



Form-II: For approval of the Laboratory usage for Funded Research

Principal Investigator /Project Manager

Name _____ ID# _____ Designation _____

Name of Department / Research Centre : _____ Mobile # _____

Project Details

Project #: _____ Funding Research Center/Agency _____

Project Title: _____

Copy of the project approval letter must be attached

Job Description (Specify the problem/work clearly)				
Details of Lab(s), Equipment, Tests, and the Persons involved				
S. No:	Laboratory (mention the name of Lab, weekdays, timings, and total duration of usage of each Lab)	Equipment and Test	Details of the person involved	
			Name & Mobile #	KFUPM ID
1				
2				
3				
4				



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Notes:

- i. The research team will adhere to the specific work schedule, as given in the above table, and will make sure that the Laboratory teaching classes are not disturbed due to any kind of lapse.
- ii. The members of the research team who will work in the Lab(s), as detailed above, are skilled enough to operate the equipment/facility in the Lab(s) properly.
- iii. The members of the research team working in the Lab(s) will strictly follow all the safety, security, and cleanliness protocols of the CEE Labs.
- iv. Non-KFUPM person(s) are strictly not allowed to work in the Lab(s) at any time.
- v. No any equipment/facility will be used until the equipment/facility is checked out about its operation by a Lab member who uses it regularly.
- vi. In case of breakage or damage of equipment/facility during the course of usage, the repairing and restoration of equipment/facility will be the responsibility of the research team.

Signature (PI/Project Manager): _____ Date: _____

APPROVALS:

1. Lab. Engineer

2. Lab. Engineer

3. Lab. Engineer

4. Lab. Engineer

Lab. Supervisor

CEE Chairman