



Microscopy & Spectroscopy Lab.
Department of Physics, COMSATS Institute of Information
Technology

COSHH FORM

UV-VIS-NIR Spectrophotometer (Lambda -750)
Sample Submission Form (For External and Internal Samples)

Sample Details

Number of Samples		Date
Sample Name(s)		
Project ID (For Internal Samples)		
Formula/Composition	Liquid <input type="checkbox"/> Film <input type="checkbox"/> Other: <input type="checkbox"/> (Please specify) _____	
Reference in case of film	Air <input type="checkbox"/> Other <input type="checkbox"/> (Please specify) _____	

User Details

Name	E-mail:
Dept.	Ext No.

Scan Parameters

Ordinate Mode (nm)	
Slit Width (nm)	
Scan Speed (nm/min)	
No of Scans	

Please Specify Scan mode/measurement parameters (Lambda-750)

1	Absorbance	Wavelength range :	Single wavelength :	Time:
2	Transmittance	Wavelength range :	Single wavelength :	Time:
3	Reflectance	Wavelength range :	Single wavelength :	Time:
4	Beer's law	Wavelength Range: Time :	Known concentration of the standard Sample :	

Sample IDs

Samples		Other details (If any)
1		
2		
3		
4		
5		

Hazards for Each Sample

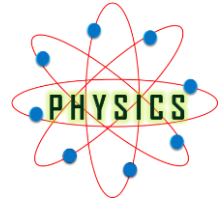
Hazard							
	Very Toxic	Toxic	Flammable	Corrosive	Harmful	Irritant	Highly Reactive
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specific Precautions for Each Sample

Precautions				
	Gloves	Mask	Safety shield	Other (Specify)
1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<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.

Name		Signature	
Name (Supervisor)		Signature	
Date			



"For Official Use"

Authorization Provided by: (For Internal Samples)

Name (Equipment Incharge)			
Signature		Date	

Authorization Provided by: (For External Samples)

Name (Lab. Incharge)			
Signature		Date	