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: _________________________________________________________________________

Last update: April 6, 2016