equipment Manager Signature:** \_\_\_\_\_