



Department of Physics
COMSATS Institute of Information Technology, Lahore

Coshh Form
Atomic Force Microscopy (AFM)
(For External and Internal Users)

User Details:

Name		Affiliation	
Department		Email	
Contact no.		Date:	

Sample Details:

Number of Samples		Nature of Samples	
Type of Investigation		Required no. of scans	
Information Required		Chemical Specifications	

Have you done the risk assessments for the samples being investigated?

Identify the hazards?

What are the control measures?

Gloves

Face Masks

Hats

Tweezers

Any Other Information?

I declare that I have assessed the risk of the samples listed above and consider that they are safe to be accessed provided that good laboratory practices are followed.

Name:

Signature:

Name of supervisor:

Signature:

Microscopy and Spectroscopy Lab

For Official Use Only

For Internal Samples

Authorization provided by Lab Incharge:

Date:

Signature:

For External Samples

Authorization provided by Head of Department:

Date:

Signature: