



COMSATS Institute of Information Technology

Department of Chemical Engineering

AAS Sample Submission Form

(Doc No. CIIT-LHR/ChE-Lab/Temp/XXX)

1. Supervisor Details:

Name	
E-mail	
Dept. & University	
Mobile No.	

2. Sample Details:

Sr. No.	1		2		3		4		5	
Sample ID (s)										
Solvent										
Formula / Composition										
Total Quantity (mL)										
Element/s (maximum 4) and expected Concentration (ppm)	El.	Con.	El.	Con.	El.	Con.	El.	Con.	El.	Con.
Method (Flame, Vapor, Zeeman)										
Flame Type (Air-acetylene; N ₂ O-Acetylene)										

3. COSHH Details:

3.1. Hazards for each respective sample

Sample IDs	Hazard						
	Very Toxic	Toxic	Flammable	Corrosive	Harmful	Irritant	Highly reactive
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. Specific Precaution for each sample:

Sample IDs	Precautions			
	Gloves	Mask	Safety shield	Other (specify)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

I declare that I have assessed the risk of using the samples listed above and consider that they are safe to use provided that good laboratory practice is followed together with the safety requirements as detailed above.

By signing this form I agree the terms and conditions as stated below:

1. No sample will be accepted/tested without completing the 'Sample Submission Form'.
2. The amount of the sample submitted for testing may be lost due to destructive analytical technique.
3. Result and related data will be provided on a CD provided by the submitter.
4. Well prepared samples must be provided. Our lab will not be allowed for preparing samples.
5. Maximum 5 samples can be submitted along one COSHH form, however multi-element test is allowed maximum of 4 element in one sample.
6. No sample will be analyzed until criteria of 'minimum samples for instrument startup' is meet.
7. For samples originating from other sources than CIIT, extra terms and conditions will be applied. For details, contact Dr. Mazhar Amjad Gilani (mazhargilani@ciitlahore.edu.pk).

Name (Submitter)		Signature & Date	
Name (Supervisor)		Signature & Date	

For Official Use Only (Do not write below this line)

Approval and comments

Instrument Mode:	<input type="checkbox"/> Absorbance	<input type="checkbox"/> Emission
Measurement Mode:	<input type="checkbox"/> PROMPT	<input type="checkbox"/> Integration
Standards (with Unit):	Standard 1: _____	Standard 2: _____
	Standard 3: _____	Standard 4: _____
	Standard 5: _____	Standard 6: _____

Authorization provided by:

Instrument Incharge		Signature & Date	
Lab Incharge		Signature & Date	