



Sample Submission Form

Client Details

Date:		RIMS / PPMS Project No.:	
Name:			
Department:			
Email:			
Phone No.:			

Measurement Conditions

Elements Requested:		
Tick if needed:	(√)	Comments:
Depth Profiling:		
UPS:		
AR-XPS:		
Ag source:		
Heating/Cooling:		

X-ray laboratory staff only:

Total Scan Time:		Min
Logged:		
Data File Sent:		

Other Instructions (e.g. is this sample **Air sensitive**; attention **Hazardous** sample)

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Sample Details

No.:	Raw Filename:	Sample Description:
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		



Materials Hazard Information

Risk assessment No.:

Chemwatch Hazard Rating: (from the Chemwatch site)

Compound Name:	Analog Name if not in Chemwatch	Chemwatch No.	Flammability	Toxicity	Body Contact	Reactivity	Chronic
<i>Example: Arsenic</i>		1558	0	3	2	2	4

Procedure for cleaning up and disposal in the event of a spill: (as outlined in RA.)

- I have a **Risk Assessment on PPMS / RIMS** consistent with these samples.
- For material **not** found in the database, I have provided Chemwatch Hazard Ratings for **analogous substances**.
- I understand that CMM **cannot store** my samples or **dispose** of my samples, and I **agree to collect** my samples after the analysis is completed.
- My samples are **labelled** per sample details table and **contained** in e.g., a bag which is **separately labelled** with my name and contact details.

Signature