

I-SHOU UNIVERSITY

Requirement Form of Laboratory Measurements and Utilities

Date	YYYY/MM/DD	Unit		Applicant		
Name of Laboratory				Contact Number		
Project Title		Budget Source				
Instrument List						
Item	Name of the Instrument	Quantity	Voltage (V)	Ampere (A)	Water Devices	Special Requirements
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Requirements for the Laboratory						
Measurements	Length:	Width:	Square Measure:			
Utilities	Voltage (V): <input type="checkbox"/> 1-phase <input type="checkbox"/> 3-phase		Ampere (A):			
	Water Devices (number of water inlets and outlets):					
	Special Requirements:					
Property Management Section		Construction and Maintenance Section		Labor Safety and Hygiene Office		
	Staff in charge	Head of the Unit	Staff in charge	Head of the Unit		

Note:

1. Please submit the requirement form with the plan of research project.
2. Please attach the instrument layout of the laboratory.