Lab Use Request

Date of Request: _______________________________________________

Principle Investigator: ____________________________ Cell # __________

Project Title: _________________________________

Department Account Number: ____________________________

Research Assistants for Project: ____________________________ Cell #__________

Please provide your best estimate for start and completion of this specific lab request

Starting date for Requested space: ____________________________

Completion date for Requested space: ____________________________

Space Requested:

☐ Outside      ☐ Inside      ☐ on strong floor      ☐ anywhere

Approximate square footage required: __________________________________

Additional location requirements: (be as specific as possible)

Special equipment requirements: (i.e. crane, static or hydraulic loading, etc.)

Please provide an outline of the anticipated test(s) associated with this Lab request.