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**Infectious Disease Research Unit (IDRU)**

**Application Form for Night and Holiday Use**

Date

Head of Management Committee for IDRU

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| NAME: |  |
| STATUS: | □ Undergrad student □ Graduate student  □ Visiting researcher □ Employee □ Other |
| LABORATORY |  |

Under the provisions of the User’s Guideline for IDRU, I hereby apply for permission to use the facility in the night (10:00PM-8:00AM) and holiday.

Upon the permission, I will follow all safety procedures to prevent any laboratory incidents. In case of any incident, I will appropriately deal with it and immediately report it to my supervisor or a management committee member.

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| --- | --- |
| Experiment plan for night/ holiday |  |
| Biosafety level required | □ BSL1 □ BSL2 |

Supervisor's approval

|  |  |  |
| --- | --- | --- |
| (To be filled in by the applicant’s supervisor)  I approve that the applicant's skills are sufficient to safely conduct his/ her laboratory works mentioned above.   |  | | --- | | Supervisor's signature | | Management committee member's signature | |

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| Permission date：  Biosafety level：　　BSL1　・　BSL2 |