

**BORANG PERMOHONAN PENGGUNAAN PERALATAN
UNIVERSAL TESTING MACHINE (UTM) INSTRON**

Nama Pemohon/(*Applicant Name*): _____ No Matriks/Staf _____

Pusat Pengajian/Jabatan/(*School/Department Name*): _____

Kategori Projek (*Project Category*) : Tahun Akhir (*Final Year*) MSc PhD R&D

Consultation/Testing

Tajuk Projek/(*Project Title*): _____

Type Of Testing (please tick):

Tensile		Compression		Shear Test		MOR/Flexture	
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Testing/Sample Descriptions:

Sample ID/Materials	Qty	Sample Dimension (mm)
Load Cell (✓)	5kN	Length
ASTM		Thickness
Crosshead speed/Rate		Width

Testing Result (Please tick)

Max. Load (kN)		Elongation		Strain (%)	
Tensile Strength (Mpa)		Modulus			
Yield Strength (MPa)		Elastic Mod			

Tandatangan (*Applicant Signature*): _____ Tarikh (*Date*): _____

Kebenaran daripada Penyelia projek (*Supervisor Approval*)

Saya _____, meluluskan permohonan untuk menggunakan
kemudahan seperti di atas

(Tandatangan Penyelia Projek)
Supervisor Signature

Kebenaran daripada Penyelia Peralatan (*Approval by Equipment In-Charge Supervisor*)
(Prof. Dr. Zuhailawati Hussain / Dr.Syazana Ahmad Zubir)

Tandatangan Penyelia Peralatan
Signature by Equipment In-Charge Supervisor Tarikh(*Date*): _____

Notes

- *Tensile grips size FLAT(0-12.5mm), VEE(3.5-12.5mm)*
- *All specimen must have the hardness value below 40 rockwell C for tensile.*
- *Loadcell available: 5kN and 100kN ONLY.*