

**Materials Characterization and Preparation Facility (CWB)**  
**Request for Laboratory Access**

Please complete the following information to apply for access to MCPF(CWB) laboratories and return this form to:  
**MCPF(CWB) Admin. Office, Rm. 2575 (Lift 27-28).**

- ☐ New Request + Safety Clearance Form  
☐ Additional Room Access + Safety Clearance Form    ☐ Extend of Time    ☐ Renewal Surrender Date

Name: \_\_\_\_\_ Department: \_\_\_\_\_

MCPF(CWB) Login Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Tel.: \_\_\_\_\_ Staff/Student I.D. No.: \_\_\_\_\_ Position: \_\_\_\_\_

Type of Staff/Student I.D. Card: (Please ✓ )    HKUST Smart Card ☐    HKUST Paper Card / Others ☐

Reason for Request: \_\_\_\_\_

Requested Room(s) No.: \_\_\_\_\_

Equipment to be used: \_\_\_\_\_

Trained by MCPF(CWB) staff Member(s)? (Please ✓ )    Yes ☐    No ☐

Trained by: \_\_\_\_\_

Off Office Hours (i.e. after 1715 hrs)?: (Please ✓ )    Yes ☐    No ☐

**If yes, explain reasons and times desired:** \_\_\_\_\_

Date Required (dd-mm-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Estimated Surrender Date (dd-mm-yy): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Note: Access can be granted for up to one year - the maximum period)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Request approved by: *(Department Head/Supervisor)*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(in block letter)*

Post : \_\_\_\_\_ Date : \_\_\_\_\_

**IMPORTANT INFORMATION:** *Upon approval, you will be granted access to the authorized laboratories with your HKUST Smart Card. If lost or stolen, contact the issuance office of the HKUST Smart Card immediately. The use and production of this card is subject to the rules that HKUST/MCPF(CWB) may stipulate from time to time.*

## FOR MCPF(CWB) USE ONLY

To: MCPF(CWB) Staff

The overleaf individual has requested access to MCPF(CWB) Lab(s). Please review and state if this access should be granted. If not, please advise as to the reason(s) why access should be denied. Please return the form back to me.

Thank you.

Dr Borong SHI (Date:        /        /        )

Signature \_\_\_\_\_

| <b>Reviewed by:</b>          | <i>(please <input checked="" type="checkbox"/> )</i> |                          |    |                          | <u><b>Signature/Comments</b></u>                               |
|------------------------------|------------------------------------------------------|--------------------------|----|--------------------------|----------------------------------------------------------------|
|                              | <u><b>Approved</b></u>                               |                          |    |                          | <u><b>After Office Hours</b></u>                               |
| (    ) Dr Yuan CAI           | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Dr Fanny SHEK         | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Dr Borong SHI         | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Dr Roy HO             | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Wing Shing AU      | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Nick HO            | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Miss Carrie LAW       | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Stephen LEUNG      | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Gordon SUEN        | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Alex WONG          | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Ms Jane WU            | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Ms Yan ZHANG          | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Miss Christine CHEUNG | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Dr Alexandre PAKHOMOV | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Marco LAI          | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Darren POUN        | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Ken LAI            | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    ) Mr Yi WEI             | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |
| (    )                       | Yes                                                  | <input type="checkbox"/> | No | <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> _____ |

Remarks : \_\_\_\_\_

Notes:      Office Hours      08:30 – 17:30 (Mon-Fri) / 08:30 – 12:30 (Sat)  
              After Office Hours      08:30 – 00:00 (Mon-Sat)  
              Rm 2154      24 Hrs