



Surface Engineering Lab
Hydrothermal Reactor Request Form

Customers Particulars:

Faculty RA MS BS PhD No of samples

Name: _____ Reg. No. _____ Class: _____

Supervisor Name: _____ Institution/Organization: _____

Contact Number: _____ E-mail Address: _____

Experimental Conditions:

Sample Nomenclature:	Date Issued:
Required Temperature (C°):	Time Issued:
Ramping Rate:	Operator's Signature:
Estimated time for single sample:	

Safety Check for Students (Mandatory):

Note: Please tick mark these points after completing & ensuring all safety measures

<ul style="list-style-type: none"> I have read all the safety instructions written on the next page I have filled Max 50 % or less sample in the Teflon cup I have Properly enclosed the autoclave vessel from workshop SCME I have discussed all safety parameters of sample with my research supervisor 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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Student's Signature

Supervisor Signature

Dr. Usman Liaqat:
 O/ IC Surface Lab

For Office Use Only:

Note: If possible, please use/bring your own Teflon cup to avoid contamination

Work Completion Date	Time		Total Hours	Remarks
	From	To		

Complete procedure to assemble autoclave shell is mentioned on the next page

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