

Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

<b>SAMPLE(s)* 1</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial _____	<b>KNOWN SIGNIFICANT HAZARDS</b> <b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic	Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>
		<b>Stability</b>	<b>Phase</b>		
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown	<input type="checkbox"/> liquid <input type="checkbox"/> solid		
		Solvent(s) <i>(if applicable)</i> : _____			Volume of solvent per vial _____ mL

<b>SAMPLE(s)* 2</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial _____	<b>KNOWN SIGNIFICANT HAZARDS</b> <b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic	Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>
		<b>Stability</b>	<b>Phase</b>		
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown	<input type="checkbox"/> liquid <input type="checkbox"/> solid		
		Solvent(s) <i>(if applicable)</i> : _____			Volume of solvent per vial _____ mL

Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

<b>SAMPLE(s)* 3</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial	<b>KNOWN SIGNIFICANT HAZARDS</b>		
					<b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW		
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic		Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>	
		<b>Stability</b>		<b>Phase</b>			
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown		<input type="checkbox"/> liquid <input type="checkbox"/> solid			
Solvent(s) <i>(if applicable)</i> : _____					Volume of solvent per vial _____ mL		

<b>SAMPLE(s)* 4</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial	<b>KNOWN SIGNIFICANT HAZARDS</b>		
					<b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW		
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic		Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>	
		<b>Stability</b>		<b>Phase</b>			
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown		<input type="checkbox"/> liquid <input type="checkbox"/> solid			
Solvent(s) <i>(if applicable)</i> : _____					Volume of solvent per vial _____ mL		

Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Date \_\_\_\_\_

<b>SAMPLE(s)* 5</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial _____	<b>KNOWN SIGNIFICANT HAZARDS</b>		
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic	<b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW		
		<b>Stability</b>		<b>Phase</b>		Explosive <input type="checkbox"/>	
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown		<input type="checkbox"/> liquid <input type="checkbox"/> solid		Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>	
		Solvent(s) <i>(if applicable)</i> : _____				Volume of solvent per vial _____ mL	

<b>SAMPLE(s)* 6</b>  QTY _____  <i>(*Identical samples can be grouped)</i>	<b>COMPOUND OR SOLUTE</b>	<b>PROPOSED CHEMICAL NAME</b> <i>(no formulas, please print)</i> _____		Mass (g) / Vol (mL) per vial _____	<b>KNOWN SIGNIFICANT HAZARDS</b>		
		To the best of your knowledge, is this a novel compound, i.e. never before made by any chemical manufacturer? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<input type="checkbox"/> Organic or <input type="checkbox"/> Inorganic	<b>Hazard</b> <input type="checkbox"/> NONE OF THE BELOW		
		<b>Stability</b>		<b>Phase</b>		Explosive <input type="checkbox"/>	
		<input type="checkbox"/> very stable <input type="checkbox"/> unstable <input type="checkbox"/> unknown		<input type="checkbox"/> liquid <input type="checkbox"/> solid		Flammable <input type="checkbox"/> Oxidizing Substance <input type="checkbox"/> Organic Peroxide <input type="checkbox"/> Toxic <input type="checkbox"/> Infectious <input type="checkbox"/> Corrosive <input type="checkbox"/>	
		Solvent(s) <i>(if applicable)</i> : _____				Volume of solvent per vial _____ mL	