**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)*