

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*		
Equipment Use				
Cleaning/Sanitation				

*Research Professional will fill-in the blanks and initial