

FASILITATOR : PUAN NOOR KHAIDAWATI MD SAIYUTI

AHLI KUMPULAN :

1. Ab Hanan Md Basri
2. Abd Kadir Abd Rahman
3. Rasyidi Abd Mubin
4. Fariza Shahrom
5. Nurul Adhah Saini
6. Fuad Omar
7. Hamzah Basiron
8. Mohd Faizz Mohd Fuad
9. Mariam Hassan
10. Siti Rafezah Mat Emrin

TAJUK PROJEK : SISTEM PENGURUSAN KUNCI MAKMAL YANG KURANG BERKESAN

LATAR BELAKANG PROJEK :

UTM ADALAH SALAH SEBUAH UNIVERSITI PENYELIDIKAN DAN STATUS INI MEMBERI KESAN KEPADA PERTAMBAHAN KERJA-KERJA PENYELIDIKAN DAN KADANGKALA MENINGKATKAN BEBANAN KEPADA STAF DAN PELAJAR-PELAJAR UTM. OLEH ITU, KEBANYAKAN PELAJAR MENGGUNAKAN MAKMAL DI LUAR WAKTU PEJABAT MEMANDANGKAN PENGGUNAAN ALAT DAN PENYEDIAAN SAMPEL YANG MEMERLUKAN MASA YANG PANJANG. HAL INI MENYEBABKAN ADA DIANTARA PELAJAR YANG LEKA SEHINGGA ADA PINTU MAKMAL YANG TIDAK DIKUNCI. DENGAN ITU, KUMPULAN TELAH MEWUJUDKAN SATU BORANG BAGI MENGENALPASTI PELAJAR YANG MENGGUNAKAN MAKMAL DI LUAR WAKTU PEJABAT.

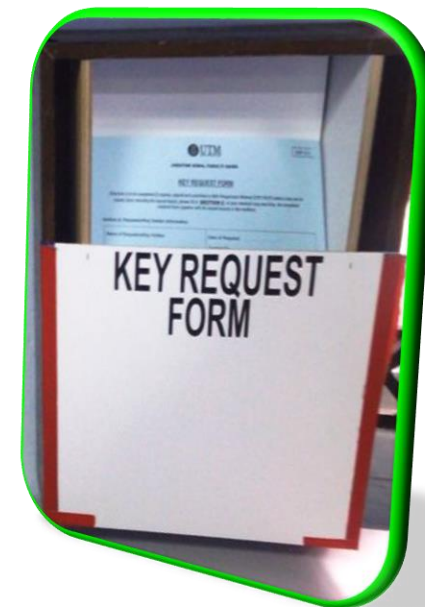
IMPAK PROJEK :

PENURUNAN KES SEBANYAK 68.96%

STATUS PROJEK : DIGUNAKAN DI JABATAN KIMIA



UTM		KRP/UTS	
JABATAN KIMIA, FAKULTI SAINS			
KEY REQUEST FORM			
<small>(This form is to be completed (2 copies), signed and submitted to Bilik Pengurusan Makmal (C10.116/0) before a key can be issued. Upon returning the issued key(s), please fill in SECTION C of your retained copy and drop the completed retained form together with the issued key(s) in the mailbox)</small>			
Section A: Requestor/Key Holder Information			
Name of Requestor/Key Holder: _____		Date of Request: _____	
Contact No: _____		Reason For Key Request: _____	
<small>(Please tick the appropriate boxes)</small>			
<input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Contractor			
Section B: Key(s) Requested (Identify the Room Name and Room No.)			
Building/Room Name:	Building/Room No:	Key No:	Qty
<small>With my signature below, I request the described key be issued to me. I understand that this key is the property of Jabatan Kimia, Fakulti Sains. By accepting this key I acknowledge my responsibility for all property and/or records secured by the lock operated by this key. I will not duplicate or transfer this key to any other person and will surrender it to Bilik Pengurusan Makmal when I end my activities on the respective day. I agree to abide by the rules and regulations.</small>			
Requestor's/Key Holder Signature: _____			
Section C: Checklist Before Leaving The Building/Rooms			
<small>(To be filled out upon returning the issued key(s) - completion of activities or no longer needed to access the keyed room/building)</small>			
<input type="checkbox"/> Have you locked the door(s).	<input type="checkbox"/> Have you switched off the lights, LCD and air-conditioning unit.		
<input type="checkbox"/> Have you locked the windows latches.	<input type="checkbox"/> Have you plugged out all electrical equipment.		
<input type="checkbox"/> Have you closed the gas and water tap(s).	Check-Out: _____ am/pm.		
FOR OFFICIAL USE ONLY			
Approving Authority:			
Name of Issuer: _____			
Signature: _____			
Date of Issued: _____			



PENYERTAAN DALAM KONVENSYEN DAN PENCAPAIAN

BIL	NAMA KONVENSYEN	TEMPAT	TARIKH	PENCAPAIAN
1.	KONVENSYEN KIK PERINGKAT UTM	DEWAN SULTAN ISKANDAR UTM	28-29 DISEMBER 2011	ANUGERAH PERAK