

## Student Research Laboratory Equipment/Chemical Checkout Form

### *Borrower's Information:*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Email \_\_\_\_\_

### *Advisor's Information:*

Research Advisor's Name \_\_\_\_\_

Advisor's Phone Number \_\_\_\_\_

Advisor's signature to approve this equipment/chemical list? \_\_\_\_\_

### *Equipment/Chemical Information:*

Date chemicals/equipment needed \_\_\_\_\_

Anticipated date chemicals/equipment will be returned \_\_\_\_\_

Please fill out the following chart with the chemical or equipment to be borrowed, quantity of chemical needed (use full chemical name), the room number where they will be stored and the area in the room where they will be stored. If you need a special chemical ordered, please have your advisor fill out the chemical order form.

Equipment or Chemical	Quantity	Room #	Area in Room

### *Other Information:*

If you have any other request that is not covered above, special instructions or any comments, please list them.

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