**Department of Chemistry, National University of Singapore**

**Risk Assessment for Samples from Outside Department of Chemistry, NUS**

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

<table>
<thead>
<tr>
<th>Name of Principal Investigator/Company</th>
<th>Name and Status of Research Worker</th>
<th>Ref. No.</th>
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</table>

A. Compound to be analysed: **MSDS of compound must be attached.**

- **Chemical name:**
  - Chemical structure: ______  
  - Formula: ______
  - CAS Registry No.: ______  
  - Purity: ______

- **Possible impurities:**
  - **Reagents used to prepare compound:**

Properties

- ☐ Explosive under shock/heat/pressure/contact with metals/others (specify)
  - ☐ Carcinogenic  
  - ☐ Toxic  
  - ☐ Corrosive  
  - ☐ Flammable

- ☐ Teratogenic  
  - ☐ Mutagenic  
  - Others, specify

**Physical and chemical properties**

- **Appearance:** ______
- **Boiling point:** ______
- **Melting point:** ______
- **Vapour pressure:** ______
- **Odour:** ______

**Stability and Reactivity**

- **Stability:** ______
- **Incompatibilities:** ______

- **Hazardous combustion or decomposition products:** ______

- **Hazardous polymerization:** ______

**Toxicological Information** – irritation to skin, eye, mucous membranes and upper respiratory tract or harmful if inhaled

**Handling requirements**

All analysed samples are to be returned and disposed by sender
B. Known or expected risks associated with the handling and analysis of this substance.

C. For carcinogens (known/suspect)
   Does it have an Occupational Exposure Standard or Maximum Exposure Limit?

D. If any of the above hazards 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:

Signature of Research Worker: Date

Signature of Principal Investigator/In-Charge Date

Append separate sheets for any section of the form if necessary.
Based on the submission above, can the sample be safely analysed in your laboratory?

- [ ] Yes
- [ ] No

Reasons:

Signature of Lab-in-Charge  
Date:

Signature of Lab Manager/Director, CMAC  
Date: