*ACG Equipment Request Form*

1. **Information**

Please insert your name, and other requested information.

|  |  |
| --- | --- |
| **Name:**  | **Company/University:** |
| **Department (if applicable):** | **Date:**  |
| **Purpose of data** (e.g. publication, thesis, etc. For industrial collaborations or KTP please include name of company)**:** |  |

1. **Equipment**

Please provide information about the equipment requested for use:

|  |  |
| --- | --- |
| **Instrument(s) required:** | **Q20 Differential Scanning Calorimeter** [ ]  **Q50 Thermo-gravimetric analyser** [ ]  **Q400 Thermo-mechanical analyser** [ ]  **Q800 Dynamic mechanical analyser** [ ]  **Netzsch 436 heat flow meter** [ ] **Instron 3342** [ ]  **Testometric M250-2.5 CT** [ ]  **FASEP fibre length analysis** [ ] **Attension sigma 701 tensiometer** [ ]  **Bruker Innova AFM** [ ]  **Agilent 4100 absorption FT-IR** [ ]  **Agilent 4500 transmission FR-IR** [ ] **Olympus BX-51 hot stage microscope** [ ]  **Leitz optical microscope** [ ] **Polystat S400 press** [ ]  |
| **Has the applicant used this instrument before?** | **Yes** [ ]  **No** [ ]  |
| **If training is provided liability for equipment damage and consumable charges must be agreed (operator and supervisor signatures required):** | **Requestor Signature:****Supervisor Signature:** |
| **Cost centre (including activity code) or PO if applicable:** |  |

1. **Details of analysis**

Fill out this section in as much detail as possible. COSHH assessments must be completed for all samples provided and therefore all components must be identified in the request.

|  |  |
| --- | --- |
| **Description of material(s) to be analysed:** |  |
| **No. of samples** |  |
| **Description of analysis/analyses:** |  |
| **Relevant COSHH (if any). Include link to form and any MSDS for materials covered by COSHH assessment:** |  |

1. **Supervisor approval**

Where payment is authorised by a supervisor of the applicant, a signature must be provided.

|  |  |
| --- | --- |
| **Supervisor’s signature** |  |

A copy of this form should be emailed to l.yang@strath.ac.uk and peter.jenkins@strath.ac.uk: you will be contacted to agree a booking time, and may be asked to provide further information.

1. **Authorisation (internal use only)**

|  |  |
| --- | --- |
| **Authorised by:** |  |
| **Date:** |  |
| **Training/supervision required?** |  |

***In cases where the ACG contributes substantial technical input to your analyses we may require inclusion in academic publications. In all cases, the ACG should be acknowledged in any literature output using the wording:***

***The authors would like to acknowledge the contribution of the Advanced Composites Group at University of Strathclyde, in which [x,y,z] analysis was carried out.***