

Samples form

Ref. No. Application number

Applicant Name

Applicant Affiliation

Dates of visit

Visit coordinator

Level of experience

Type of user

Relevant equipment

Service provider

Title

	Sam ple code	Sample description <i>(and / or indicative quantities, if applicable)</i>	Samples properties <i>(please tick all the relevant boxes or provide the necessary information where applicable)</i>	Samples Risk assessment	Sample storage temperature (°C)
1.					
2.					
3.					
4.					
5.					

(Additional comments by the user)

... I hereby confirm that this a complete list of all substances, their properties and potential risks. I bind myself to follow the required safety procedures and to inform my co-workers.

Key/Relevant personnel

Scientist in charge

(Additional comments by the relevant personnel or scientist in charge)

Signatures

(Facility user)

(Relevant Personnel or Scientist in charge)