**BORANG PENGGUNAAN PERALATAN / BAHAN**

*REQUEST FORM TO USE LABORATORY EQUIPMENT / MATERIALS*

1. **Nama Pemohon** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Applicant’s Name*

2. **No. Pekerja / Pelajar / I.C** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Staff / Student I.D / I.C*

3. **Tujuan Penggunaan** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Purpose*

4. **Tarikh Penggunaan** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Date to use lab/materials*

5. **Tempoh Penggunaan** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Duration of use*

6. **Nama Penyelia (Penyelidikan)** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Supervisor’s Name (Research)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Nama Peralatan & Perisian**  Name of Equipment & Software | **Ujikaji**  *Experiment* | | | **Analisa Data**  *Data Analysis* | **Untuk Kegunaan Pejabat** *(For Office Use Only)*  **Kondisi Peralatan** *Equipment Condition* | |
| **Bil. Penanda**  *No. of Markers* | **Bil. Sensor**  *No. of Sensors* | **Bil. Subjek**  *No. of Subjects* | **Sebelum**  *Before* | **Selepas**  *After* |
| 1 | Vicon® Motion Capture System |  |  |  |  |  |  |
| Nexus |  |  |  |  |  |  |
| Bodybuilder |  |  |  |  |  |  |
| Polygon |  |  |  |  |  |  |
| 2 | Trigno™ Wireless Sensor EMG System |  |  |  |  |  |  |
| 3 | Contemplas Templo / Motus |  |  |  |  |  |  |
| 4 | AMTI® Force Platforms System |  |  |  |  |  |  |

**(Untuk Kegunaan Pejabat)**

*(For Office Use Only)*

**Permohonan diterima / tidak diterima**

*Application Accepted / Not Accepted On the Date*

**Tandatangan Pegawai**

*Officer Signature,*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*( Stamp & Sign )*

**Tandatangan Pemohon**

*Applicant’s Signature*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
( )

**No. Telefon** / *Phone No. :*

\* **Borang ini PERLU dihantar 2 minggu sebelum**

**tarikh penggunaan.**

*(Submit forms 2 weeks prior to date of use)*

\*\* **Maklumbalas dalam tempoh DUA (2) hari.**

*(Reply will be TWO (2) days after form submission)*