

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.		
Name of Principal Investigator/Company	Name and Status of Research Worker	Ref. No.
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 <input type="checkbox"/> Explosive under shock/heat/pressure/contact with metals/others (specify) _____		
<input type="checkbox"/> Carcinogenic <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Flammable		
<input type="checkbox"/> Teratogenic <input type="checkbox"/> Mutagenic <input type="checkbox"/> Others, specify		
<u>Physical and chemical properties</u>		
Appearance: _____		
Boiling point: _____		
Melting point: _____		
Vapour pressure: _____		
Odour: _____		
<u>Stability and Reactivity</u>		
Stability: _____		
Incompatibilities: _____		
Hazardous combustion or decomposition products: _____		
Hazardous polymerization: _____		
<u>Toxicological Information</u> – irritation to skin, eye, mucous membranes and upper respiratory tract or harmful if inhaled		
<u>Handling requirements</u>		
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. A copy of this form and attachments should be sent to the Departmental Safety Office.	

This portion to be filled in by Lab-in-charge together with Lab Manager. If in doubt, consult the Director of CMAC / Departmental Safety Committee	
Based on the submission above, can the sample be safely analysed in your laboratory ?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reasons:	
Signature of Lab-in-Charge	Date:
Signature of Lab Manager/Director, CMAC	Date: