

Center Director	Responsible Faculty Member	Responsible Faculty Member	Administrative Officer

2025 Open Facility Center Low Temperature Room (Laboratory Bench) Usage Application Form

Fujita Health University
To the Director of the Open Facility Center

Based on the internal regulations of the Fujita Health University Open Facility Center, I hereby apply for the use of the low temperature room (laboratory bench) established at the Center.

Application Date	/ (Year) (Month) (Day)	Application Category	<input type="checkbox"/> New <input type="checkbox"/> Continued <input type="checkbox"/> Changed	
Person Responsible for Usage	Personnel Number		Furigana	
	Affiliation/Job Title		Name	Seal
	Telephone (extension)		e-mail	@
Course Director	Affiliation/Job Title		Name	Seal
Purpose of Use/Content	Each research lab will be allocated one laboratory bench section (approximately 75 cm wide x 60 cm deep) .			
Usage Period	/ / to / / (Year) (Month) (Day) (Year) (Month) (Day)			
Usage Location *	Laboratory Bench Section Number*:			

* To be filled out by faculty and staff, please submit with this section left blank.

Regarding the Use of the Low Temperature Room

- ☐ I have read and will adhere to the rules for using the low temperature room.
- ☐ I have confirmed the location and usage instructions of the emergency bell for emergencies.
- ☐ When bringing in laboratory equipment, I will submit a separate application form (Form 5).
- ☐ When storing research samples or research reagents, I will submit a separate application form (Form 3) .
- (After understanding, please check all the boxes.)

-----Cut Here-----

Applicant	Affiliation:	Name:	Responsible Faculty Member
Usage Period	/ / to / / (Year) (Month) (Day) (Year) (Month) (Day)		