

High Pressure/Hydrogenation Lab

Use Request Form

Your name: _____ Advisor: _____

Date(s) Used: _____ Your work address: _____

Your work phone #: _____ Your home phone _____

Account #: _____

Equipment Needed (If Known):

- Large Rocker Small Rocker Large Stirred Autoclave
 Small Stirred Autoclave Open bench Tube Furnace
 Parker Shaker Equipment (you will bring): _____

Reaction Information (Complete Balanced Equation):

Cylinder gas(es): _____ Homogeneous or Heterogeneous? (Circle one)

Solvents(s): _____ Catalyst(s): _____

Pressure: _____ psig Temperature: _____ °C Time : _____ hours

Number of runs: _____ Total volume: _____ mL Stirring or shaking required?

Hazards: _____

Recharge Itemization	Charge	# of Hours	Amount
Lab Supervisor's Time (if needed)	\$10/hr		
Setup Charge	\$20/run		\$20
Equipment use	\$4/hr		
		TOTAL	

BEFORE USE CHECKLIST

- Use of lab scheduled
- Operator Trained
- Keys available for Penthouse/P8

AFTER USE CHECKLIST

- Normal valve lineup returned
- Items used cleaned & stowed
- Keys returned, if borrowed

RETURN TO: Bill Boulanger c/o Obiter Research, LLC, 2809 Gemini Ct. Champaign, IL, 61822