

Hydraulics Laboratory Facility Use Request

To reserve a facility, fill out all applicable information and requested use dates and sign and date the form. At the end of experiment, complete actual use column for billing.

- | | |
|---|---|
| <input type="checkbox"/> Deep Tank | <input type="checkbox"/> 10,000 psi Pressure Chamber |
| <input type="checkbox"/> Stratified Flow Channel | <input type="checkbox"/> 2,000 psi Pressure Chamber |
| <input type="checkbox"/> Wind Wave Channel | <input type="checkbox"/> OAR Pressure Facility |
| <input type="checkbox"/> Glass Walled Wave Channel | <input type="checkbox"/> Shop and Ancillary Equipment |
| <input type="checkbox"/> Temperature/Pressure Calibration | <input type="checkbox"/> Miscellaneous Tanks |
| <input type="checkbox"/> Boats | <input type="checkbox"/> Other |

Title or description of experiment or use:			
Principal Investigator:	phone:	email:	mail:
Researcher(s):	phone:	email:	mail:
Business Office Contact:	phone:	email:	mail:
Index # (or thesis):		FAB #:	

	Requested	Actual Use	Business Office Use	
			Rate	Extension
Begin/End Dates				
Facility Use Days				

Auxiliary Requirements: _____

Signature: _____ **Date:** _____

Use other side of paper to sketch or add useful information such as modifications or equipment to be designed, special utilities, space requirements, etc.