



DECLARATION OF LABORATORY USAGE

DIRECTOR

Institute of Tropical Agriculture and Food Security (ITAFoS)
 Universiti Putra Malaysia
 43400 UPM Serdang
 Selangor Darul Ehsan

Date: ___ / ___ / ___

Prof.,

With all due respect, I am now ***declare / not declare** that I am ***ready / not ready** to abide all rules and regulations made by Institute of Tropical Agriculture and Food Security (ITAFoS) related to the laboratory usage within and / or after office hour, include weekends and public holidays. I am now responsible to everything and / or any damage(s), equipment lost and/or accessory(s), repair expenses on my negligence and / or other charge(s) which may arise, include the safety of myself and the premise along my presence at the laboratory as details below:

Full Name : _____
 IC No. / Passport : _____ Matric No. : _____
 Position : _____ Tel. No. : _____
 Email : _____
 Estimation Date : From ___ / ___ / ___ to ___ / ___ / ___
 Weekdays
 Weekends
 Estimation Time : From _____ am/pm to _____ am/pm
 Laboratory Name : _____
 Equipment : 1. _____
 2. _____

Thanks.

Signature of Applicant,

APPROVAL PART (Fill up by Lab Coordinator)

- Application is APPROVED NOT APPROVED
- Duplicate key is SUPPLIED NOT SUPPLIED

Approved by,

 Name :
 Position :
 Date :