様式第4号

**Infectious Disease Research Unit (IDRU)**

**Notification of Night or Holiday Use**

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

I hereby notify of my use of IDRU on the dates given below. During the use, 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.

Approved use of facility：　BSL1　・　BSL2

|  |  |  |
| --- | --- | --- |
| **Date and time****(Year/Month/Day)** | **Purpose** | **Emergency contact** |
| **Supervisor①** | **Supervisor②** |
|  **/ /** |  |  |  |
| **Time : ～ :**  |
|  **/ /** |  |  |  |
| **Time : ～ :**  |
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| **Time : ～ :**  |

**![MC900411320[1]]() Note**

* Before giving this notification, “Application Form for Night and Holiday Use” should be submitted to be approved in advance.
* Every time you intend to use the unit in the night or holiday, this form should be submitted by the day before the use to your supervisor and one management committee member.
* When you ask for supervisors' signature, confirm that each of them will be available to respond to the incident you may have while you are using IDRU. The supervisors’ emergency contact should be also noted.
* In case you need to extend the time of use after the notified time, immediately contact the supervisors and inform them of the updated finish time.