

**Department of Chemistry, National University of Singapore
Risk Assessment for Samples Submitted to CMMAC**

This form must be submitted to the respective CMMAC facility for approval. All sections must be completed.
The sample should be sent to the Lab only upon approval.

Name of Principal Investigator/Company:

Lab Ref. No.:

Name and Status of Research Worker:

A) Details of the sample to be analyzed:

Chemical name:	CAS Registry No. and Formula:	Chemical structure:
Purity:	Possible impurities:	Reagents used to prepare compound:
Appearance:	Boiling point:	Melting point:
Vapour pressure:	Odour:	

Known/Suspect chemical properties (**MSDS of compound must be attached.**)

- Explosive under shock/heat/pressure/contact with metals/others (specify) _____
- Carcinogenic Toxic Corrosive Flammable
- Teratogenic Mutagenic Harmful if inhaled
- Irritation to skin, eye, mucous membranes and/or upper respiratory tract
- Others, specify _____

Stability and Reactivity –

Incompatibilities:

Hazardous combustion or decomposition products:

Hazardous polymerization:

Special hazards –

Is the sample biological in nature? Yes / No. If Yes, please give details:

_____.

Is the sample radioactive? Yes / No. Please be informed that we do not accept radioactive sample.

B) Known or expected risks associated with the handling and analysis of this sample.
C) If the sample is carcinogenic, does it have an Occupational Exposure Standard or Maximum Exposure Limit?
D) If any of the hazards mentioned in Section A are expected, indicate which safety resources within the Department of Chemistry are to be used to deal with these hazards.
E) If no such safety resources exist within the Department of Chemistry, indicate how the expected hazards are to be dealt with.
F) Emergency action if – Spill: Fire:

We hereby confirm that the above information are provided as detailed as to the best of our knowledge. (Append separate sheets for any section of the form if necessary.)	
Signature of Research Worker:	Date:
Signature of Principal Investigator/In-Charge:	Date:

This portion to be filled in by CMMAC Lab personnel. If in doubt, consult the Departmental Safety Committee	
Based on the submission above, can the sample be safely analyzed in your laboratory? Yes / No Remarks:	
Signature of Lab-personnel:	Date: