

# Food Processing Laboratory Pilot Plant and Sensory Facilities

## Reservation/Check-in/Check-out Form (Return to Carl Ruiz)

User Name: \_\_\_\_\_ Phone contact: \_\_\_\_\_

E-mail contact: \_\_\_\_\_

Purpose: \_\_\_\_\_ **TEACHING FUNCTION**

Class: \_\_\_\_\_

Instructor: \_\_\_\_\_

Account No.: \_\_\_\_\_

\_\_\_\_\_ **RESEARCH FUNCTION**

Project: \_\_\_\_\_

Project Supervisor/Major Professor: \_\_\_\_\_

Account No.: \_\_\_\_\_

\_\_\_\_\_ **EXTENSION FUNCTION**

Project: \_\_\_\_\_

Project Supervisor/Major Professor: \_\_\_\_\_

Account No.: \_\_\_\_\_

Room(s) needed	Date(s) needed	Time(s) needed	Equipment needed

Date form received: \_\_\_\_\_

Date request approved: \_\_\_\_\_

	Trained		Checked-in Date*	Checked-out Date*
	by Whom*	Date*		
<b>Equipment Use</b>				
<b>Cleaning/Sanitation</b>				

\*Research Professional will fill-in the blanks and initial