



THE HONG KONG UNIVERSITY OF SCIENCE & TECHNOLOGY

DEPARTMENT OF CHEMISTRY

Glassblowing Facility Consultation/Fabrication Form

Job No.: _____

Department: _____ Phone No.: _____

Supervisor: _____ E-mail: _____

Requested by: _____ Estimated Cost: _____

Date: _____ Labor Hour: _____ (hrs)

Consultation staff/student No.: _____

Signature: _____ Date: _____

Source of funding:

a) UGC / RGC

b) Non- UGC / RGC

(Government project)

c) Industrial / commercial

A/C No.: _____

Authorized Signature: _____

Please tick (✓) if the glassware will be used for the following purposes:

High Vacuum High Pressure* High Temperature*

Radioactive Others: _____

Fabrication Description

Quantity: _____

* If the glassware will be used under high temperature / pressure conditions, please consult SEPO for safety operation.

Please give a tick (✓) to make sure that you satisfy with the products received. Signature: _____

Date: _____